Neuropathy

YOUR COMPLAINTS ARE

- · Numbness and tingling in both feet.
- Pain, burning or shooting in both feet.
- Many people have the same complaints in their hands.
- There may be cramping in the feet, curling of the toes.
- There may be weakness and loss of control in the hands.

WHAT CAUSES NEUROPATHY?

Neuropathy is due to a systemic disease.

The most common cause of neuropathy is DIABETES.

There are many other causes for neuropathy like CHEMOTHERAPY, THYROID DISORDERS, ARTHRITIS (RHEUMATOID, LUPUS), VITAMIN DEFICIENCIES, HEAVY METAL TOXICITY, DRUG-INDUCED, LEPROSY, AND ALCOHOLISM.

Many people today are overweight, have high cholesterol, and high blood pressure. They are "pre-diabetic" (*the Metabolic Syndrome*). Their neuropathy is the same as those with diabetes.

When the cause is not known, it is called IDIOPATHIC NEUROPATHY.

The symptoms of neuropathy can be the same for all due to having three nerve compressions all at the same time in the hands, or the legs, or both.

TREATMENT WITHOUT SURGERY

If you have a form of neuropathy that can be treated, like diabetes, or vitamin deficiency, or low thyroid function, then you must see your medical doctor for the medical treatment for this specific medical disease. Treating the underlying medical condition can often relieve the neuropathy symptoms.

When medical treatment of the basic medical problem does not help, or when there is no known medical cause for your neuropathy, then prescription medications for the pain, like "neuropathic" (non-narcotic) and narcotic pain medications are the only proven source of relief. Often you will need to see a pain management specialist for these drugs.

CAN NERVE COMPRESSION CAUSE THE SAME SYMPTOMS? YES!

This is the basis for hope and optimism for people with neuropathy: Nerves can be decompressed with surgery.

HOW DO I KNOW IF I HAVE NEUROPATHY AND ALSO HAVE NERVE COMPRESSIONS?

If your nerve is tender at known sites of compression, like the carpal tunnel at the wrist and tarsal tunnel at the ankle, then you also have a nerve compression.

WHAT IS NERVE DECOMPRESSION SURGERY LIKE?

For the legs/feet, three nerves are decompressed that give you the "stocking distribution" to your complaints. For the legs/feet, please read the brochures on *Tarsal Tunnel Syndrome* and *Foot Drop* to explain in detail the surgeries that are done.

80% of people with neuropathy who are chosen for surgery get relief of pain and recovery of sensation. Recovery can take up to one year.

IS NEUROSENSORY TESTING NECESSARY?

Yes. Painless testing with the Pressure-Specified Sensory Device™ documents the presence of neuropathy and determines the degree of nerve damage. This test result helps your doctor determine how quickly you will recover after surgery. (Please see the *Neurosensory Testing* brochure for more information.)

ULCERS AND AMPUTATIONS

For those with diabetic neuropathy, the risk of ulceration is real.

One in six people will develop an ulcer on their foot.

For diabetic neuropathy, risk of amputation is real.

One in six people with an ulcer will require amputation.

There are 90,000 amputations yearly in the United

States.

NO ONE WITH NEUROPATHY WHO HAS HAD NERVE DECOMPRESSION SURGERY BY THE DELLON APPROACH HAS HAD AN ULCERATION OR AMPUTATION.

Results are available under **statistics** at **Neuropathy Registry.com**.

WHAT ABOUT BALANCE?

As you lose sensation in your feet, you lose your balance.

Without balance, you are at risk for falling, which may cause a broken wrist or broken hip.

The Dellon Procedure to restore sensation to your feet will restore balance and minimize the risk of falling.

CHEMOTHERAPY DRUGS AND NEUROPATHY

The chemotherapy drugs that are known to cause neuropathy are: *Vincristine, Cisplatin, Taxol,* and *Thalidomide.*

WHO SHOULD DO THIS SURGERY?

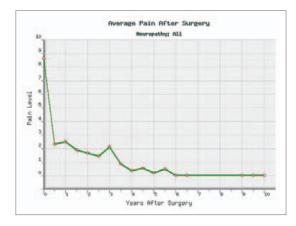
Surgeons from the *Dellon Institutes for Peripheral Nerve Surgery*® have the most advanced training and experience doing this surgery, which offers you the best chance for success.

WHAT ARE THE RISKS OF SURGERY?

The published outcomes of the Dellon-approach to the treatment of symptoms of neuropathy due to super-imposed nerve compressions offer the best chance for relief of your symptoms. Risks associated with the surgical procedure, include the risk of anesthesia, bleeding and infection, and complications unique to decompression of nerves in the feet:

- The stitches at the ankle may break during walking, giving a prolonged time for wound healing.
- The nerve may take up to one year for sensory recovery.
- As the nerve regenerates, there can be worsening of the pain. This occurs as the small nerve sprouts send back messages of hot and cold perceptions, and buzzing. This may continue for three to six months, and require use of pain medication.

The following graph shows reduction in pain levels, with the results lasting for many years.



WHERE CAN MY DOCTOR LEARN ABOUT THIS?

Examples of results are available on the internet from a prospective multicenter study (NeuropathyRegistry.com)



Tucson Neuropathy Institute

Specializing in Pain Relief for the Legs & Feet

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Dellon AL.: Optimism in diabetic neuropathy. Ann Plast Surg 20: 103-105, 1988.

Dellon ES, Dellon AL.: Functional assessment of neurologic impairment: Track analysis in diabetic and compression neuropathies. Plast Reconstr Surg 88: 686-694, 1991.

Dellon AL: Treatment of symptoms of diabetic neuropathy by peripheral nerve decompression. Plast Reconstr Surg, 89: 689-697, 1992.

Lee RH, Dellon AL: Insulin resistance: Does it play a role in peripheral neuropathy? Diab Care 22:1914-1915, 1999.

Tassler PL, Dellon AL, KLesser G, Grossman S: Utility of decompressive surgery in the prophylaxis and treatment of cisplatin neuropathy in adult rates. J Reconstr Surg 16: 457-463, 2000.

Aszmann OC, Kress K, Dellon AL: Results of decompression of peripheral nerves in diabetics: A prospective, blinded study utilizing computer-assisted sensorimotor testing. Plast Reconstr Surg 106: 816-822, 2000.

Dellon, AL, Swier P, Levingood M, Maloney CT: Cisplatin/Taxol neuropathy: Treatment by decompression of peripheral nerve. Plast Reconstr Surg, 114: 478-483, 2004.

Aszmann OC, Tassler PL, Dellon AL: Changing the natural history of diabetic neuropathy: Incidence of ulcer/amputation in the contralateral limb of patients with a unilateral nerve decompression procedure, accepted Ann Plast Surg, 53: 517-522, 2004.

Lee C, Dellon AL: Prognostic ability of Tinel sign in determining outcome for decompression surgery in diabetic and non-diabetic neuropathy. Ann Plast Surg, 53: 523-27, 2004.

Valdivia JMV, Dellon AL, Weinand MD, Maloney CT Jr.: Surgical treatment of peripheral neuropathy: Outcomes from 100 consecutive decompressions, J Amer Pod Med Assoc, 95: 451-454, 2005.