

Toe the Line: Doctors Fight Cosmetic Foot Surgery

By MELINDA BECK



How far will some women go to fit into high heels? The menu of services at Beverly Hills Aesthetic Foot Surgery in Studio City, Calif., provides a clue.

There's the trademarked "Cinderella Procedure"—a preventive bunion correction that makes feet narrower. The clinic also offers the "Perfect 10! Aesthetic Toe Shortening" that invisibly trims toes that hang over the end of sandals or have to be crushed into tight shoes. There's also "Foot-Tuck Fat Pad Augmentation," in which fat from the patient's abdomen is injected into the balls of her feet to provide extra cushioning for long days on high heels.

"It's unrealistic to tell women not to wear high heels," says the clinic's founder, podiatrist Ali Sadrieh. "I came up with procedures that allow the women to function, pain-free, in the real world."

Those are exactly kinds of cosmetic procedures that a big group of orthopedic foot surgeons blasted in a news release last month. "Shortening a toe to get into a tight-fitting shoe should not be a standard of care in any physician's office," says Donald R. Bohay, an orthopedic surgeon in Grand Rapids, Mich., and co-chairman of public education for the American Orthopaedic Foot and Ankle Society.

The American Podiatric Medical Association, representing about 85% of the nation's podiatrists, agrees. "Our function is to relieve pain and correct deformities. We are not trained to allow women to fit into a narrower shoe," says the group's president, Kathleen Stone, a podiatrist in Glendale, Ariz.

Foot 'Facelifts'
The line between cosmetic procedures and those to alleviate pain can be as fine as a stiletto.

Foot narrowing: Corrects bunions on both sides, sometimes before deformities occur.

Hyperhidrosis: Botox injections can curb excess sweating, which promotes fungus growth.

Foot padding: Fat or fillers are injected into ball of foot to replace diminished padding.

Toe slimming: Thickened skin on pinky toe is removed, and the bone may be shaved or straightened.

Toe shortening: Bone segment is removed; procedure can prevent hammertoes, corns.

Toe lengthening: Bone is cut, then stretched or fused with an implant. This also repairs over-shortened toes.

Toe straightening: Small section of bone near the joint is removed and/or a tendon cut to correct angle, curl or hammertoe.

Source: WSJ reporting; Photo: FilmMagic/Getty Images

'Sex and the City' Effect

Blame it on Carrie Bradshaw. While there are few statistics tracking the number of surgical procedures performed on feet for specific reasons, cosmetic foot surgery began roughly about the time "Sex and the City" debuted in 1998 and has shown even more staying power.

Some foot surgeons have been warning against cosmetic foot surgery

almost as long—seemingly to little avail.

"Every stylish woman I know wants to do this operation, and as soon as they can figure out a more efficient way, it will become as common as a nose job," says Manhattan public-relations maven Peggy Siegal, who says she is eager to have bunion surgery herself but is wary of the recovery time. "I am longing to have pretty, pain-free feet."

"Our business is booming," says Oliver Zong, a podiatrist in New York City's financial district whose services include a "pinky tuck," slimming down little toes that become bent and bulbous when jammed into high, tight shoes.

While the vast majority of patients are women, Dr. Zong says he has male clients as well. "They're embarrassed about wearing sandals because their feet don't look so good," he says.

And demand isn't limited to New York and Los Angeles. "I'm in northwest Indiana, near a lot of steel mills, and I have many young women who come in saying, 'My feet don't hurt, but I want surgery'," says Michael Nirenberg, a podiatrist in Crown Point, Ind., "They want to look their best and they don't understand the risks."

That risk-versus-benefit calculus has created rifts between physicians who argue that surgery should only be done to alleviate pain and deformities, and those who say that making women more comfortable in their shoes can prevent pain and deformity from happening.

"Why wait until your foot becomes arthritic at 50 when you could have had it fixed it at age 22?" asks Dr. Sadrieh, who notes that in some fields, women feel they need to wear high heels to have a professional appearance.

Many podiatrists say they turn away patients who ask for procedures solely for appearance's sake—or who ask for extreme measures, like amputating a toe.

But the line separating beauty from function can be a fine one. Jamming feet into sexy, strappy heels can make them painful and misshapen; eliminating lumps and bumps often alleviates pain as well.

Take bunions, for example. High heels don't cause them (Mother Theresa had bunions, so do some primitive tribes of people who never wear shoes). But wearing tight, high heels can make them worse. Bunion surgery, which can cost \$5,000 or more, is usually considered standard podiatric care, not cosmetic, and is covered by insurance—but only after it becomes fairly severe.

Toe shortening, at \$500 to \$1,500 per toe, is considered a cosmetic procedure, usually not covered by insurance. But trimming a long toe can prevent it from becoming a hammertoe, in which the toe buckles up at the joint, often creating painful corns on top and displacing the fat pad underneath. Once that occurs, surgically repairing it is considered necessary foot care, covered by insurance.

Toe lengthening is sometimes done to correct brachymetatarsia, a serious deformity in which a bone inside the foot stops growing too soon. But it's also sometimes done to correct a cosmetic toe shortening that went too far.

Slimming swollen pinky-toes (\$1,800) and adding padding to the bottoms of feet (\$500 and up) are also considered cosmetic procedures, not covered by insurance. However patients who need them are often uncomfortable in any shoes, argues Suzanne Levine, a podiatrist on Manhattan's Park Avenue who operates in heels herself. She developed her own padding procedure, "Stiletto Rx: Pillows for Your Feet," using the filler Sculptra. "I have a 93-year-old patient from Maine who comes every six months and says, 'Fill it up,' " she says.

Dr. Sadrieh, Dr. Levine and other podiatrists who cater to women who want stylish feet prefer the term "aesthetic" to "cosmetic"—and say it also involves placing incisions on the sides of toes, rather than the tops, and using plastic-surgery techniques to minimize scars. With traditional surgery, "your bunion would be gone, but you'd have a four-inch scar," says Dr. Zong. "We are modernizing a stagnant old profession," says Dr. Sadrieh.

Making Matters Worse

Orthopedic surgeons and more conservative podiatrists are mainly concerned about what can go wrong, including infections and problems with anesthesia that are possible with any surgery. But feet are especially delicate, with 26 major bones, 30 joints and a complex web of nerves and tendons. And while most procedures go well, complications do occur. Bones may not fuse, nerves can become damaged and scar tissue can form to make feet even more unsightly than they started.

Toe shortening procedures, warns Dr. Bohay, can leave toes floppy, and sliding under or over adjacent toes. In a 2003 survey by the Foot and Ankle Society, over half of responding members said they had treated patients who were in pain from failed cosmetic foot surgery. Some podiatrists counter that they often fix scarring or problems caused by orthopedic surgeons.

Patients who have had bad experiences warn that the consequences can be severe and long-lasting.

"I should never have had foot surgery," says Manhattan dermatologist Debra Jaliman. She had a minor bunion corrected by a prominent orthopedic surgeon in 2007 but ended up with severe nerve damage. She needed six corrective surgeries and was on crutches for two years. "Now my foot hurts all the time. I can't wear high heels ever. I can't play tennis. It's really impacted my life. It limits me tremendously."

The lesson, Dr. Jaliman says, is: "Feet are really tricky. Don't have surgery unless you are in bad pain."

Write to Melinda Beck at HealthJournal@wsj.com