

Foot & Ankle Specialists Saving Limbs, Saving Lives with Advanced Wound Therapy

Clearwater, FL – [Foot & Ankle Specialists](#), providing cutting-edge medical treatments and personalized podiatry care for over 30 years to the greater Tampa Bay area, is taking the fight against diabetic foot ulcers (DFUs) to a new level, and Dr. Jason Levy, a lower extremity wound care expert, podiatrist and board-certified foot and ankle surgeon, is leading the charge.

According to the Centers for Disease Control, nearly nine percent of the population in the greater Tampa Bay area has or will have diabetes in their lifetime. Among them, 15% will develop a DFU, or chronic foot wound that can occur on the foot or lower extremities of people with diabetes. This is a result of a complication of the disease called peripheral neuropathy, a condition in which feeling, or protective sensation is lost. In addition, reduced blood flow increases the risk for amputation.

If not treated properly, DFUs can result in serious complications, including amputation, even death. In fact, of the patients who do develop a DFU, 14 to 24% will require an amputation, which carries a mortality rate of approximately 45% within five-years. The same five-year mortality rate applies to patients who develop a neuropathic ulcer. When compared with cancer, neuropathic ulcers and amputations are second only to lung cancer (86 percent); the relative five-year mortality rate for breast cancer is only 18%.¹

Amputations are devastating to the affected individual, time consuming for the treating physician, and costly to the healthcare system. In a recent press conference on healthcare reform, President Obama addressed how untreated diabetic foot ulcers and related amputations are driving up healthcare costs. The best way to avoid amputation is to treat the wound early and as aggressively as possible. Clinical consensus says that any wound that remains unhealed after 4 weeks of conventional treatment is a cause for concern and should trigger consideration of advanced therapy.

Steve, a diabetic patient, was referred to Dr. Levy at Countryside Foot & Ankle Specialists by his vascular surgeon after having already had two toes amputated on his right foot due to non-healing DFUs. For Steve, who loves to bowl and dance, amputation of the entire rest of his foot was unthinkable. He already had an amputation of the opposite leg. In an ongoing battle with multiple surgeries Dr. Levy is utilizing the help of advanced wound therapy product [Dermagraft](#)®. This is an FDA-approved “skin substitute” that contains living human cells and is placed on the patient’s wound to help stimulate their own skin cells to multiply and heal the wound. Dr. Levy was able to quickly diminish the size of Steve’s wound, which has nearly resolved, saving the rest of his foot from amputation. Steve is now able to walk and drive again. He tells Dr. Levy he is looking forward to bowling and dancing again soon.

Dermagraft is clinically proven to heal non-progressive foot ulcers faster and more often than conventional wound care. [Click here](#) for an animation on how Dermagraft assists in the healing process. By closing non-healing DFUs with Dermagraft and avoiding more severe, high cost procedures, which can lead to severe complications, Dr. Levy has the potential to save the healthcare system hundreds of thousands of dollars per patient.

¹ Moulik PK, Mtonga R, Gill GV. Amputation and mortality in new-onset diabetic foot ulcers stratified by etiology. *Diabetes Care* 2003;26:491–4

The attributable cost of treating a diabetic foot ulcer is \$39,000 (2009 US) for the 2 years following diagnosis.² However, that number goes up significantly when the wounds are complicated by osteomyelitis, a limb-threatening foot infection that costs \$19,000 to \$23,000 depending on antibiotics used,³ and amputation which can cost \$70,000 to \$103,000 depending on the severity.⁴

“The bottom line is the longer a wound remains unhealed, the greater risk involved,” said Dr. Levy. “Our goal is to close the wound as quickly as possible because when it comes down to it, through healing our patients’ wounds, we’re not only saving their limbs from amputation, but we’re saving their lives as well. Many of the physicians in our network who are not experienced in wound healing and limb salvage often refer their patients to us because we have the proper training, experience and technology to manage wounds aggressively and effectively.”

With state-of-the-art equipment and testing, over three decades combined experience and use of advanced therapies like Dermagraft, the board-certified physicians at Foot & Ankle Specialists are uniquely able to offer advanced, aggressive treatment plans for Steve and other patients like him from the moment they enter the clinic.

Since Dr. Abraham Levine opened their doors over 30 years ago, the Foot & Ankle Specialists, headed by Dr. Bruce Levine, the founder’s son, have treated thousands of DFU patients with an excellent healing and limb salvage rate, according to Dr. Levy.

For more information about Foot & Ankle Specialists, with offices in Countryside, Trinity, and Bardmoor, please call 727-797-5008 or go online at <http://www.myfootdr.com/>.

About Foot & Ankle Specialists

Doctors Bruce J. Levine, Ted P. Couluris, Jason M. Levy and Larry J. Kipp pride themselves on providing the most convenient and comprehensive Podiatric Medical Centers in the area. The physicians are all board certified, and are experts in all aspects of foot and ankle surgery. The courteous and professional assistants at Foot & Ankle Specialists make every effort to assure patients comfort and satisfaction. By keeping up to date with the latest techniques, through lectures and seminars, the staff at Foot & Ankle Specialists is able to stay abreast of the newest developments in podiatric medicine. All employees receive continuing education in AIDS care and prevention, blood borne pathogens, x-ray certification and OSHA standards of sterilization techniques.

Convenience and quality of care are top priorities when choosing a podiatrist. Foot & Ankle Specialists house all services necessary to provide state of the art podiatric medical care on site, including a full radiological department and full biomechanics lab, computerized gait analysis, custom orthotics and shoe modifications, ultrasound,

² Ramsey et al. Incidence, outcomes and cost of foot ulcers in patients with diabetes. *Diabetes Care*. 1999;22:382-7. Conversion from 1995 dollars to 2009 dollars at <http://data.bls.gov/cgi-bin/cpicalc.pl>. (access 6 May 2009)

³ McKinnon et al. Cost-effectiveness of ampicillin/sulbactam versus imipenem/cilastatin in the treatment of limb-threatening foot infections in diabetic patients. *Clin Infect Dis*. 1997;24:57-63.

⁴ Apelqvist et al. Long-term costs for foot ulcers in diabetic patients in a multidisciplinary setting. *Foot Ankle Int*. 1995;16(7):388-94.

therapeutic and comfort shoes, physical therapy, surgical procedure rooms, and access to prescription and non-prescription medications. In addition, the physicians are on staff at all local hospitals and surgery centers in order to provide all aspects of inpatient and outpatient care.

About Dermagraft®

Dermagraft is a cryopreserved human fibroblast-derived dermal substitute; it is composed of fibroblasts, extracellular matrix, and a bioabsorbable scaffold. Dermagraft was approved by the FDA in the United States in 2001 as a Class III medical device as a therapy for the treatment of full-thickness non-healing diabetic foot ulcers (DFU) greater than 6 weeks duration, which extend through the dermis, but without tendon, muscle, joint capsule, or bone exposure. Dermagraft should be used in conjunction with standard wound care regimens and in patients who have adequate blood supply to the involved foot. Dermagraft is supplied frozen in a clear bag containing one piece of approximately 2 x 3 inches in size for a single-use application.

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