Elective Ankle and Foot Surgery
By Sarah Burns, DPM/Podiatry

“When your feet hurt, your whole body hurts,” is a common saying, at least around our office. Seattle has a wonderfully active population, where our feet are crucial to maintaining health and overall well-being. Deformities, injuries, and arthritis of the foot and ankle can severely—and unnecessarily—limit a patient’s quality of life.

Elective ankle and foot surgery is very effective at reducing pain from deformities and arthritis, increasing mobility and activities, with low complication rates overall. Surgical options are not for every patient and it is crucial that we have clear discussions with patients about their goals and expectations, especially with severe deformities or end stage disease. Properly preparing patients for the realistic recovery of foot and ankle surgery and working carefully with them to get the best outcomes are major goals of our department with foot surgery.

Many foot and ankle problems can benefit from early surgical intervention as well, prior to deformities such as bunion or hammertoe becoming severe, or prior to severe arthritis, when our options become limited. Surgical intervention is considered only after exhausting more conservative treatment options.

Common Elective Ankle and Foot Surgeries performed by Polyclinic Podiatry, include:
• Ankle arthroscopy, to address early ankle arthritis
• Tendon repair, including Achilles
• Ligament repair, to treat chronic instability
• Flatfoot reconstruction
• Osteotomies, to improve alignment and prevent worsening deformities or arthritis
• Fusions of foot and ankle joints, to address arthritis
• Bone spur removal
• Neuroma excision
• Soft tissue mass excision
Non-Elective Foot and Ankle Surgeries include:
- Ankle and foot fracture repair
- Dislocation of joints in the ankle and foot
- Tendon rupture, including Achilles
- Management of infection

Podiatrists Sarah Burns, DPM; Fred Hawley Jr, DPM; Dan Lowinger, DPM; and Matthew Phelps, DPM have the training and experience to perform surgical and non-surgical treatments of foot and ankle deformity and injuries. Cheryl Hahn, ARNP's practice focuses on preventive, diabetic wound, nail and callous care. They are available to see patients at The Polyclinic Madison Center, Ballard, and Northgate Plaza locations and may be reached at 206.860.4457.

Considerations in Evaluating Foot Pain

Does the patient have the following?
- History of trauma
- Chronic or acute pain
- Obvious swelling or deformity
- Appropriate range of motion
- Point tenderness
- Neuropathy or peripheral vascular disease

Urgent Referrals – Refer to a Podiatrist
- Displaced or rotated fractures
- Lacerations with tendon, nerve or bony injury
- Diabetic wounds
- Sub-acute infections such as paronychia, ulcerations
- Stable fractures and dislocations

Emergent Referrals - Refer to the Emergency Room
- Compartment syndrome
- Necrotizing fasciitis
- Infection with sepsis
- Open fractures
- Injuries with neurovascular compromise
- Joint infections

Signs of Severe Foot Injury – Patients presenting with any of these symptoms need to be seen in the Emergency Room
- Purulent wounds
- Exposed bone, tendon, nerve
- Gross deformity
- Fever, systemic signs
- Acutely swollen joints