

# The Advantages of In-Office Surgeries in Podiatry



MIS provides an alternative to ASC or hospital-based procedures.

BY JAMES KENT, DPM, MS

*Editor's Note: The Forum is an occasional PM feature that provides podiatrists with the opportunity to offer their personal perspectives on topics of interest to the profession. Readers should be aware that our publication does not endorse particular surgical methods or organizations. The opinions herein are the author's, and not necessarily those of PM.*

The field of podiatry has changed greatly in the past forty years. Great podiatric pioneers like Louis T. Bogy, Lowell Weil, Sr., Guido LaPorta, and E. Dalton McGlamry have guided the specialty of podiatry into mainstream medicine.

The young podiatrist of today will (thankfully) never experience how difficult the pathway was for podiatrists of the past to obtain the hospital privileges that we now take for granted. Thus years ago, the vast majority of podiatry surgeries were by necessity performed in-office. The podiatry residents of today should be forever grateful to the foot doctors of the past who paved the way for years to come.

Now, young podiatry residents have the advantage of three-year residencies at some of the finest hospitals in the country, but due to the current economics of healthcare today, we might want to look at alternate methods of treatment protocols. Doing surgery in-office is counterintuitive to how today's residents think; but now more than ever in the field of podiatry, we need DPMs who

can think outside of the box.

Recently, more doctors are becoming involved in The American Academy of Podiatric Practice Management (AAPPM) to help clinics grow and succeed financially. This group of men and women are some of the most generous doctors in our profession. Another organization that is becoming increasingly popular is the Academy of Ambulatory Foot and Ankle Surgery (AAFAS). By attending educational meetings of these organizations, CME hours can be obtained

very appealing for the cost-conscious practitioner.

The triangular academy seal depicts its dedication to ambulation, rehabilitation, and education.

- Ambulation: the patient who can walk into the surgeon's office can walk out.
- Rehabilitation: a commitment to restoring the patient to good foot health without loss of productivity at the lowest possible cost.
- Education: continued research into techniques and instruments for

**Years ago, the vast majority of podiatry surgeries were done in the office setting due to the fact that few podiatrists had hospital privileges.**

for podiatrists' license renewals. Attending the AAFAS conference in New Orleans prepares practitioners to perform minor surgeries with quality and affordability in the office setting, and the information gleaned can be instantly incorporated into their practices.

Today, ambulatory foot and ankle surgery has developed into a highly specialized subspecialty and art form. Over 2,000 international physicians and surgeons specializing in this technique are members of the AAFAS, with membership increasing annually. Considering the financial restrictions that all healthcare providers have seen over the last 20 years, the mission statement of AAFAS is

minimally invasive surgery.

It has been over forty years since the original pioneers like Morton Polokoff, DPM initiated the development of this art. The founders of AAFAS reasoned early on that if the necessity for hospitalization and prolonged disability were eliminated, more people could afford to avail themselves of these advanced services. This philosophy has become established as a win-win for patients, doctors, insurance companies, and our country.

Performing ambulatory surgery can be a new way of thinking for younger colleagues. Painful bunions, recurring corns, heel spurs, contract-

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ed toes, and hammertoes are corrected by this technique and patients remain ambulatory. We now have state-of-the-art, in-office surgical pro-

ASC from your office, pre-op the patient, have anesthesia put the patient under, perform the surgery, transfer the patient back to recovery, perform dictations, fill out post-op orders and complete after-care, there is little to

in an society that wants and expects to heal immediately. Relatively few doctors perform in-office surgery, so MIS could be a new niche market in a practitioner's market area.

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### **With today's affordable technology, cost-effective, minimal invasive foot surgery is now a reality.**

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cedure rooms. With today's affordable technology, cost-effective, minimal invasive foot surgery is now a reality.

#### **Medical Economics**

There is so much wasted time traveling to the hospital or ambulatory surgical center (ASC). You might ask yourself: "Is it worth my time to perform small procedures like correcting hammertoes and neuromas at the ASC?" By the time you travel to the

no profit to be made because of wasted time. Building an in-office surgery suite could be one of the best things you can do to build your practice.

#### **Marketing In-Office Surgery to the Public**

Patients today, particularly with the high cost of deductibles, are highly sensitive to price. And they are so much more educated than in the past, with surgical procedures seen on YouTube and doctors' websites. We live

#### **MACRA**

With deductibles and healthcare costs expected to increase in the future, podiatrists need to look for cost savings for the patient, the government, and insurance companies. The AAPPMM expert panels at healthcare reform meetings have stated that in-office surgical procedures should meet the new requirements for the Medicare Access and CHIP Re-authorization Act (MACRA) and Merit-based Incentive Payment System (MIPS) to set physician reimbursement.

