If the shoe doesn’t fit . . .

. . . fix the foot. Cosmetic feet surgery is the latest must-have when you’re nipped and tucked everywhere else. So just how far will women go in the search for top-to-toe perfection? Jane Wheatley reports

It is 8 o’clock on a serene blue morning in Beverly Hills and Dr Ali Sadrieh, a podiatrist, has just performed a 45-minute operation on a client, cutting a section of bone out of her toe to shorten it. She was awake during surgery, watching a film; next week Sadrieh will do the same thing to the second toe on the other foot. There was nothing medically wrong with the toes, but his patient didn’t like the way they protruded over the lip of her high-heeled Manolo Blahniks.

Welcome to the wilder shores of La-La Land, where cosmetic surgery has finally travelled the full length of the female form. Down the phone line from California, Sadrieh’s voice is upbeat: “Toes are the new nose,” he tells me happily. “Just a little marketing phrase I’ve coined.” His demographic in Beverly Hills, he explains, includes a high percentage of young attractive women who take care of their feet: they have regular pedicures, paint their nails and wear shoes that expose their toes, and they are unhappy if the second one hangs over the edge.

Is this a common complaint? “Surprisingly enough, it is!” says Sadrieh. “Since we’ve been offering this very cutting-edge procedure, which I have innovated, people are coming out of the woodwork saying, ‘Gosh, I’ve always wanted to fix this’. Suddenly people have a footcentric perspective: celebrities see pictures of themselves on the red carpet and go ‘Yeuk! Horrid ugly toes!’ ”

Feet are the new frontier: our legs are all waxed and tanned now, but look where they end: in a scrubland of hard heels, yellowing nails, bumps, lumps and toe hair. And everything is on show: the ascendancy of the shoe designer has strapped us into whip-thin sandals and vertiginous heels, at once revealing our imperfections and aggravating them: is that an incipient bunion there? A touch of toe-besity? In America the high priests of podiatry are offering salvation.

Over on the East Coast at NYC Footcare, Dr Oliver Zong presents his signature surgical treatment: “The complete foot makeover incorporating bunion procedure, pinky bunion procedure and any and all toe procedures are all performed at the same time to completely remake your feet.” This might include a toe tuck for toe-besity or an injection of collagen into the footpad to make the wearing of very high heels more comfortable. “It’s a cultural shift,” says Zong, “People have become obsessed with their feet because of things like Sex and the City. I have women coming in with Manolos saying, ‘My foot, this shoe: make it work’. One woman asked if he would remove her fifth toe: “She was like, ‘If you just cut this off, I’ll be able to wear whatever shoes I want’. I said, ‘No, you’re insane, I’m not doing that’.” Asked by Time Out in New York if he felt responsible for feeding the foot conscious craze, Zong replied: “In a way. You can either wear the shoe that fits the foot or make the foot fit the shoe. And we are seeing a lot of people choose the latter.”

Many of the procedures used by Sadrieh and Zong already existed for medical conditions such as bunions and hammer toe, but elective foot surgery is frowned on by the American College of Foot and Ankle Surgeons because, it says, all surgery carries a risk, and complications could mean months or years of swelling, joint stiffness, pain and trouble walking: “Your face is for show, your feet are for function,” says a spokesman. UK orthopaedic specialists and podiatrists take the same line, and won’t consider surgery on nonmedical grounds.

Which is why a British lawyer, Constance Briscoe, found herself on a plane to New York last month headed for a foot makeover at NYC Footcare and a medical bill of $23,400. “I’ve always had issues with my feet,” says Briscoe, a part-time judge and the author of Ugly, a memoir of her abusive childhood. “They were too broad. It was hard to wear attractive shoes. My second toe was slightly longer than the big toe, the rest were hammer toes and the pinkie was squashed up and bent over.” But despite all this, she was not in pain and, she says, without symptoms her GP would not refer her to a specialist. “I searched the internet but I couldn’t find anyone in the UK who would help so I e-mailed the New York Clinic with photographs of my ugly feet. They said I was an ideal candidate for a full foot lift.”

Everyone Briscoe told of her plans tried to dissuade her; her partner offered to give her the money that she would spend on the surgery not to do it. “He said there was nothing wrong with my feet and that it was sheer vanity.” But she went ahead, undergoing a four-hour operation on

her left foot on May 1 and another on her right foot the next day: “In each case, they cut a V in the bone on my big toe, which was deviating to one side, and screwed it straight, shaved the bone on the outside of my pinky, opened up the sides of my second, third and fourth toes and took out part of the middle joints to straighten and shorten them. Oh, and I had fat reduction as well.”

