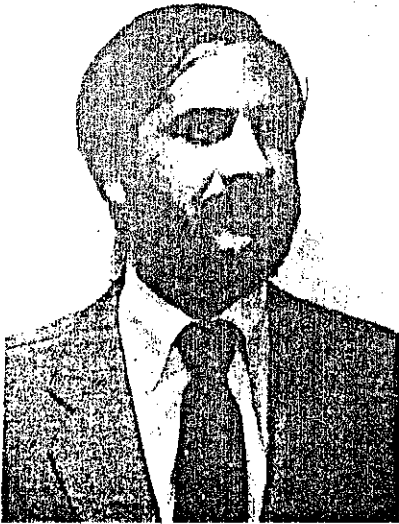


LaserLetter

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Podiatrists of the Quarter



J. Michael Lunsford, D.P.M.

For the late summer issue, ICPLS looked to the Lone Star State, home of two young podiatric laser surgeons truly worthy of the title, "Podiatrist of the Quarter": Dr. J. Michael Lunsford, who practices in Houston, and Dr. Michael H. Wynn, who has offices in Humble and in Houston. This dynamic pair co-authored "Effects of CO₂ Lasers on Osseous Tissue: A Review of the Literature" for Laser Surgery of the Lower Extremities, published by ICPLS.

Dr. Lunsford is a graduate of the Ohio College of Podiatric Medicine. In addition to the work mentioned above, his research publications include "Nitrous Oxide Induced Myeloneuropathy" in the 1983 Journal of Foot Surgery and "CO₂ Laser Surgery for Fungal Nail Problems," currently pending. He is also researching the surgical adaptations and applications of the carbon dioxide laser and ultrastructural effects of the CO₂ laser on osseous tissue. An ICPLS Diplomate, Dr.



Michael H. Wynn, D.P.M.

Lunsford is an Associate of the American College of Foot Surgery and of the American Academy of Podiatric Sports Medicine. He is a fellow of the Academy of Ambulatory Foot Surgery, an Associate of the American Academy of Podiatric Laser Surgery and a member of the American Podiatry Association and other professional organizations.

Dr. Lunsford is an adjunct professor of Clinical Medicine and Surgery at the Ohio College of Podiatric Medicine and is an instructor in the Harris County Podiatric Medical Residency Program. Additionally, is director of the Hi-Tech Laser Training program and serves as a guest lecturer for the program.

A 1981 graduate of the Ohio College of Podiatric Medicine, Dr. Wynn has had laser training at the Doctors Hospital in Houston, the Human Specialty Hospital in Memphis, Parkside Surgery Center in Nashville and The Ohio College of Podiatric Medicine.

Dr. Wynn has trained physicians in Alabama, Ohio, Louisiana, Tennessee and Texas. He is an adjunct faculty member of the Scholl College of Podiatric Medicine and is a laser instructor in the preceptorship program sponsored by Hi-Tech Medical Lasers. Additionally, Dr. Wynn is a surgical instructor in the podiatric residency programs at Doctors Hospital and Harris County Hospital, both in Houston.

A Diplomate member of ICPLS, Dr. Wynn is a member of the American Podiatric Medical Association and a member of the Texas Podiatric Medical Association.

Dr. Wynn's most recent article, "Soft Tissue Bunion Repair with the CO₂ Surgical Laser," is currently being reviewed by ICPLS.

In the following interview, Drs. Lunsford and Wynn express their opinions about the future of laser podiatry and other pertinent laser-related issues:

Q: Where do you feel the laser podiatry profession is heading?

Dr. Lunsford: Lasers are here to stay! Podiatrists, and physicians in general medicine alike, have realized the efficacy of laser applications for a wide variety of problems encountered on a regular basis. Despite the fact that many specialists refrain from the outright purchase of an office laser, many are utilizing the instrument on an increasingly regular basis at the hospital or outpatient surgery center. There are continuing investigations refining techniques and accumulating data, and with each literature search, I find the volume of laser statistics expanding. The recognition it deserves, although better, is lagging behind. Interestingly enough, I find the general medical community acceptance excel-

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lent, while the podiatric approval is riddled with suspicion and curiosity. Adequate training and certification is mandatory for its future. Without the development of this parameter, I foresee the possible stagnation of a highly credible facet of patient care.