#### **Other Specialties Starting to Perform In-Office Surgery**

Over the last five years, a number of other healthcare specialties have

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increased the number of in-office surgeries they perform. These include dermatology, plastic surgery, eye surgery, and hand orthopedic surgery. Dentists, of course, have been performing in-office surgeries for years.

### **Safety**

The use of mini C-arms in the office setting can increase positive outcomes and reduce surgical risks. Lidocaine 1% without epinephrine is one of the safest drugs around today. There is much less risk with local anesthesia performed in the office.

### **Staff Education**

There are many ways to educate your staff on in-office surgery. One helpful tool is the book *Assisting in Podiatric Surgery* by Telford Thomson. It is designed for podiatric medical assistants to learn minor surgical procedures. Encourage your staff to read books like this and watch videos to understand the protocols for an in-office surgery suite. Practitioners need to look at quality vs. affordability. More expensive does not always equate to higher quality. Your staff should be educated on this subject and be looking for ways to reduce costs and increase quality.

### **The Cost of a Surgical Procedure Suite**

The cost of a minor procedure room in a clinic is relatively inexpensive to set up with an Osada bone drill, electric ankle tourniquet, and sterile prep/drapes/gowns. A mini C-arm can also be purchased at a reasonable price. The AAFAS website at [www.aafas.org](http://www.aafas.org) is a great resource for advice on how to set up a small procedure room in-office.

### **Complications Are Few**

Podiatrists have performed thousands of minor in-office surgeries. If protocols have been taken to decrease the risk, complications post-operatively should be very low. Patient education on post-surgical protocol can also reduce this risk dramatically.

### **Conditions Treated**

Bunions, common nail problems, hammertoes, heel pain surgery, laser surgery, neuromas, and warts can easily be performed in the office setting. Statistically, this is about 80% of what most clinics treat surgically. Most podiatrists feel that in-office surgeries should be limited to minor procedures only to decrease the chance of serious complications, but remember that most surgeries that podiatrists perform are considered to be minor.

### **Local vs. General Anesthesia**

Many surgical procedures performed in a hospital require large incisions and, many times, general anesthesia. A major factor in recovery time and discomfort is the amount of tissue that has been involved via the incision. The risk of surgery is multiplied by the use of general anesthesia. Ambulatory foot surgery, in most instances,

is performed in an office or an outpatient surgical center under local anesthesia. A small incision is made on the patient's skin, and a specially designed instrument is inserted into this opening. The entire procedure is performed through this tiny opening. At the conclusion of the surgery, a few stitches may be used to close the opening and a small bandage protects the area. The patient generally leaves the office walking, and in many instances in his or her own shoes! The condition has been corrected and the patient remains ambulatory with minimal discomfort. The prolonged disability has been avoided. If the patient is kept comfortable, there is no need for sedation or general anesthesia for in-office surgery.

### **Calculate Your Happiness and Freedom**

What is your happiness worth? Performing in-office surgeries can give doctors tremendous flexibility in their personal lives. It seems more than ever that doctors have less free time. An in-office surgery suite can allow you to have more free time.

### **After-Care and Pain**

Many doctors have performed both traditional hospital and minimally invasive surgery (MIS) in-office for Haglund's deformities over the last couple of years. Both have

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obvious advantages and disadvantages, but the big advantage for (MIS) in-office is decreased recovery time. Most in-office surgeries do not create

have surgery if performed in the office. In addition, if a vision block is placed in front of the patient, the anxiety greatly decreases. And having patients wear headphones while watching TV or a movie play-

from transmetatarsal amputations to total ankle replacements, but a large percentage of procedures can easily be performed in the office setting. And it is vital that we look at what the patient can afford as well as quality of care—both of these concerns should go hand in hand. All podiatrists care deeply about their patients' success, but it is important that we keep an open mind as doctors, particularly as we are learning to navigate through the newest versions of value-based healthcare. **PM**

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the post-op pain and need for medications that hospital surgeries frequently require.

### **Decreasing Anxiety**

The psychological barrier of surgery can greatly decrease by doing surgeries in the office. Patients will think, "If this can be done in the office, it must be pretty easy and less expensive." They are more likely to

er during a procedure can decrease stress. Patients can listen to their favorite music or radio and may not even hear the electric bone saw or drill. A surgical suite can be made to feel more like a dental procedure room than a hospital operating room.

### **Conclusion**

There will always be a need for hospital-based podiatric surgery,



**Dr. James Kent** is in private practice at East Texas Foot and Ankle Centers in Tyler, Texas. He completed his surgical residency at Lourdes Hospital under Dr. Guido LaPorta. Dr. Kent is a member of both AAPP and AAFAS, and has a special interest in healthcare practice management.

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