

December 7, 2003

## If Shoe Won't Fit, Fix the Foot? Popular Surgery Raises Concern

By GARDINER HARRIS

**D**ays after her daughter's engagement a year ago, Sheree Reese went to her doctor and said that she would do almost anything to wear stilettos again.

"I was not going to walk down the aisle in sneakers," said Dr. Reese, a 60-year-old professor of speech pathology at Kean University in Union, N.J. She had been forced to give up wearing her collection of high-end, high-heeled shoes because they caused searing pain.

So Dr. Reese, like a growing number of American women, put her foot under the knife. The objective was to remove a bunion, a swelling of the big-toe joint, but the results were disastrous. "The pain spread to my other toes and never went away," she said. "Suddenly, I couldn't walk in anything. My foot, metaphorically, died."

With vanity always in fashion and shoes reaching iconic cultural status, women are having parts of their toes lopped off to fit into the latest Manolo Blahniks or Jimmy Choos. Cheerful how-to stories about these operations have appeared in women's magazines and major newspapers and on television news programs.

But the stories rarely note the perils of the procedures. For the sake of better "toe cleavage," as it is known to the fashion-conscious, women are risking permanent disability, according to many orthopedists and podiatrists.

"It's a scary trend," said Dr. Rock Positano, director of the nonoperative foot and ankle service at the Hospital for Special Surgery in Manhattan. Dr. Positano said that his waiting room is increasingly filled with women hobbled by failed cosmetic foot procedures, those done solely to improve the appearance of the foot or help patients fit into fashionable shoes.

More than half of the 175 members of the American Orthopaedic Foot & Ankle Society who responded to a recent survey by the group said that they had treated patients with problems resulting from cosmetic foot surgery. The society will soon issue a statement condemning the procedures, said Rich Cantrall, its executive director.

The American Podiatric Medical Association is also likely to formally discourage medically unnecessary foot operations, said Dr. Glenn Gastwirth, executive director of the group.

"I think it's reprehensible for a physician to correct someone's feet so they can get into Jimmy Choo shoes," said Dr. Sharon Dreeben, an orthopedic surgeon in La Jolla, Calif., who is chairwoman of the foot and ankle society's public education committee.

But advocates for the procedures say that critics simply do not understand the importance of high heels. "Some of these women invest more in their shoes than they do in the stock market," said Dr. Suzanne M. Levine, an Upper East Side podiatrist who is widely quoted in women's magazines and has appeared on network television promoting the procedures.

"Take your average woman and give her heels instead of flats, and she'll suddenly get whistles on the street," Dr. Levine said. "I do everything I can to get them back into their shoes."

Foot fashion and function have, of course, long been in conflict. Chinese girls' feet were bound to shorten them by bending the toes backward. High heels have been fashionable in the United States for decades, even though they can cause not only serious foot problems but knee, pelvic, back, shoulder and even jaw pain.

It is not just the height of shoes that can lead to damage. A 1991 study found that almost 90 percent of women routinely wear shoes that are one to two sizes too narrow. A 1993 study found that women have more than 80 percent of all foot surgeries, primarily because their shoes are too tight.

Narrow shoes can cause the big toe to bend outward, permanently changing the shape of the bone and causing a bunion, or swollen big-toe joint. Women have more than 94 percent of bunion surgeries, the 1993 study found. By scrunching up the smaller toes, fashionable shoes can also cause or worsen claw or hammer toes, a condition in which the smaller toes are permanently bent downward. Painful and unsightly corns or calluses often form on the tops of such toes.

Foot doctors disagree sharply over how to respond to such problems. Most advise patients to stop wearing the offending shoes. "It's far simpler to cut the shoe to fit the foot than to cut the foot to fit the shoe," said Dr. Pierce Scranton, a Seattle orthopedic surgeon who was an author of the 1993 study.

But an increasing number of doctors are performing delicate and expensive operations to allow women to continue to wear their favorite shoes.

