Celebrating our 40-year Anniversary!

Lepow Foot & Ankle Specialists

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*Gary M. Lepow, D.P.M., M.S.
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Fall 2012

Lepow Podiatric Medical Associates

OFFICE LOCATIONS

Lepow Podiatric Medical Associates has five locations throughout Greater Houston, and our office hours are 8:30 a.m.–5:30 p.m.

Medical Center
St. Luke's Medical Tower
6624 Fannin, Suite 1690
Houston, Texas 77030
(713) 790-0530

Downtown
Medical Place One Building
1315 St. Joseph Parkway
Suite 930
Houston, Texas 77002
(713) 951-5000

Kingwood
Diagnostic Affiliates Building
22751 Professional Drive
Suite 240
Kingwood, Texas 77339
(281) 348-3338

Southwest
Memorial Hermann
Southwest Professional Building
7777 SW Freeway #322
Houston, Texas 77074
(713) 772-9700

Spring
6225 FM 2920, Suite 100
Spring, Texas 77379
(281) 257-5554

Thank you for all your referrals. We appreciate them!

Chronic wounds of the lower extremity and foot

Wounds of the lower extremity are reaching epidemic proportions. We have seen a dramatic rise in patients with diabetes, renal disease, and peripheral arterial disease (PAD) coupled with an aging population. It is estimated that approximately 67 million people suffer from problem wounds worldwide. Many of these wounds/sores lead to unnecessary amputations if treatment is not sought early. Early diagnosis and treatment is key for positive outcomes. Patient education has become a cornerstone in preventing wounds. Wound care physicians are now equipped with the latest technology and treatment modalities to facilitate healing of a chronic nonhealing wound/sore.

Seven years ago the doctors of Lepow Foot & Ankle Specialists began a new service line that specifically treats wounds of the lower extremity. **Dr. Randal Lepow** is a Certified Wound Care Specialist, and our newest doctor, **Dr. Brian Lepow,** completed a fellowship in wound care and limb preservation. Our practice has seen a significant increase in patients with chronic and/or nonhealing wounds, and we want to offer our patients the best treatment available. The following is a list of the most common wounds that are being referred to our practice.

Diabetic foot wounds

The most common wounds that are referred to our offices are neurotrophic ulcers/sores of the feet in patients who have diabetes. A diabetic patient is at considerable risk of developing a sore on their foot over the course of their lifetime. This is attributed to many factors. Uncontrolled blood sugar, poor nutrition, poor hygiene, and poor circulation are just a few of the underlying causes. Diabetics routinely have numbness or loss of sensation in their feet. An innocent callus or corn can result in disaster if left untreated. Often a patient is not aware that there is a problem until infection sets in or they notice a foul odor coming from their foot. Wet to dry saline dressings or use of Betadine (iodine) is no longer the standard of care for wounds. Treatments such as weekly outpatient debridement and utilizing a variety of new wound care products are now the standard of care. Collagen products from pigs, cows, and horses as well as advanced living biologics (Dermagraft and Apligraft) from neonatal fetal foreskin are often used to treat healing wounds. HBO (hyperbaric oxygen therapy) is also helpful to heal certain wounds. On occasion, a vascular surgeon is required to perform some simple as well as complex procedure to reestablish or increase blood flow to the extremity.

Leg wounds

Wounds of the lower leg are often the result of failing valves in our veins that cause blood to pool in our legs, resulting in chronic swelling (venous stasis/insufficiency). Usually there is a brawny color to the skin. Use of advanced wound care products as well as treating the underlying problem will commonly lead to a positive outcome. Compressive stockings, compressive dressings, and local wound care will help the wound to resolve. Occasionally, patients with severe varicose veins may require an ablation or destruction of the vein to help heal the wound.

Pressure/bedsores

Pressure sores are commonly seen in elderly or bedridden people with or without underlying diseases. Constant pressure on skin causes friction and shearing forces that may result in a wound. Hospitalized or bedridden people commonly develop wounds on the back of their heels because proper protection and attention to offloading may not be a top priority when a patient is sick. These wounds are most often preventable. Appropriate attention and protection need to be rendered by a family member or hospital staff. Once the heel sore has developed, it is a slow and laborious process to heal. Similar wound products are used to facilitate healing. Offloading the heel is essential.

Arterial wounds

We also see ischemic ulcers of the feet and legs in patients who have poor arterial circulation. These wounds are very painful and usually require some type of vascular intervention to reestablish adequate blood supply to sustain healing. Once the blood flow has been improved, local wound care and occasionally HBO (hyperbaric oxygen therapy) will help in the healing process.

Regardless of the cause of a wound/sore, it is imperative for the doctor to initiate treatment at the earliest possible time to promote healing and obtain favorable outcomes. Remember that our skin is the largest organ of our body. Skin utilizes 20 percent of our blood supply to stay healthy.

