

LOCAL NEWS- SEPTEMBER 18, 2003

HELP FOR DIABETICS: Crippling pain eased by nerve surgery

The relatively rare procedure for neuropathy is performed by two doctors here, one of whom developed the technique.

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Tucson Citizen

The pain, tingling and numbness in Allen Balch's feet had become so bad he frequently felt like he was walking on broken glass.

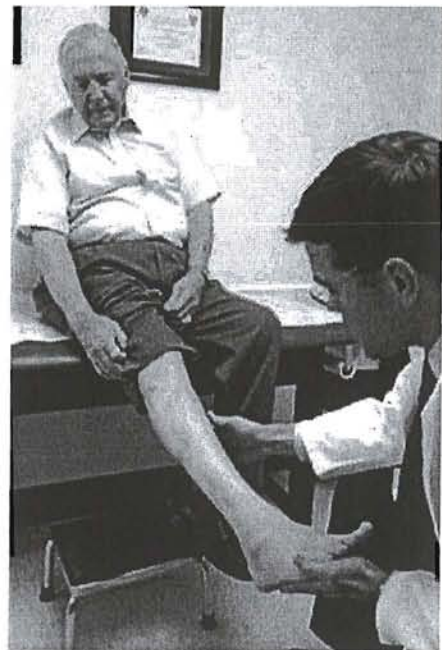
The retired Navy captain and Green Valley resident said his balance was so poor he was "ricocheting off the bulkheads."

"I could walk for short distances. But there were times, say from the parking lot to a store, I almost felt I wanted to stop in the middle of the street and rest a while," said Balch, 76.

After years of being told nothing could be done to treat his diabetic neuropathy beyond his exercising and controlling his blood sugar, Balch recently found relief through an unusual nerve surgery similar to carpal tunnel surgery.

This surgery releases nerves in the leg and foot rather than the wrist.

Though the surgery was developed 18 years ago, it is not widespread and only one practice in Tucson offers it.



GARY GAYNOR/Tucson Citizen

Dr. Christopher Maloney examines Allen Balch after surgery to relieve pressure and pain in his lower leg and foot. Maloney is one of two physicians in Tucson who performs nerve surgery to help with the diabetic neuropathy problem Balch suffers.

Lucky for Tucson, one of the two doctors in the practice is the man who developed the technique - Dr. A. Lee Dellon, a professor of plastic surgery at both the University of Arizona and Johns Hopkins University School of Medicine. His partner at the Institute for Peripheral Nerve Surgery, 310 N. Wilmot Road, is Dr. Christopher Maloney. Maloney is also a UA professor.

Dellon trained Maloney in the technique and the two doctors have trained more than 130 doctors around the world in the surgery.

Neuropathy is a progressive and painful nerve disorder in which the nerves become damaged. People who suffer from it experience sensations of pain, numbness and burning from the knees to the tips of the toes and from the elbows to the tips of the fingers.

Neuropathy has various causes, but the most common is diabetes, Maloney said. About half of the 17 million Americans with diabetes eventually will develop nerve damage.

Maloney explained that as a person's blood sugar rises, sugar can enter a nerve causing the nerve to swell. Nerves run along anatomic areas of narrowing, such as beneath tight bands of fascia or between muscles. As a nerve swells, it can become compressed and pinched in these tunnels. This leads to the pain, numbness, tingling and burning that are the hallmarks of neuropathy.

Maloney noted that one of the main reasons diabetics get ulcerations on their feet that can result in amputation is because the nerves don't work and they can't feel their feet. They get little cuts or minor infections on their feet and can't tell they have a problem until it's become severe, Maloney said.

Where diabetes is most prevalent

Nationally, 6.7 percent of adults say they have diabetes. States at or above the national median:

■ Over 9% □ 8%-8.9% □ 7%-7.9% □ 1.6%-8.9%



Source: Centers for Disease Control and Prevention

Gannett News Service

While many diabetics get relief from nerve-related pain in their arms and wrists with carpal tunnel surgery, Maloney said doctors traditionally have told patients with diabetic neuropathy in their legs and feet there is no remedy.