Dr. Wynn: Lasers in podiatry are still relatively new, and since their introduction into our profession, have made great strides. Three years ago when I started using lasers, I was only doing nails, warts and poros. Now, three years later, I'm doing skin lesions and dissection, on fore foot and rear foot procedures. Many other podiatrists across the country have also noticed the same trend. This, I feel, is a major advancement in podiatry in a relatively short period of time. As long as podiatrists are willing to seek new methods, techniques and knowledge in laser surgery, we as a group can make great strides for the advancement of our field. For these reasons, I feel that lasers and podiatry will advance as far as the laser's capabilities will allow.

Q: How do you feel about professionals with lasers lending laser time to other professionals?

Dr. Lunsford: The frequency of use of the laser in the podiatrist's office should not enable him to lend time to other professionals. In the past, two dermatologists scheduled patients in my office for laser surgery. In the final analysis, I feel their patients' questions and the realization of its potential prompted a subsequent purchase. The competency of the individual utilizing the equipment and associated liability must be addressed. Assuming the option is available, I do see a degree of expanded professional exposure to the community that might otherwise not be achievable. I guess to address the question--I find it acceptable but inconceivable.

Dr. Wynn: I've found great acceptance from other health professionals such as gynecologists, internists, plastic surgeons and dermatologists, --even more so than in my own profession of podiatry--with laser surgery being the common ground between us. Working

together with other professionals forms a foundation of peer acceptance and exchange of knowledge. So I feel very strongly that sharing a laser or at least time laser will advance podiatry in general.

Q: What are your feelings about the use of lasers in HMO's?

Dr. Lunsford: Health Maintenance Organizations play a major role in health care in certain portions of the United States. That does not happen to be the case in Texas. Since the field of laser surgery has enjoyed ever-increasing acceptance, I do not find it surprising that the laser may be included in the armamentarium of the HMO. In fact, if these HMO's are to compete with the medical community, it is a must for them. Patient care is my first and foremost consideration in such a question. At the expense of being redundant, the training and certification issue must be raised again. Continuing medical education is mandatory for any laser surgeon regardless of his or her specialty. Assuming all facets of competency, training, certification and continuing medical education are met, then it is an eventuality we must all deal with.

Dr. Wynn: I have very strong convictions about lasers. These feelings are that lasers are to be used for the benefit of medicine and the general public. That is, to increase the quality of care to our patients--no matter what health care organization is involved.

Q: With increasing emphasis being placed on reducing the cost of medical care, are lasers too much of an expense?

Dr. Lunsford: Medical costs are a constant problem that receives attention from the media on a regular basis. American medical technology offers the finest care in the world--yet there is, and unfortunately must be, a price tag associated with this standard. Laser surgery offers a decreased post-operative recovery period, fewer office visits, less disability, and therefore does not interfere with the patient's productivity in society. Insurance carriers are realizing this more and more, and although they do not reimburse any greater, they do not question its efficacy, as

in the past. In a six-year study we have found that laser patients show a 40-60% improvement in healing time. Various parameters produced this variance, yet the figure speaks for itself. Laser fees, with precious few exceptions, are no greater than previous surgical fees to patients in my office. Are lasers too expensive? Unequivocably no.

Dr. Wynn: My convictions in this area are solely mine and may not be those of others. The expense of a laser is huge--anywhere from \$20,000 to \$60,000 for a multi-specialty laser. I believe this is a big chunk to bite off up front, yet one has to balance the long-term benefits. I have found that my surgical patients require less post-operative visits, due to the laser's advantages. With this decrease in office visits, I have found that I am using less office supplies, thereby reducing my monthly overhead in the long run. This is done without reducing the quality of care to my patients. I have also found that because of the laser's benefits, I can now do procedures in an outpatient surgery center. In the past, these same procedures required hospitalization for a few days. By doing this, I have reduced the cost of medical expenditure to the insurance company. This, in itself, is a form of cost containment.

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