

RENO/TAHOE/CARSON CITY

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A photograph of a man with glasses, wearing a red vest over a light blue striped shirt and a red bow tie, standing in a wood-paneled room. He is smiling and has his arms crossed. Behind him is a fireplace with a fire burning inside. To the left of the fireplace is a large potted plant with red and yellow flowers. To the right is a brass bucket. The room has dark wood paneling and a green carpet.

Ford Center for Foot Surgery: Making Great Strides in the Successful Treatment of Neuropathy

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By Susan Cushing

SLOWLY, WITH EXAGGERATED caution and obvious discomfort, the middle-aged female enters the examining room.

“Doctor,” she says, “I have horrible pain in both my feet, like I am walking on broken glass.” Her eyes brim with tears telegraphing the intensity of her suffering. “Now, I know this will sound crazy, but it also seems like my feet don’t have much feeling, almost like I’m walking on a sponge or am wearing very thick socks.”

These are classic symptoms of neuropathy or nerve compression syndrome and something L. Bruce Ford, D.P.M., DABPS, of Ford Center for Foot Surgery sees all too frequently. The strict definition of neuropathy is *a disease or pathology of the nerve*; however, this is a rather generalized term with actually several different causes, including diabetes, thyroid problems, manifestations following chemotherapy, vitamin deficiencies or physical compression of the nerves.

“The most common cause of

neuropathy is diabetes,” Dr. Ford explains. “And, neuropathy is the leading cause of diabetic ulcerations and infections, as well as the loss of toes and in more advanced cases, amputation.”

Conservative estimates suggest that upwards of 25 million Americans have diabetes and of those approximately 80% suffer from diabetic neuropathy. It can occur at any age, but is more common among older adults. Painful, debilitating and certainly life altering, symptoms can vary in type and degree, from burning, freezing or electric-like “needle pricks” to tingling, numbness and even loss of balance. Pain can be so excruciating that patients and their families become hopeless and desperate.

Treatments

It’s apparent that neuropathy impacts a significant number of people in this country. What is not so clear is which treatment is most effective. A decade ago, the simplest and most widely accepted

answer would have been primarily pharmaceutical, but that was before the Dellon decompression surgery. Developed by A. Lee Dellon, M.D., a professor of plastic surgery and neurosurgery at Johns Hopkins University and Mayo Clinic, this procedure focuses on the tarsal tunnel on the inside of the ankle and in some cases, the anterior tarsal tunnel on the front of the ankle. Dr. Dellon has published over 100 papers and a number of books on the subject of peripheral nerve entrapment.

Though remarkably successful and with comparatively short recovery time, this procedure is still one of the best-kept secrets within the medical community. Perhaps part of the reason for this is the fact that only about 250 surgeons worldwide have been trained by Dr. Dellon in the technique.

Northern Nevada is fortunate to have one of those surgeons, Dr. Ford, right here in the community. At the Ford Center for Foot Surgery, located in Sparks, patients undergo this famed procedure on an outpatient basis under intravenous sedation (not a general anesthetic) and a regional block anesthetic. Because the surgery requires working with very small nerves, this is considered microsurgery, as it is done under magnification. Over the last few years, Dr. Ford has performed hundreds of these surgeries described by many of his patients as “miraculous.”

“I completed my fellowship with Dr. Dellon in 2008,” says Dr. Ford. “I feel blessed to be among those who were trained by this brilliant man and to have the capacity to help people who without this surgery might be condemned to a life of pain, ulcers or even amputation. My

Surgery days can get very busy at the Ford Center for Foot Surgery. The patient on the left is postbunion surgery while the one on the right is getting prepped for a bone spur removal.



mission now is to really get the word out that this procedure is available and offers remarkable outcomes. Unlike pain medications, antidepressants and other prescriptions that only mask the symptoms and frequently cause their own complications, nerve decompression surgery offers immediate and lasting results.

“When I was trained in surgery back in the 1970s and 80s, we were taught how to release just one tunnel because it was believed it was the only one,” Dr. Ford continues. “In his research, Dr. Dellon discovered several additional tunnels in the ankle that had not been previously identified. He found that when these tunnels were decompressed [surgically opened] that the results [relief of pain and return of sensation] skyrocketed from about 70% to 85%. We have found similar results with our own patients.”

Aside from initial diagnosis, perhaps the second most important factor in achieving optimum results with this surgery is one that Dr. Ford is anxious to stress.

“As with most diseases, the earlier we can see the patient the better,” he says. “If the patient waits too long to seek treatment, it only allows the disease to progress, and the more advanced it becomes, the more resulting nerve damage there is likely to be. If the destruction becomes too extensive or severe, the outcomes of course are compromised.”

It’s also important to note that diabetics are not the only ones affected by neuropathy. Compressed nerves of the foot can be caused by several other factors.