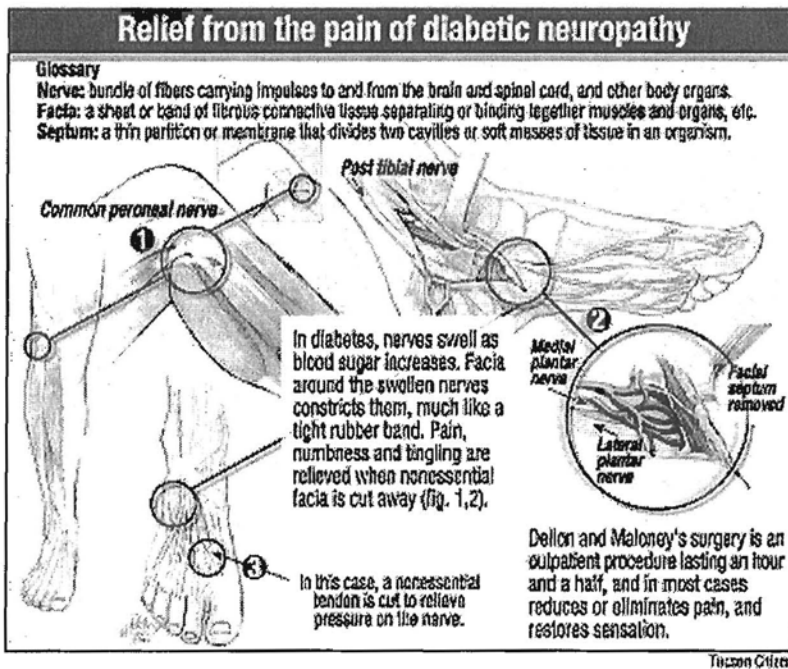
But Dellon began focusing on the diabetic foot problem in 1985, identifying the

nerves and areas involved with neuropathy. He recognized that if he used a technique to decompress those nerves, as is done in carpal tunnel surgery, the patient would get some relief.

The nerve surgery on the legs is an outpatient procedure and takes about an hour and a half, Maloney said. Three small incision are made - one near the knee, one near the ankle and one near the top of the foot - to address primarily two nerves, the peroneal and tibial nerves. The surgery involves opening the pathways of the nerves by dividing a ligament or fibrous band that crosses the nerve. Once released, the nerve has more room, allowing for proper blood flow and permitting the nerve to glide easily with the nearby joints.

"It's like cutting a tight rubber band constriction over the nerve," Maloney said.

He said the vast majority of patients benefit from the surgery and many of them see their symptoms start to subside immediately after the procedure. The surgery is considered a success if the patient eventually reports at least a 50



percent reduction in pain and restoration of sensation.

"We're about 80 to 90 percent successful in diabetic patients with this problem," Maloney said. "It will reduce their pain, if not eliminate it. It will restore sensation. None of the patients we've operated on have gone on to develop an ulceration and none of them have (required) an

amputation."

The main risks of the surgery are poor wound healing - a concern for diabetics - and infection. Fewer than 5 percent of patients have complications, and those generally are minor, Maloney said.

Balch estimated the surgery has reduced the pain in his feet by 70 percent or more.

"I can walk a lot better than I used to. As a matter of fact, walking through Safeway one day, all of a sudden I caught myself and said, 'I'm running, practically.'"

Balch said he only regrets that he didn't learn about the surgery earlier.

"If I would have known what I know now about my nerves and my arteries and diabetes 10 to 15 years ago, I could have avoided an awful lot of this," he said.

Maloney said he'd like to see people with this condition sooner rather than later.

"We want to get people right when they start getting problems with numbness and tingling and pain," he said.