

# Back on Her Healthy Feet

• By Rod Belcher



Darlene Burcham,  
Roanoke City Manager



Charles Zelen, DPM performed  
Darlene Burcham's surgery.

Running a city of over 90,000 people means you spend a lot of time on your feet and you can't afford to be off of them for very long. City manager, Darlene Burcham was in this difficult position.

Burcham, Roanoke's city manager since 1999, and a very active individual was recently diagnosed with a severe bunion deformity—contracture and dislocation to her toes at multiple joints, and painful metatarsals. "I had been trying to deal with the problem for years by going to podiatrists both here and other places I lived," Burcham says.

Bunions are a localized area of enlargement of the inner portion of the joint at the base of the big toe. This enlargement represents actual additions to bone formation, often in combination with misalignment of the big toe. The normal straight position of the big toe changes to an outward-direction of the smaller toes, which leads to intermittent or chronic pain at the base of the big toe when walking or wearing shoes. "I was in great pain and discomfort," she says. "I could not walk any distance or stand in one place for any length of time without experiencing pain."

The joint at the base of the big toe, known as the first metatarsophalangeal joint, becomes enlarged and inflamed with redness,

tenderness, and pain. Bunions most commonly affect women. Studies have shown that bunions occur nearly ten times as frequently in women than in men. The type of shoe worn--especially high heeled and narrow toed shoes, as well as genetic factors that predispose an individual to the development of the condition, all contribute to bunions. Other risk factors include congenital abnormal formation of the bones of the foot, rheumatoid arthritis, nerve conditions that affect the foot and foot-related injuries.

There are numerous treatments for bunions including medications that can help ease inflammation, as well as pain. Cold pack applications sometimes alleviate minor pain. Stretching exercises to reduce tension on the inner part of the joint of a bunion are sometimes advised. A bunion splint, usually worn at night, can also provide temporary relief. Other treatments include everything from custom shoe insoles to injections of cortisone.

Burcham had already undertaken extensive non-surgical management of the condition for many years, but once the pain and discomfort became too severe, she

decided to undertake a surgical solution to the problem. "The pain and discomfort did limit my activities beyond those required for work," she says. "I had to even cease using exercise equipment that required the use of my feet."

Surgery is considered for individuals whose bunions cause persistent pain that hinders the patient's lifestyle. Surgical procedures can correct deformity and relieve pain, which leads to

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A x-ray of Darlene Burcham's foot following Dr. Zelen's final re-construction.

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improved foot function. These procedures typically involve removing the bony growth of the bunions and realigning the toes. "On my last trip to the doctor I raised the issue of surgery and was referred to Dr. Charles Zelen," Burcham states. "He was highly recommended and had experience performing numerous surgical procedures like the one I was undertaking."

Dr. Zelen's practice, Foot and Ankle Associates of Southwest Virginia, provides full service care of the foot and ankle, including pediatrics, sports medicine and palliative care.

The surgery for Burcham would require operation on both feet and due to the

complex nature of her condition Burcham would require at least nine procedures to straighten her foot. After discussion about the degree of discomfort and the period of convalescence involved the doctor and patient decided to undertake the procedures, one foot at a time, with an interval of many months between the surgical procedures on each foot. Dr. Zelen operated on the worse of the two feet first. "Mrs. Burcham had a very painful and severely contracted foot," Dr. Zelen admits. "She waited a long time to have her surgery done, as she was concerned about the time off of work and how it would affect her schedule. We were able to modify her activities and she was able to return to duty in a modified fashion after ten to fourteen days."

Burcham explains her hesitation and admits, "Considering my job I didn't feel I could stay out of work for six weeks. Dr. Zelen did an excellent job of managing and monitoring my recovery to help get me back to work in about two weeks. He understood my need and desire to get back to work as soon as possible and balanced that with his concern for my recovery and healing."

"Ms. Burcham was a model patient," Dr. Zelen says. "She took care of herself well after surgery. She spent the first eight weeks after surgery non-weight bearing on the foot, followed by two weeks of guarded weight bearing, and then back to regular shoes. The final outcome of the surgery was a straight foot that has

minimal pain and discomfort." Burcham's return to work was assisted by the use of a "roll-about" platform walker. "I got a lot of comments about the roll-about," Burcham says of the small scooter-like walking aide. "A lot of people wanted to know where they could get one too."

Burcham says that Dr. Zelen insured that she was in as little pain as possible during the operation and afterward, using techniques that incorporate a device to circulate cool air around the recovering foot to speed healing and minimize discomfort.

Burcham's first surgery was undertaken in January of 2006. Eleven months later, she underwent the same surgery for her other foot. "I've had two surgeries with Dr. Zelen," she says. "The fact that I was willing to go back to him the second time says a great deal about the quality of care I received from his practice."

"Ms. Burcham's case was an atypical case for most surgeons of the foot, but very common in my office as I specialize in these type of reconstructions," Dr. Zelen said.

With both surgeries behind her now, Burcham says she has recovered well and continues doing her job for the city, but now with much less discomfort and pain due to her feet. "I am now able to walk without discomfort," Burcham says. "During the years I was being treated, no one ever recommended surgery to me. I'm glad I underwent the procedures."