Feet Fix'n

Fall 2012

Serving the Community for over 15 Years!

Dr. Nancy A. Jagodzinski

Board Certified Podiatric Physician & Surgeon

NOW is the time to treat stubborn fungal infections

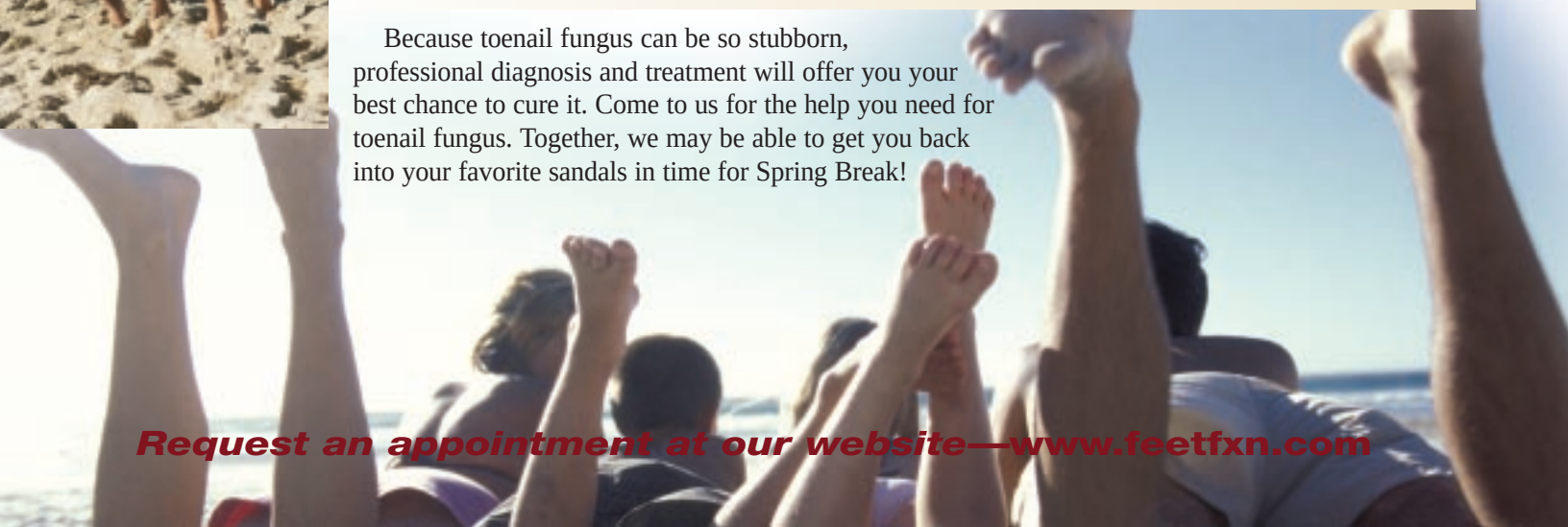
...and have healthy nails in time for Spring Break!

Spring Break is a time when most people enjoy wearing open shoes that let their feet breathe. You can't enjoy this experience, however, when you suffer from toenail fungus, or onychomycosis. The changes this condition causes in nails are unsightly, uncomfortable, and embarrassing. For many people, this problem means tossing their sandals to the back of the closet despite the warm weather.

Your feet may be more susceptible to fungal infections over the winter since they are more often encased in boots, heavy socks, and so forth, where feet stay warm and moist. We are experienced in treating toenail fungal infections and offer a variety of treatments, depending on the extent of the infection. However, the best approach is prevention:

- Keep your feet clean and dry, thoroughly washing and carefully drying them each night and after exercise.
- Always wear flip-flops or shower shoes to avoid direct exposure to the floors in locker rooms and shower facilities, and wet, public areas and walkways.
- Choose footwear that allows your feet to breathe, and rotate shoe wear, giving each pair at least 24 hours to dry out before wearing them again.
- Select socks made of natural fibers, such as cotton or silk blends, and change them frequently.
- Never share socks, towels, nail clippers, or files.
- Come in for a consultation right away if you notice cracked, discolored toenails. It's important to get the right treatment early to avoid spreading the infection.

Because toenail fungus can be so stubborn, professional diagnosis and treatment will offer you your best chance to cure it. Come to us for the help you need for toenail fungus. Together, we may be able to get you back into your favorite sandals in time for Spring Break!



Request an appointment at our website—www.feetfxn.com

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.

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.

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.

