

Feet Fix'n

Summer 2011

Serving the Community for over 15 Years!

**We've moved to a
NEW LOCATION!**

**620 N. River Road, Suite 104
Naperville, IL 60563**

Our phone number remains the same.

(630) 778-7670

www.feetfxn.com



**Dr. Nancy A.
Jagodzinski**

*Board Certified
Podiatric Physician & Surgeon*



*Are bunion surgery
patients satisfied?*

YOU BET THEY ARE!

If you've been putting off bunion surgery because you aren't sure if you'll be happy with the outcome, it might encourage you to know that the majority of patients who have the procedure are very happy with the results. It is true that healing time can be long; however, good results do take time. When you ask us about bunion surgery, we will be happy to explain the procedure thoroughly and answer your questions so that you are well informed before deciding to undergo the surgery.

Bunions are bony deformities that are located near the outside joint of the big toe. In some cases, this is simply a bony protrusion in the area. In other situations, it actually causes the big toe to turn awkwardly toward the second toe. Bunions can be painful, unsightly, and make it difficult to wear some types of footwear.

Surgery involves removing the bony deformity and then realigning the joint to straighten the big toe. Discomfort during and after the procedure is handled with medication. Depending on the procedure, the patient may be able to walk shortly after it's completed. On some occasions, casting is required. However, the patient will have to take it easy for several weeks.

The cooperation of the patient during the healing period is very important to the overall outcome. Patients who follow "doctor's orders" to rest and not walk on the foot when it's unprotected are more likely to avoid complications and enjoy the results of their surgery long into the future. If you or a family member suffers from bunions, ask us about treatments that can offer lasting relief.



Request an appointment at our Web site—www.feetfxn.com

Avoiding foot ulcer recurrence

Diabetic foot ulcers are a serious threat to life and limb, whether a first-time or repeat occurrence. Up to a quarter of diabetes patients will develop a foot ulcer; more than half of those ulcers will become infected and require hospitalization, leading to amputation in 20 percent of cases. Those numbers are attention-grabbing, but here's the kicker: Research has shown that up to 60 percent of diabetic foot ulcers recur even with careful attention.

Podiatrists will assess a patient's risk of recurrence by checking for peripheral neuropathy (nerve damage), altered biomechanics, peripheral vascular disease (circulatory problems), and history of ulcers or amputations.

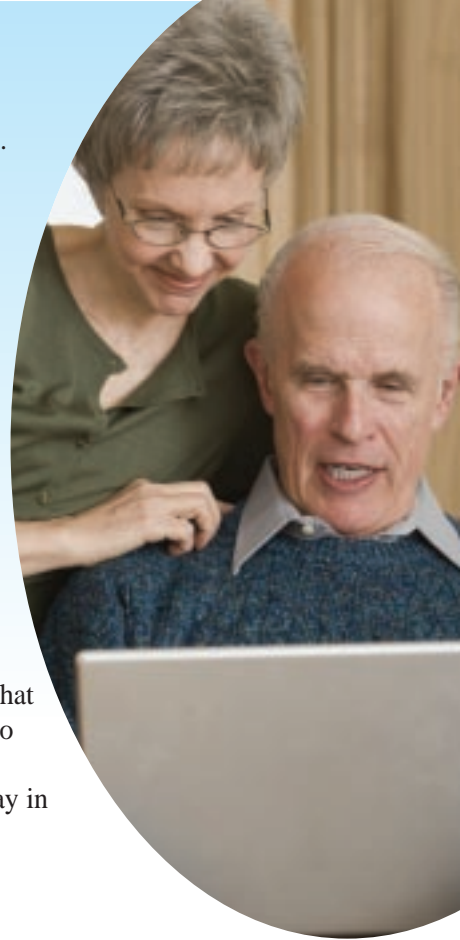
Therapeutic footwear and orthotics are important aspects of ongoing diabetic foot care, but proper fitting and follow-up are vital.

In some instances, surgery may be a preventive measure. For example, if a patient has a hammertoe and it's rubbing against their shoe, surgical intervention to correct the hammertoe and ward off infection may be necessary.

Patients, however, bear equal responsibility in preventing ulcer recurrence. Patients who manage their blood sugar; quit smoking; gain a better understanding of nutrition, diet, and exercise; and practice proper foot care improve their chances of remaining ulcer-free.

Patients can also check their foot skin temperature to detect inflammation. Newer thermometers that fit into shoes measure the bottom of the foot quite well to find susceptible areas, giving a heads-up to potential trouble.

Foot ulcers are hazardous to diabetic patients. A patient and his/her doctor each have a role to play in preventing their recurrence.



What exactly is gout?

Gout is a disease that results from an excess of uric acid in the body, whether the body produces too much or doesn't break it down properly. (Uric acid is a natural by-product of the body's metabolic process and is dissolved in the blood. It passes through the kidneys and is eliminated in the urine.) This excess can lead to the formation of crystals that are deposited in the joints, causing inflammation, stiffness, and intense pain normally lasting

anywhere from hours to days. The big toe is the most likely joint to be affected by gout, but the ankles, knees, wrists, fingers, and elbows are susceptible as well. These crystals can also lead to kidney stones and cause blockage in kidney-filtering tubules, which may eventually result in kidney failure without proper treatment.

Gout risk factors

Who gets gout?

Gout is rare in children and young adults. Men are more likely to develop gout than women, particularly those between the ages of 40 and 50. Women seldom develop gout before menopause.

A predisposition to developing gout can be inherited. Other risk factors include high blood pressure, obesity, abnormal kidney function, and moderate to high intake of alcohol. Certain drugs can cause elevated uric acid levels, as well as a number of blood-related diseases, such as leukemia and lymphoma.