Briscoe took two months off work and spent the first three postoperative weeks lying on her bed in considerable pain. She has only recently come off crutches. Her feet are swollen and she is still wearing her open-toed “Beckham boots”. Even so, she is thrilled: “I know by next summer I will have wonderful feet. I can tell, despite the swelling. I am perfectly, perfectly happy.” Briscoe has been going to the private Lister Hospital in West London for follow-up care from Dr Sam Singh, an orthopaedic surgeon who was, frankly, appalled at the extent of surgical activity on her feet. “Sam did give me a bit of a lecture,” she admits cheerfully. “I’m very against this sort of surgery,” says Singh, “It’s not just toe-shortening, it’s changing the whole shape of feet. And these people are not medically qualified for surgery; there is no published technique, no scientific review. In ten years’ time we could have a series of maimed patients hobbling around.”

But it is obviously lucrative work – might it catch on in Britain? Singh admits that it might, but adds: “Orthopaedic surgeons won’t touch it; there’s too much at stake. Here we will take lifestyles into account, operating where it has become painful to wear a reasonably elegant shoe with, say, a 1in heel. You can’t expect women to go to work in a wide lace-up shoe because anything else is too painful: that to my mind is grounds for surgical intervention, but not where there is no pain.” Over in Beverly Hills, Ali Sadrieh thinks we are living in the Dark Ages: “There is no difference between a patient who has a bunion or a long toe that does not hurt today but all of a sudden has pain next week,” he says. “Orthopaedic surgeons and podiatrists are afraid of bad results and a lawsuit that would go something like this: ‘Doctor, is it true that although Mrs Smith didn’t have pain in her foot and could walk normally, you suggested that she get surgery to fix the appearance of her foot?’ If you can achieve excellent results, cosmetic foot surgery is very good. Who’s to judge the psychological or social impact an unattractive foot has on a young attractive female? The fact is, modern plastic surgery went through the same issues in its infancy.”

Feet and footwear have a long cultural history: the longer second toe was idealised in Greek sculpture and considered a sign of intelligence in the Renaissance; foot sex found favour as an alternative form of

intimacy during epidemics of syphilis; for troubadours the ideal female foot was white, narrow with high arches and long straight toes; toe cleavage was big in the 16th century. But rarely has so much female foot flesh been so mercilessly exposed to public gaze as in the first years of the 21st century. And if they are putting their pinkies under the knife in Manhattan, can we be far behind? Perhaps high-art shoes such as those of the British designer Rupert Sanderson deserve nothing less than perfect feet inside them.

“I think it’s bonkers, if you want my honest opinion,” Sanderson says. “I’m as big a fan of a beautiful sexy foot as the next man, but to contort your natural shape for the sake of a shoe, well it’s Cinderella in reverse.” Won’t market pressure bring footlifts here? “It might,” he says, “but women who spend £300 or £400 on shoes can go where the procedure is offered if they want to.”

Since Briscoe returned from New York, some of her disapproving friends have changed their minds and are considering having “work” done themselves. And last week, when I told people that I was working on a story about cosmetically enhanced feet, it was surprising how many women snapped to attention. “Do you know, if I had any surgery, it would be on my feet,” said one. “I have a very beautiful friend who hates her feet,” said another. “She’d be up for it.”

So there you are. No limits, it seems, to the perfectability of the female form or to our capacity for dissatisfaction.

Watch toe surgery on Hollywood Lives, ITV1 at 10pm on June 21.

The price of perfection

- Toe surgery (only in the US): from $600 (£300) to $2,000, depending on whether it is a straighforward shortening

- Collagen injection into the footpad (only in the US): $500

- Bunion removal (available on the NHS and privately): £2,500 and £3,000, including anaesthetist, theatre hire, etc

Foot faults

- Bunions are misaligned big-toe joints that can become swollen and tender, causing the first joint of the big toe to slant outward, and the second joint to angle toward the other toes. They tend to be hereditary, but can be aggravated by shoes that are too narrow in the forefoot and toe. Rupert Sanderson designs some of his shoes with an eye to

bunions, either AB (above bunion) or BB (below bunion).

- Hammer toe occurs when the toe is bent in a claw-like position. It occurs most frequently with the second toe, often when a bunion slants the big toe towards and under it, but any of the other three smaller toes can be affected.

- Corns and callouses are pads of thick, dead skin usually found in areas of bony prominences and/or areas of pressure