Dr. Levine's Park Avenue office, called Institute Beauté, is decorated with cream and rose-colored wallpaper, pictures of Dr. Levine with celebrities like Oprah Winfrey, Katie Couric, Diane Sawyer and Joan Lunden, and framed copies of articles in which she is quoted. Dr. Levine has medium-length blond hair, a striking resemblance to the singer Deborah Harry, and often wears fashionable high heels. A public relations firm schedules her media appearances.

Sitting with a brown Yorkie in her lap, Dr. Levine explains that she is "simply fulfilling a need, a need to wear stylish shoes." Although she would not provide specific numbers, Dr. Levine said that this year she will undertake 40 percent more cosmetic foot surgeries than she did three years ago. Among the most common are operations to shorten toes, at a cost of \$2,500 per toe, and collagen injections into the balls of the feet — to restore padding lost from years of wearing high heels — about \$500 per injection, she said.

Her business is taking off, Dr. Levine explained, because shoes are an increasingly indispensable fashion accessory. "These women come in and say, 'Listen, I just came from

my other podiatrist who told me to stop wearing high heels, and I don't want to hear that,' " she said.

Many of her patients are youthful, beautiful women who want to look their best, she said. To prove her point, she walked into an examining room where Jennifer Cho, a 27-year-old Manhattan lawyer was waiting to have the stitches on her right toes examined.

Wearing high heels caused her discomfort, Ms. Cho said, and her toes had begun to curl downward and develop corns. She saw Dr. Levine on NBC's "Today" program and decided to have the problem fixed. On Monday, Dr. Levine shortened the toes on Ms. Cho's right foot, and she is scheduled to operate on the left toes on Friday.

"This will help me wear the shoes that I want to wear," Ms. Cho said happily.

Dr. Levine and her partner, Dr. Everett Lautin, said that critics do not understand that when doctors tell their patients not to wear high heels, patients do so anyway. "People say, 'why do toe surgery if they work just fine?' " Dr. Lautin said. "Well, 'why do a nose job when your nose is working just fine?' It's the same thing. People want to look their best."

The answer, Dr. Positano said, is that "you don't walk on your face." The foot is a complex network of 26 bones, 33 joints, 107 ligaments and 19 muscles that must support more than 100,000 pounds of pressure for every mile walked. Even small changes can unexpectedly undermine the foot's structural integrity and cause crippling pain, Dr. Positano and others said.

Even collagen injections have risks. Simone Levitt's toes are numb because collagen injections into the pads of her feet damaged nerves. Ms. Levitt was persuaded to get them because she thought they would allow her to walk freely in high heels. "Like a dope, I let this happen," said Ms. Levitt, 74, who lives in the Upper East Side of Manhattan. Now Ms. Levitt said that she is unable to wear anything but sneakers and that her feet hurt constantly.

These risks explain why many foot doctors advise patients to try everything — including never wearing high heels again — before risking surgery. There are no solid figures for cosmetic foot procedures, so the American Orthopaedic Foot & Ankle Society is beginning a study to measure how common the operations have become.

Critics say that one factor compelling the increase they are seeing in such procedures is a push by doctors to expand their practices in areas not covered by managed care. "People are making a lot of money off of this, because patients pay in cash," said Dr. Dreeben, the California surgeon.

Dr. Levine said that insurers pay for many of her procedures, because patients are in pain. "I'm not looking to make a killing," she said. "I make a living."

Dr. Reese finally found 2-inch heels that she could briefly wear while walking down the aisle at her daughter's wedding in July. She quickly changed into a pair of ballet slippers that she had dyed black and fitted with special supports. She expects, however, that she will never again be able to walk barefoot or wear anything but specially designed shoes.

"I really regret being worried about looking good for my daughter's wedding," Dr. Reese said, "because I'll pay for it for the rest of my life."

[Copyright 2003 The New York Times Company](#) | [Home](#) | [Privacy Policy](#) | [Search](#) | [Corrections](#) | [Help](#) | [Back to Top](#)