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## Total Foot and Ankle of Tampa Bay

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NEWSLETTER

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[www.mytampafoot.com](http://www.mytampafoot.com)

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## An Interview with Dr. Domenick Calise on Total Ankle Replacements

Introducing to you, Domenick Calise, DPM. Dr. Calise joined Total Foot and Ankle of Tampa Bay four years ago and many of you know of his excellent background and excellent work already. Dr. Calise is board certified by the Board of Foot and Ankle Surgery in both Foot Surgery and Reconstructive Rearfoot and Ankle Surgery. (see his full bio on our website: [www.mytampafoot.com](http://www.mytampafoot.com))

Today we are discussing Total Ankle Replacements with Dr. Calise:

Q: What is an Ankle Replacement?

Dr. C: An Ankle replacement is replacement of the ankle joint with an artificial implant, a prosthetic device that is designed to mimic the movement of the ankle. "Total" means that your entire ankle joint will be replaced. The purpose of total ankle replacement surgery is to help relieve the pain in your ankle, while still allowing you to move your ankle.

Q: Who is a candidate for an ankle replacement?

Dr. C: Ankle replacement is designed to treat painful conditions of the ankle due to arthritis, a failed ankle fracture repair, rheumatoid arthritis, osteoarthritis or post traumatic arthritis. If your ankle does not work properly and is causing you pain, if you have difficulty walking due to your ankle, you might be a candidate for an ankle replacement.

Q: How do I know if I am a candidate for this procedure?

Dr. C: An appointment and an evaluation will allow me to determine whether or not you are a candidate.

Q: How long is the surgery and where is it done?

Dr. C: The surgery generally takes about 3 hours, is done in a hospital and requires one night stay in the hospital.

Q: Can you please talk about the recovery period.

Dr. C: There is a three week period of no weight bearing to allow the surgical incision to heal properly. This is followed by extensive physical therapy and then protected walking six weeks after surgery. In most cases, the patient is back to full activity after 8 weeks.

Q: What does full activity mean?

Dr. C: After an ankle replacement you can resume most activities such as walking, swimming, dancing, golfing and hiking. You can resume an active, enjoyable lifestyle.

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Request an  
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### Our Offices

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Tuesday:  
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Friday 1:00PM-4:00PM  
(beginning November 1)

....continued from page 1 **An Interview with....**

Q: How long will the implant last?

Dr. C: In 90% of cases, the implant lasts for 20 years.

Q: I've heard a lot about ankle fusion to relieve ankle pain. What is the difference between a total ankle replacement and an ankle fusion?

Dr. C: In an ankle fusion, the ankle bones are fused or joined together. The ankle never moves again and your motion is limited. A total ankle implant is a superior option because it allows for the bending of the ankle joint and allows for more mobility. It allows you to perform your daily activities with more normal body motion than ankle fusion and provides a great improvement in your lifestyle.

If you have any additional questions about Total Ankle Replacements, please call our office and we will answer all of your questions. If you would like to schedule a consult with Dr. Calise for an evaluation to find out if you are a candidate, we can schedule that for you at your convenience.

## Diabetes and Your Feet: Be Alert to These 4 Myths

Diabetes can do terrible damage to your feet. An unnoticed cut or scrape, without professional care, can quickly escalate to an ulcer and may even require amputation.

If you have diabetes, you may have heard all kinds of stories about diabetes and your foot health. We call them myths and regret that there is a lot of bad information out there on this topic.



In recognition of Diabetes

Awareness Month in November, we are sharing the top 4 myths about diabetes and your feet that we most frequently hear at our office:

- **Myth #1: Foot problems in those with diabetes are caused by too much blood sugar.** Not exactly. Dangerous foot issues for patients with diabetes are caused by neuropathy, or nerve damage. Neuropathy is caused by high glucose levels but is especially dangerous because it causes a lack of feeling in the extremities, namely the feet. A cut or sore may go undetected and worsen into a serious ulcer that won't heal because of poor circulation.
- **Myth #2: A patient with diabetes will inevitably lose a toe or two, or a foot.** Not true! With vigilance by checking their feet thoroughly every day, individuals with diabetes can catch a potential problem and get help from a foot doctor as soon as possible. Many people with diabetes live their lives without any amputations. Besides daily foot checks, another one of their secrets is regular check-ups with their podiatrist.
- **Myth #3: Physical activity for those with diabetes may lead to low blood sugar.** It's just the opposite: Exercise helps control blood glucose levels and is an essential part of diabetes management. Plus stretching and strengthening your feet can keep them healthy and flexible and reduce your chances of getting hurt.
- **Myth #4: My diabetes team consists of my primary care doctor, my endocrinologist and a dietitian.** Add a podiatrist and you've got it right! Because neuropathy and poor circulation make any type of foot damage risky, let a professional assess your foot health regularly – every 6 months is a good idea. While you're at it, add an eye doctor and a dentist to your team too to monitor those areas for you.