“We sometimes see patients who have had injuries requiring surgery, which can cause scar tissue in the area of the tunnels,” explains Dr. Ford. “Even repeated ankle sprains over the course of a lifetime can cause tarsal tunnel syndrome. Athletes, for example, might be more prone. More recently, studies have shown that some forms of chemotherapy contain causative agents in peripheral neuropathy. By and large though, the predominant majority of peripheral neuropathy that we treat is the result of diabetes.”

Who Will This Help?

According to Dr. Ford, “The ideal candidate is one who is in the very early stages of neuropathy because there will be little damage to the nerve. At this point there is a good probability that healing for the nerve and relief of the symptoms will be complete.

“Certainly,” he adds, “you are a candidate for the surgery if conservative treatment has failed and if you have symptoms of numbness, burning and tingling throughout the day, and if your sleep is disrupted because of symptoms



Macrina specializes in testing patients for nerve compression using the Pressure-Specified Sensory Device



Jean

— but the first step is to be tested.”

This brings up another important contribution of Dr. Dellon’s and his extensive research. In 1989, he and an aerospace engineer developed a computer-based device to *painlessly* determine if a person’s complaints of numbness or pain were due to compression (entrapment or pressure) of a nerve, injury to a nerve or due to a neuropathy. The device, called the Pressure-Specified Sensory Device (PSSD) can identify the earliest degree of

chronic nerve compression by measuring the pressure required to distinguish one from two points touching the skin.

“The PSSD is extremely sensitive and an excellent means of testing, but without the invasive or painful properties associated with earlier methods,” notes Dr. Ford. “Published findings indicate that neurosensory testing with the Pressure-Specified Sensory Device offers patients the best hope to identify the source of symptoms, to document the stage or degree of nerve compression or neuropathy and to determine if the nerves are regenerating.”

If he sounds like an expert on this testing tool, it’s for good reason. The Ford Center for Foot Surgery is the only lab certified in Nevada to conduct this crucial assessment.

Patients appreciate that this surgery



Mel



Dr. Ford's warm and inviting lobby does a lot to reduce patient anxiety.

is performed on an outpatient basis, but are doubly pleased to learn that it can be done at the Ford Center for Foot Surgery, offering optimum convenience and care. This state-of-the-art facility has been licensed by the state of Nevada and Medicare since 1991, both of which require rigorous standards with regular inspections. The center is also

fully accredited by the Accreditation Association for Ambulatory Health Care, which is in itself a very difficult accreditation to earn. It's significant to note that it's the only certified testing lab in Nevada.

Surgery Basics

Dr. Dellon often describes the decompression surgery with the analogy of loosening your belt after a big meal to make room for dessert. Dr. Ford expands on this by explaining that the surgery effectively opens tight tunnels in the body that are usually pushing the nerve against the bone.

"Once you are comfortably sedated and all of the preparations are made, an incision is made on the inside of the ankle down to the sole of the foot. The incision is then deepened with all of the 'bleeders' being cauterized. The band of tissue that is covering the tarsal tunnel is identified and the 'roof' of the tunnel covering the nerve, vein and artery is removed. The nerve is then located and is freed from any other bands of tissue. Often the nerve is attached to the artery with scar tissue and they have to be separated. The nerve is inspected, and if the sheath covering the nerve is tight or damaged it is opened [internal neurolysis]. Once this is done, a second deep incision is made, and the nerve passing to the heel [calcaneal nerve] is identified and that canal is opened in a similar fashion. A third deep incision is then made toward the sole of the foot, and the last canal is identified. This is actually two side-by-side canals. This is the most difficult part of the decompression because this canal lies under a muscle. The roof of this canal is identified and removed as well as the septum [division] between the two canals. The nerves now freed are covered with fatty tissue and the skin closed."

Too often, the seriousness of neuropathy is not clearly understood by those not suffering and until fairly recently, the treatment options were limited and not very effective. With the advent of Dr. Dellon's testing and surgical methods, a whole new world of possibilities has opened for a many people.

Dr. Ford and his highly qualified team are proud to be able to offer this specialized care along with a myriad of other services.

"At our center we offer the comfort of a nonhospital environment with all of the safety features of a hospital," he says. "In addition, we offer IV sedation administered by one of our qualified anesthesiologists and the comfort and convenience of our own private facility. In addition to treating neuropathy we also care for the following conditions:

- + Achilles tendon

- + Ankle sprains

- + Arthritic foot and ankle care

- + Bunions

- + Calluses

- + Corns

- + Crush injuries

- + Diabetic foot care

- + Flat feet

- + Hammertoes

- + Heel spurs

- + Ingrown toenails

- + Injuries

- + Neuromas

- + Neuropathy surgery

- + Plantar fasciitis and more

For more information regarding neuropathy, decompression surgery, testing or any other concern, please contact Dr. Ford at (775) 331-1919 or visit www.bruceforddpm.com. Ford Center for Foot Surgery is located at 2321 Pyramid Way; Sparks, NV 89431-8716; Reno, NV, Metro Area. ■