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Surging diabetes and foot problems



“As the population became more and more obese, the incidence of diabetes rose,” said Dr. Jeffrey Carrel, who will be riding in his 20th Tour de Cure to benefit diabetes research Charles Lewis/Buffalo News

By Scott Scanlon | News Refresh Editor

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The nature of podiatry has changed since Dr. Jeffrey M. Carrel became a foot doctor in Buffalo in the late 1960s.

“When I started out, probably 10 percent of my practice involved diabetes and now it’s upwards of 60 percent,” said the 72-year-old doctor, who lives in Williamsville and continues to practice in the offices of [Podiatry Associates](#).

“We’ve had a tremendous increase in diabetes,” he said, “not only in Western New York but internationally. Most of this has been due to Type 2 diabetes. ... This is usually an overweight person with poor diet, poor exercise, and all of these factors add up to problems that occur in the foot.”

During the last two decades, Carrel has addressed the growing problem in his offices in the Dent Tower and elsewhere – and on the road. He will participate next Saturday in the [Buffalo Tour de Cure](#), which benefits the American Diabetes Association. Register to participate under the “Find Tour” link at tour.diabetes.org.

Why have the diabetes percentages increased so dramatically?

It seems to be diet and exercise. As the population became more and more obese, the incidence of diabetes rose. There was an endocrinologist who about 10 years ago showed a graph of the increase in the incidence of diabetes in Western New York and compared it to the incidence of the fast-food chains. They almost ran parallel.

Talk about the diabetic patient.

When it comes to the diabetic problem foot, called “the diabetic foot,” it’s usually a result of two things: a decrease in blood supply, so that the body can’t heal infections or irritations as it normally would; and an alteration of the nervous system, causing diabetic neuropathy, so that the diabetic no longer feels pain. They continue to walk on the callous. The ulcers start. The infections start. There’s no pain, so they don’t always rush to the doctor. Many times, by the time we see these patients, they have severe foot infections, and many require partial amputations.

What sort of reaction is typical when a diabetic patient ends up with an infection?

A lot is denial initially. It doesn’t hurt. ... But when we take X-rays or MRIs and explain the problem and show the bone infection, and explain to them that they need IV antibiotics for six or eight weeks, and a consultation with an infectious disease specialist and usually a conversation with a vascular surgeon, they seem to understand the import. Probably with intravenous antibiotics, 70 or 80 percent can be cleared of infection or maintain. The others cannot, and develop more serious problems: gangrene or gas gangrene, which is limb and life-threatening, and they require immediate surgical intervention with drainage of the infection and partial amputation.

Do most people tend to get it after a first scare?

Once they are impressed with the significance of the problems that can arise, they usually will respond much better to the recommendations of their primary care physician or

endocrinologist. We still see some that continue to progress and overeat, continue to smoke, and these patients wind up with significant problems with their eyes, kidneys and feet.

How many Tour de Cures have you participated in – and why?

This will be my 20th. Someone asked me in the beginning and I was a bike rider and I said, 'Sure, it sounds like fun.' So I participated and the second year I asked if they needed any help on the committee. My practice was starting to have more and more diabetics and I saw the significant effect.

Where might somebody see you on your bike?

On the bike trails, because the drivers are a little unreliable now with their cellphones. They don't even see you until the last minute. So I try to avoid the streets at all costs, and I use the Amherst Bike Path and the Clarence Bike Path.

Why feet?

I had two uncles who were podiatrists: Harry Wittlin in Niagara Falls and J. Lee Carrel in Tonawanda. They encouraged me. When I was home from medical school, I would spend time in their office.

And your dad (Ralph Carrel), was he also in medicine?

No, he had a food market on Genesee Street, a large, independently owned supermarket called Ralph's. That was in the '50s and probably closed around '59.

How different is foot surgery now?

It has entirely changed, such that 90 percent of the cases we do are now outpatient or ambulatory surgical. In the early years, I would have patients hospitalized for five days, a week, 10 days, and then crutches and slow recovery. Now, changes in technique – using bone screws and implants – we can get them to walk almost immediately.

email: refresh@buffnews.com

On the Web: Learn more about the Buffalo Tour de Cure, and feet, at blogs.buffalonews.com/refresh