

High-tech used in treating foot problems

TORONTO (CP) — Staring through the viewer of a portable X-ray machine, Dr. Sheldon Nadal gently pushes the side of his patient's foot to realign a toe bone, which he has just sawn through to correct a bunion.

But there is no need to wonder if he's applying too much pressure or not enough. Through the machine, called a fluoroscope, the knuckled bones of the foot stand out a deep forest green against a bright green background — providing a living X-ray.

Known as a Xi-Scan, the four-kilogram, low-radiation fluoroscope is part of the new equipment being used by podiatrists, who treat a host of disorders that plague the feet.

"The beauty of this is that I can use it during surgery," says Nadal, explaining that the Xi-Scan permits him to see how foot bones are aligned, correct any problems, then immediately see the results.

There is no 10-minute wait while a standard X-ray is developed, during which time bones in the foot might shift position, says Nadal, who performs the surgical procedures in his office.

Nadal has been practising podiatry for about seven years. He believes he's the only health-care practitioner in Canada to use the \$20,000 Xi-Scan, which was developed by Canadian technologists and scientists from NASA.

The Xi-Scan is used in conjunction with minimal incision surgery, which means "less pain, less chance of infection and less bleeding because of the small incision," Nadal says. "And generally, there is no need for a cast or pins or crutches.

"Most of all, there is less down time. A secretary, for instance, could be back to work in a week, while it might be six weeks or more with traditional surgery."

For surgery to correct bone disorders like hammer-toes and bunions, Nadal uses a local anesthetic, makes an incision a little more than a centimetre long, then cuts through the bone with a fine drill, called a burr. The bone is repositioned, the incision closed and taped, and the patient walks out of the office. The dressing is changed once a week for six weeks.

In the condition known as hammer-toe, the toe joint is bent upwards, causing it to rub painfully on the top of the shoe. A bunion is an enlargement of the first joint of the big toe



Podiatrist Sheldon Nadal uses the Xi-Scan to evaluate bunion of patient prior to surgery by minimal incision technique.

— CP laserphoto

that forces the upper part of the toe to turn inward. In severe cases, the second toe will permanently cross over top of the big toe, in the same way a person would cross their

fingers.

Nadal's other piece of high-tech medical wizardry is a laser, which he primarily uses to remove painful plantar warts on the sole; fungal

nail, which causes the nails to become thick, bumpy and turn yellow or green; and ingrown nails.

Nadal, one of only about six Canadian podiatrists using laser techniques, says there is less bleeding and less pain because the laser cauterizes the small blood vessels and nerve endings as it passes through tissue.

"Most people only need a couple of Aspirins for discomfort."

About 90 per cent of Nadal's patients are women. Although ailments such as severe bunions can make finding shoes that fit almost impossible, Nadal says many patients come to him more concerned about the appearance of their feet.

"Many women will say to me, 'I don't want to go to the beach. I'm ashamed if someone sees my feet.'"

Unfortunately for patients, the bulk of podiatric procedures are not covered under most provincial health plans.

British Columbia's medicare will pay for office visits and surgery if a patient is referred by a physician, but a patient must pay the first \$100 if he goes to a podiatrist on his own. The B.C. health insurance doesn't pay for any devices — such as shoe inserts — prescribed by the practitioner.

Alberta has a yearly ceiling of \$200 for an individual and \$400 for a family, with the full cost of an office appointment refunded, including surgery, up to the yearly maximum.

Government insurance plans in Saskatchewan, Manitoba, Quebec, New Brunswick, Prince Edward Island, Newfoundland and Nova Scotia do not reimburse patients for podiatric care.

In Ontario, the health insurance plan pays only \$13.60 for the initial visit and \$10.25 for subsequent visits to a total of \$120 per patient per year. Surgery is not covered under the plan.

Some private or company-sponsored plans cover all or part of podiatric costs.

Nadal said many people decide the benefits of surgery and other podiatric treatment outweigh the disadvantage of having to foot the bill. For the removal with minimal incision surgery of a bunion, Nadal charges about \$750.

"If you have a job where you have to get back to work, it pays because you're back to work so much sooner."