Dehydration, a joint injury, fever, excessive alcohol or food intake, and recent surgery can also spark an attack of gout.

Treatment

Dietary modifications, weight reduction, decrease in or elimination of alcohol consumption, medications, and proper fluid intake are all key ingredients in gout treatment. Fluid intake is important in the process of dissolving uric acid.

Outlook

Gout is a painful condition; just ask anyone who has suffered from it. However, it can be managed successfully with a few changes in lifestyle and the guidance of your doctor.

Diagnosis

For gout attacks centered on a joint, taking a sample of the joint fluid (arthrocentesis) can reveal uric acid crystals and infection. Arthrocentesis can be performed in-office under local anesthesia. X-rays may be helpful for detecting bone damage in joints subjected to repeated attacks of gout inflammation.



Something's afoot

A fun “foot” challenge

The words and one term below in parentheses all contain the word “foot.” A clue is given for the remaining letters. Once you arrive at that answer, that word combined with “foot” will form a new word or term (e.g., these lips sink ships—foot“loose”).

1. British apartment (_ _ _ _ foot)
2. A large, formal gathering for dancing (foot _ _ _ _)
3. A card game (foot _ _ _ _ _)
4. A fracture in the crust of the earth (foot _ _ _ _ _) (2 words)
5. A “pigeon” who gives up information (foot _ _ _ _ _)
6. You do this with your soul (_ _ _ _ _ foot)
7. When you write, but not in cursive (foot _ _ _ _ _)
8. Succulent and easy to chew (_ _ _ _ _ foot)
9. The Stone or Bronze (foot _ _ _)
10. Thank-you, musical, or cashier's (foot _ _ _ _)

Answers: 1. Flatfoot; 2. Footloose; 3. Footbridge; 4. Foot fault; 5. Footnote; 6. Footstool; 7. Footprint; 8. Tenderfoot; 9. Footage; 10. Footnote



Hey kids (and grownups), TIE YOUR SHOES!

How many times did you hear that growing up? Many kids just aren't big fans of shoe-tying. Even when they do tie them, they're often tied too loosely. Then, kids won't bother untying their laces; they'll just slip their shoes on and off as if they're glorified slippers.

Besides tripping over loose laces and rearranging one's nose, there are other important reasons to keep shoes tied correctly.

Shoes are meant to provide stability for feet. When laces are loose, the foot slides inside the shoe. This forces the foot to work harder to stabilize itself, leading to overuse injuries. Infected, ingrown nails might result since the toes are banging into the front of the shoes much more often. Shin splints and Achilles tendon pain might crop up.

The more active a child is, the more important it is for him or her to tie their shoes properly. Just slipping shoes on and off without retying them is a recipe for foot problems. Laces get looser and looser each time that's done.

Adults need to be vigilant, too, and set a good example. You never know who may be watching.



Chronic ankle instability

Put yourself on solid ground

An ankle sprain occurs when ankle ligaments—bands of tissue that connect one bone to another and bind joints together—are stretched, partially torn, or

completely torn. When an ankle sprain does not heal fully or get rehabilitated correctly, a person becomes more susceptible to future sprains. Each subsequent sprain causes further weakening of the ankle's ligaments, leading to a condition called chronic ankle instability.

People with chronic ankle instability frequently complain of the ankle “giving way” when walking or engaging in athletic activities, or sometimes when merely standing. There may also be persistent discomfort and swelling, pain or tenderness, and an unstable feeling in the ankle.

At our office, we will examine your ankle and ask about your ankle injury history. X-rays may also be taken.

Nonsurgical treatments for chronic ankle instability include physical therapy to strengthen and retrain muscles and increase range of motion, ankle bracing to keep the ankle from turning, and anti-inflammatory drugs to alleviate pain and inflammation.

Surgery may be recommended depending on the severity of the ankle instability and lack of response to nonsurgical approaches. Surgery usually involves repair or reconstruction of the damaged ligaments. Recovery time varies depending on the type of procedure performed.

Dr. Nancy A. Jagodzinski
Ankle & Foot Center of Fox Valley
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RETURN SERVICE REQUESTED



REMINDER:

Please remember to
bring in your shoes
for the homeless.

Please visit us online at
www.feetfxn.com

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Tailor's bunion removal

Most people are familiar with bunions that form on the inside of the foot, just below the big toe. However, there is also a bunion that can develop on the outside of the foot, near the little toe. This bunionette, or "Tailor's" bunion, is located in the area known as the fifth metatarsal bone.

A Tailor's bunion develops in a similar way to a bunion near the big toe. Heredity and foot function both play a role. Shoes that fit too tightly can cause discomfort. Sometimes a spongy sac called a "bursa" forms over the outside of the bunion. This can be painful when touched.

Surgery for a Tailor's bunion is aimed at making the deformity less prominent so as to alleviate pain. If the discomfort is mostly caused by the bursa on the outside of the bunionette, just this protrusion may be removed. However, in many cases, the bony part of the bunionette needs to be reduced by shaving a portion off. Generally, the bone is realigned during the same procedure to correct the deformity.

Surgery for a Tailor's bunion is usually done in a hospital or outpatient surgery setting. Generally, only local anesthesia is necessary, but sedation may be utilized in some cases. Mobility is limited for some time after the surgery, and patients who work may need to take a significant amount of time off to recover completely. After recovery, orthotics are often recommended to help maintain the repair.

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*Heredity and foot
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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

Web site:
www.feetfxn.com

