

## The Economics of MIS Foot Surgery

By Don Peacock DPM, MS

In recent years minimally invasive foot and ankle surgery is being used to treat a variety of conditions. Most research has concentrated on the comparison between traditional and percutaneous hallux valgus procedures. Often overlooked is the role minimally invasive surgery has on the economic welfare of our patients. In rural areas of the United States, there are more patients noninsured and underinsured compared to suburban and urban areas. In the United States, patients who live in rural areas make approximately \$7000 less per year. For the patients who live in rural areas, providing surgical foot coverage at a reduced cost is essential.

Minimally invasive foot and ankle surgeries performed under local anesthetic in the office setting reduces

cost significantly. Office surgery bypasses the cost of inpatient and outpatient facility fees. In the author's area, facility charges are often 6,000 dollars or more. The United States has 28 million people who do not have health insurance. The affordable care act did reduce this number from 46 million. However, the rate of uninsured is on the rise, with an additional 500,00 added to the uninsured population in 2018. These numbers are rising exponentially, and the cost of health insurance has continued to grow. The expansion of uninsured people appears to be inevitable.

In the author's area of rural southeastern North Carolina, the poverty rate is 23.6%, according to the Columbus County census bureau. Many of these patients are working and do not qualify for government assistance. The only way for these patients to receive foot



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6



Figure 7



Figure 8



Figure 9

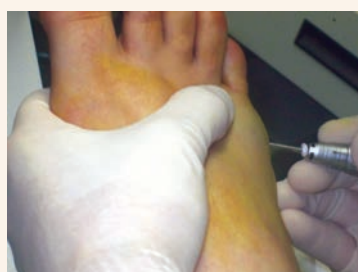


Figure 10

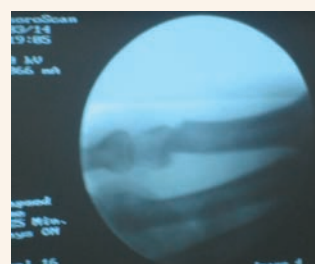


Figure 11



Figure 12



Figure 13



Figure 14



Figure 15



Figure 16

## MIS Foot Surgery *(continued)*

surgery is in the office under local anesthetic. In recent years the author's practice is treating more and more patients who opt for self-pay options. Many more patients with health insurance coverage have large deductibles and are mostly not met at the time they come in seeking treatment. For these patients, the option of having surgery in the office is the only way they could have the procedure performed.

Podiatrists in the United States began minimally invasive foot and ankle surgery and represented a field exclusively invented by podiatrists. In its inception, most of these procedures were office-based. In the early years,

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most podiatrists did not have hospital or outpatient surgical center privileges. These procedures began as early as 1940 and advanced via the Academy of Ambulatory Foot and Ankle Surgery. The group still exists today and is now known as the **Academy of Minimally Invasive Foot and Ankle Surgery**. The group sponsors academic seminars, usually twice a year. The workshops provide a base to learn MIS techniques. Surgeons interested in the methods should attend these seminars.

In the following presentation, we show you preoperative and postoperative results of minimally invasive surgery performed under local anesthetic in an office setting. Learning MIS procedures in the office could be a way for you to survive the many changes coming to medicine. In the author's community, we have always had a large number of uninsured patients. As a result of this, he has always performed office-based surgery. While having hospital privileges is desirable, and something that is utilized by the author, the history of effectively executing foot

and ankle surgeons in the office has a good reputation. When the author first got into practice, he was unable to obtain hospital privileges at his local hospital. It took three years of patiently waiting and continuous reapplication before the hospital granted outpatient surgical privileges to the author. During this time, the author often saw this as a barrier to his practice. However, it has turned out to be the best thing that ever happened to his practice. Not having hospital privileges forced the author to learn techniques in foot and ankle surgery amendable to local anesthetic in the office. The prospect of learning minimally invasive surgery was not only exciting to the author but has proven to be an excellent practice-building tool.

One particular area that is underutilized by our profession is the minimally invasive correction of ulcerations. We can achieve long term results using minimally invasive surgery to heal ulcerations. The author has treated hundreds of patients with limb-threatening ulcers using minimally invasive techniques under local anesthetic in the office. This presentation is a photo and x-ray presentation showing results using minimally invasive procedures.

(Figure 1) Preoperative photo of the SERI procedure. (Figure 2) displays the photographic outcome of the SERI procedure. (Figures 3,4 and 5) show the clinical results of an osteotomy performed minimally invasive in the hallux to resolve long-term diabetic ulceration. (Figures 6 and 7) show the preoperative and postoperative outcomes of a flexor tenotomy to cure a long-standing digital tip ulcer. (Figures 8 and 9) display an overlapping 2nd toe corrected by an MIS wedge osteotomy of the proximal phalanx performed minimally invasive. (Figures 10 and 11) show a percutaneous osteotomy of the fifth metatarsal head to correct a Tailor's bunion. (Figure 12) shows a preoperative x-ray view of a posterior heel spur. (Figure 13) shows the four-part incision performed to access the spur in the posterior aspect of the heel minimally invasive. (Figure 14) shows the postoperative results of reducing a posterior heel spur using minimally invasive techniques. (Figures 15 and 16) show the preoperative and postoperative outcomes of an MIAA procedure.

*For more information, click here.*