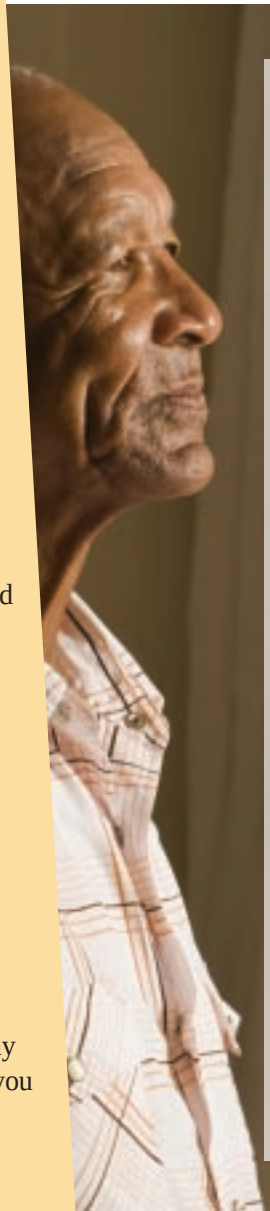
Activities a person normally engages in may have to be eliminated or curtailed, thus affecting physical conditioning.

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.



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.

Dr. Nancy A. Jagodzinski
Ankle & Foot Center of Fox Valley
620 N. River Road, Suite 104
Naperville, IL 60563

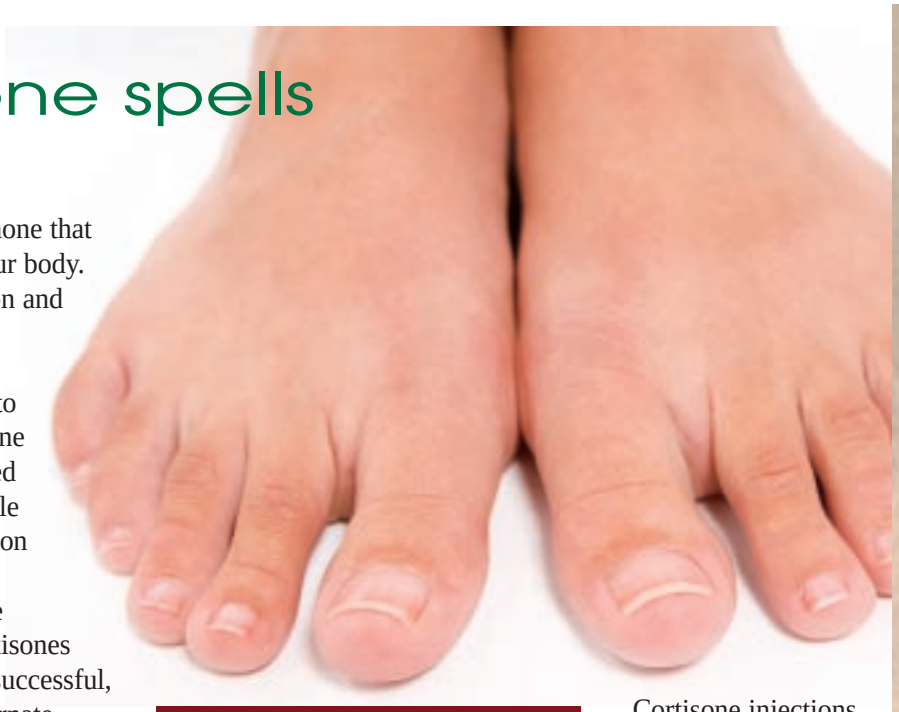
RETURN SERVICE REQUESTED

Please visit us online at www.feetfxn.com

And don't forget to bring in your shoes for the homeless.

Thank you!

Cortisone spells **RELIEF!**



Cortisone is a hormone that occurs naturally in your body. It reduces inflammation and pain at an injury site, thereby assisting your body's natural ability to heal. Synthetic cortisone injected into a localized area of the foot or ankle can relieve inflammation and the discomfort it causes. Since there are multiple synthetic cortisones available, if one is unsuccessful, don't despair—an alternate cortisone may work like magic.

An injection of cortisone concentrates the hormone in a specific area. That concentration can relieve the pain of inflammation with a much smaller amount of medication than would be required if it was given systemically. Sometimes less really is more!

> Cortisone injections are useful in treating an array of foot and ankle discomforts…

Cortisone injections are useful in treating an array of foot and ankle discomforts in joints, tendons, ligaments, and bursa. If you have questions or concerns about cortisone, we encourage you to discuss them with us.

From the office of
Dr. Nancy A. Jagodzinski
Ankle & Foot Center of Fox Valley
620 N. River Road, Suite 104
Naperville, IL 60563

Days & Hours

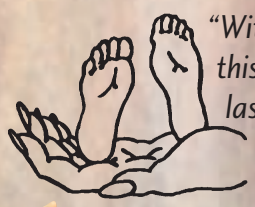
Mon.	9:00 a.m.-7:00 p.m.
Tues.	9:00 a.m.-7:00 p.m.
Wed.	9:00 a.m.-7:00 p.m.
Thurs.	9:00 a.m.-7:00 p.m.
Fri.	9:00 a.m.-7:00 p.m.
Sat.	9:00 a.m.-4:00 p.m.

Appointment and Emergency Phone: **(630) 778-7670**

Fax: **(630) 778-7671**

E-mail: **njagodzinski@sbcglobal.net**

Website: **www.feetfxn.com**



"With care… this pair will last a lifetime."