RECIPE CORNER

Angel food cake roll

Care to try something delicious? And it's diabetic friendly too.

Prep: 20 min. *Bake:* 15 min. + freezing *Yield:* 10 Servings

Ingredients

1 package (16 ounces) angel food cake mix
5 teaspoons confectioners' sugar
1 cup (8 ounces) strawberry yogurt
1 package (1 ounce) instant sugar-free vanilla pudding mix
3 drops red food coloring, optional
2 cups reduced-fat whipped topping

Directions

Line a 15-in. x 10-in. x 1-in. baking pan with waxed paper. Prepare cake according to package directions.

Pour batter into prepared pan. Bake at 350° for 15–20 minutes or until cake springs back when lightly touched. Cool for 5 minutes.

Turn cake onto a kitchen towel dusted with confectioners' sugar. Gently peel off waxed paper. Roll up jelly-roll style in the towel, starting with a short side. Cool on a wire rack.

In a large bowl, whisk the yogurt, pudding mix, and, if desired, food coloring. Fold in whipped topping. Unroll cake; spread filling evenly over cake to within ½ in. of edges. Roll up. Cover and freeze. Remove from freezer 30 minutes before slicing.

Nutritional analysis: One slice equals 236 calories, 2 g fat (2 g saturated fat), 2 mg cholesterol, 464 mg sodium, 49 g carbohydrate, trace fiber, 5 g protein.
Diabetic exchange: 3 starch.

Originally published in Jan./Feb. 2002 issue of Quick Cooking.

When toenails and skin COLLIDE

Proper trimming is vital to preventing ingrown toenails.

A toenail that is curved and grows into the skin is called an ingrown toenail. It causes irritation, pain, redness, swelling, and warmth in the toe. The big toe is most affected, but no toe is immune. If the nail breaks the skin, the floodgates are open to hordes of bacteria, which may lead to infection.

Contributors to ingrown toenails include heredity; trauma to the toenail; activities involving repeated pressure (e.g., running or kicking); improper nail trimming; fungal infections; and poorly fitting footwear.

Home care may be attempted at the initial stages, **but *never* by those who have diabetes, nerve damage, or poor circulation.** Soak your foot in room-temperature water a few times a day, and gently massage the side of the nail to reduce inflammation.

Do not attempt bathroom surgery. Infection-causing bacteria are rubbing their hands at the prospect. If you suspect an infection, call our office immediately. Infections should not be taken lightly. We may need to perform an in-office nail removal and prescribe an antibiotic; patients should be back on their feet in a day.

Proper trimming is vital to preventing ingrown toenails. Trim them straight across, not in a rounded or angled fashion, and don't trim them too short. Cutting a notch at the corner of the nail ***does not*** prevent a toenail from growing downward. The elderly or disabled may need a podiatrist to trim their nails.

Make sure shoes and socks fit well. Too tight and too loose are equally bad. Over-the-counter medications can mask pain but do nothing for the actual problem.

As usual, prevention is the best cure for ingrown toenails.

Bunions are more than a nuisance

Most bunions are caused by heredity, but ill-fitting footwear is also a significant contributor. Once a bunion has formed, it's not going anywhere; in fact, it will likely get worse. More women than men develop bunions, and studies have shown that women are more affected by diminished quality of life.

Quality-of-life issues include not being able to comfortably wear fashionable shoes, which may be a necessity for a given job. Suffering with foot pain throughout the day can influence disposition and focus.

As the bunion progresses, a person may become embarrassed by their feet. Going barefoot or wearing sandals may be out of the question. Teenage girls and young women may think their deformity is something the opposite sex will deem a turn-off.

Activities a person normally engages in may have to be eliminated or curtailed, thus affecting physical conditioning.

If you are suffering from physical, emotional, or social pain due to a bunion, schedule an appointment with our office for an evaluation.

We can suggest the proper shoes and orthotics; if/when all other avenues have been explored, surgery may be a helpful option.

A successful outcome also depends on the patient. Treatment and/or postsurgical instructions must be followed; if joint stiffness occurs postsurgery, stretching and exercises will need to be done diligently; and expectations must be reasonable—no return to high heels or other shoes of "high fashion."

Bunions can wreak havoc with many aspects of a person's life. Let us help you put your best foot forward.

You've torn your Achilles tendon

Surgery or immobilization?

The Achilles tendon connects the calf muscle to the heel bone. When it completely tears, a sudden, painful snap occurs just above the back of the heel. You have two options to correct it: surgery or immobilization (the use of a cast, walking boot, or other device).

Both methods are very successful in healing the Achilles tendon and take roughly six months to fully recover from.

