

Media Contact: Russell Rian
214-648-3404
russell.rian@utsouthwestern.edu

UT Southwestern launches study of surgical option for treating diabetic and other neuropathies

DALLAS – July 8, 2008 – UT Southwestern Medical Center plastic surgeons and specialists in diabetes, neurology, pain management and rehabilitation are launching a cutting-edge study of peripheral nerve surgery to alleviate long-standing pain and numbness in patients with diabetic neuropathy.

Neuropathy is nerve-related pain, often associated with diabetes. The risk of developing neuropathy increases the longer a person has diabetes, and it is estimated that up to 40 percent of diabetics have some form of neuropathy. UT Southwestern is one of a few U.S. medical centers, and the only facility in North Texas, to offer surgery on peripheral nerves, which originate from the spine.

“Patients with neuropathy are often told that the problem is irreversible and that they cannot be helped,” says Dr. Shai Rozen, assistant professor of plastic surgery. “Diabetic neuropathy is a complex problem caused by multiple factors. We think pressure on nerves may be one component responsible for the symptoms in certain patients. This is very important to emphasize: Surgery may be helpful only in patients we suspect have pressure on their nerves in addition to their neuropathy and is not for all neuropathy patients.”

About one-third of patients with diabetic neuropathy have overlying compression of certain nerves in the leg that may worsen the pain and cause loss of sensation at the bottom of the foot. Several studies have demonstrated that the nerves may increase in diameter in diabetic patients. In this study, UT Southwestern investigators are hoping to show that by releasing pressure from the specific nerves of these patients, pain may be decreased and sensation improved.

“The concept of nerve compression in diabetics is not new,” Dr. Rozen said. “Carpal tunnel syndrome is a medical term used to describe compression of the median nerve at the wrist. It appears in approximately 2 percent of the general population, but in 15 percent to 30 percent of patients with diabetes. The treatment of choice in these patients, if conservative treatment has failed, is surgical nerve release.”

(MORE)

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In addition to pain, patients suffering from diabetic neuropathy have decreased sensation on the bottoms of their feet. Because they can injure their feet without noticing it, many develop ulcerations. About one out of every six patients with ulcers require amputations – accounting for the nearly 100,000 amputations per year in the U.S. because of diabetes.

“If we are able to restore at least protective sensation – that means patients will feel it if they hit something with their foot – it may decrease the amount of ulcers and eventual amputations in this high-risk population,” Dr. Rozen said.

Peripheral nerves supply sensation and are responsible for activating different muscles in the body. If these nerves are injured or compressed, they may be responsible for pain, loss of sensation, or even loss of function. Some of these problems may be helped by nerve surgery.

“Pain problems like these are not uncommon. The main problem is education and awareness among patients and physicians alike that there may be surgical solutions to some of these problems,” Dr. Rozen said. “We all know patients who had surgery for a ‘pinched’ nerve in the back. The concepts are very similar – relieve a nerve from pressure, repair it or even cut it in certain cases, and the pain may be relieved.”

The study is funded through the Multidisciplinary Clinical and Translational Pilot and Collaborative Study Initiative – Pilot Grant Award Program and a gift from the David Crowley Foundation.

UT Southwestern departments involved in the study include neurology, endocrinology, physical medicine and rehabilitation, pain management and plastic surgery.

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