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## Diabetes and Your Feet: How to Do a Proper Foot Exam

If you have diabetes, you know how important it is to check your feet regularly – every day in fact! Catching any type of foot damage early and getting prompt professional care can mean the difference between a healthy foot and an amputation.



Follow these steps for a thorough foot inspection:

- Inspect your foot daily and make it routine, just like brushing your teeth. Set aside a certain time each day so you don't forget.
- Look over your whole foot – the tops, soles and sides. Ask for help with the bottoms of your feet or use a mirror placed on the floor.
- Look for any changes such as cuts, blisters, discoloration, calluses or bruises.
- Check between your toes for injuries, skin changes and corns.
- Feel for any changes by running your hands over your skin. Look for any bumps, lumps or cold spots that may not be visible.
- Track any changes by writing it down.

If you notice anything abnormal, be sure to give us a call.

To take good care of your feet every day, wash them with warm soapy water and dry thoroughly. Be sure to dry between the toes. Smooth on a rich emollient foot cream to keep your skin supple and to minimize cracking that can let bacteria in. Protect your feet with good socks and comfortable, well-fitting shoes.

## Tackle Turf Toe Before It Hits You

This football season, be watchful of your young athlete for toe injuries. Turf toe is a very appropriate name for a painful injury that happens often on artificial turf.

When an athlete pushes off the ground with his toes while playing sports such as football, soccer, wrestling, gymnastics and basketball, the big toe can be hyper-extended and ligaments sprained.

Watch for:

- Pain
- Swelling
- Limited movement at the base of the toe

### Treating Turf Toe

Please make an appointment to see us if you suspect a turf toe injury. Before you come in, use the RICE method for home care: **Rest** the foot, apply **ice** frequently, use an elastic bandage to **compress** the area and **elevate** the leg.

Once we confirm our diagnosis, treatments for turf toe can include:

- Over-the-counter or prescription medications to ease pain and reduce inflammation
- Tape the big toe to the next one to immobilize the joint
- Use a cast with crutches or a walking boot to further stabilize the area
- Add special inserts to your shoe to support and stabilize the big toe

With these treatments, the pain should diminish over a couple of weeks. We may prescribe physical therapy to further loosen and strengthen the area.

You can minimize the risk of turf toe by equipping your child with the appropriate sports footwear with lots of support. These can help prevent excessive bending of the toe when pushing off the ground.



## History FootNote

The first patient to receive a test injection of insulin in 1922 was 14 years old and virtually dying from diabetes, weighing 65 pounds. Although he had an allergic reaction to the treatment, he quickly recovered his strength.

## Celebrity Foot Focus

Viola Davis, award-winning actor and producer, opted for comfort when she switched to trendy sneakers at the recent Emmy award show. Her \$600 Hogan silver and black platform sneakers were obviously more comfortable than her red carpet high heels.



....continued from page 3 **Recipe of the Month**

- 1 medium onion, chopped
- 1 red bell pepper, seeded and chopped
- 1 yellow bell pepper, seeded and chopped
- 1 canned chipotle pepper in adobo (you may add 2 to 3 if you like)
- 1/2 lime, juiced
- Fixings: avocado, sour cream, grated cheese, crushed tortilla chips and fresh cilantro leaves

### Directions

1. Put the chicken in a slow cooker. Sprinkle on the chili powder, cumin and some salt and pepper. Add the tomatoes, chicken broth, black beans, tomatoes with chiles, tomato paste, onion, chipotle pepper and red and yellow peppers. Stir, place the lid on the slow cooker and cook for 5 hours on high or 8 hours on low.
2. Stir in the lime juice. Remove the chicken to a plate and use 2 forks to break it into chunks (or shred it finely). Return the chicken to the pot, taste and add more seasoning if necessary.
3. Serve piping hot in a bowl with avocado, sour cream, grated cheese, crushed tortilla chips and cilantro leaves on top!

Recipe courtesy of Ree Drummond

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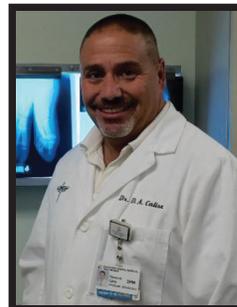
## Meet our Doctors



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