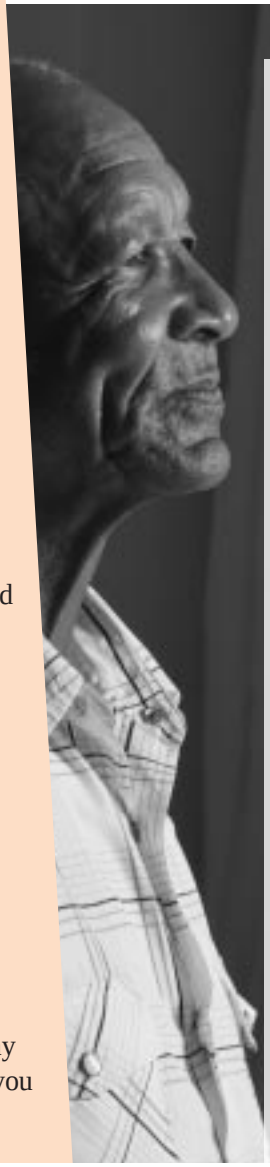
Surgery involves reattaching the torn ends of the tendon. Either open surgery (one large incision) or percutaneous surgery (multiple, smaller incisions) will be employed.

The advantages of surgery over immobilization include less chance of rerupturing the tendon in the future. Greater strengthening of the tendon is achieved through surgery as opposed to immobilization. (To be clear, for approximately 6–12 weeks following surgery, some immobilization will be necessary.) Surgery may be a more appealing option for athletes and other active people, and for those in certain occupations who are on their feet all day.

Drawbacks of surgery include the chance of infection—ever-present with any surgical procedure—as well as blood clots, a slight chance of nerve damage, and medication side effects.

With immobilization, the torn tendon slowly reattaches on its own, naturally. It may be a more attractive option for those who are older and/or less active or have certain medical conditions, since there is no chance of surgical side effects and strength isn't as big a factor for their lifestyle.

Follow-up is vital for either healing method and will likely include physical therapy, stretching, and exercise.



A threat to life and limb

A diabetic foot ulcer is an open sore or wound that rears its ugly head in approximately 15 percent of diabetics. They are a threat to quality of life, and may lead to amputation or even death.

Poor glucose control is a major factor in the development of foot ulcers. *It is imperative for anyone with diabetes to follow the instructions of their health-care practitioners and see them regularly.* Diabetes can lead to neuropathy of the feet, which results in a lack of feeling due to nerve damage. We're supposed to feel pain for a reason; it indicates something is wrong. Neuropathy takes away that ability.

Poor circulation impedes ulcer healing and increases the risk of infection; foot deformities (hammertoes, bunions) can cause irritation and may need to be corrected; being overweight and using tobacco and alcohol don't do you any favors either.

The five key factors in foot ulcer treatment include:

- Prevention of infection.
- "Offloading," which means relieving pressure on the wound through the use of an orthotic device and proper footwear.
- Debridement, which is the removal of dead skin and tissue.
- Applying medications and dressings to the wound.
- Managing blood-glucose levels and other health problems.

If infection is present, a program of antibiotics, wound care, and possibly hospitalization will follow. More advanced treatments are sometimes necessary. The sad fact is, some foot ulcers will lead to amputation—and a hastened mortality rate.

If you are diabetic, inspect your feet every day for *any* signs of trouble, avoid walking barefoot, and see us on a regular basis. Not only is quality of life on the line; your very life could be at risk.

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Please visit our website!

www.LepowFoot.com

When you visit our website, you'll be able to access important information about our practice, our services, and foot-health information.

THE DOCTORS
Learn about the doctors of Lepow Podiatric Medical Associates.

SPECIALIZED SERVICES
Learn about what we do in our office and community.

OFFICE LOCATIONS
Learn where we are located and find easy directions.

COMMON DISORDERS
Learn about foot and ankle problems and treatment options.

NEW PATIENT FORMS
Save time completing your new patient information.

MEDICAL STORE
Learn about medical products we recommend and how to order them.

ANIMATIONS
See examples of surgical and nonsurgical procedures performed by our doctors.

From the offices of
Lepow Foot & Ankle Specialists

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Gary M. Lepow, D.P.M., M.S.

Randal M. Lepow, D.P.M.

Brian D. Lepow, D.P.M.

Days & Hours

Mon.	8:30 a.m.-5:30 p.m.
Tues.	8:30 a.m.-5:30 p.m.
Wed.	8:30 a.m.-5:30 p.m.
Thurs.	8:30 a.m.-5:30 p.m.
Fri.	8:30 a.m.-5:30 p.m.

Website: **www.LepowFoot.com**

"Commitment to the health of our patients and community is the cornerstone of our medical practice.

We believe that the care and concern for others enhances the quality of life for everyone."