

Toe next to the big toe on Steve's right foot was transplanted onto his

SURGERY KEEPS STEVE FARMING

Toe Replaces Missing Fingers

By Ken Smith

Steve Bast, of Lancaster, Wis., says he wins a lot of bets with strangers these days. He bets them he can put his toe in his pants pocket. After the suckers have agreed to the bet. Steve puts his right hand into his pocket.

When the bettor objects, Steve pulls out his hand. Instead of the normal four fingers, Steve's right hand is a stump, with one very odd looking finger attached. On close inspection, and with some explaining, Steve usually convinces the stranger that the "finger" is really one of his own toes, transplanted from his right foot to his right hand.

Something as gruesome as the loss of all four fingers on your right hand should only be joked about by the victim, and then carefully. But as a 23-year-old farmer with lots of confidence in the future abilities of his remodeled hand. Steve is remarkably energetic and optimistic.

In fact, Steve seems more worried about finding a farm to move his cattle to this fall than about how to pick up and manipulate the thousands of tools and other objects a farmer uses. The modern marvel of advanced microsurgery, performed at University Hospital in Madison, has given Steve and his hand a future.

"I'd have went without before I'd have worn a hook," Steve asserts. But doctors feel that Steve will eventually be able to flex his toe and become quite adept at using it as a finger.

Steve retells his story in sequence. In December of 1981, Steve was picking corn for a neighbor on an icy day. The picker kept jamming.

'The back of the picker plugged up quite a few times that day, and I had a snowmobile mitten on, and I had an

ear of corn, and I was poking that in while the picker was running, and it caught my mitten . . . The corn picker rollers were turning, and the husks were just like ice. Nothing was going through," Steve recalls. "When it started sucking in my fingers, I turned my thumb across the rollers to stop it from taking me. Otherwise it probably would have taken my whole

"I was across the highway picking for a neighbor. I had to wait until they came back with an empty wagon. Even after they shut it off, they had to bring up a cutting torch to cut me out of there," Steve continues. "I was pretty calm. I knew what had happened. I had to stay calm. Otherwise I was afraid of passing out with that thing running. I knew that my fingers weren't going to be there anymore once they got me out of there.

'They took me to Lancaster, and the doctor there sent me to Madison to University Hospital. They removed the fingers, and then they left it like that for 4 or 5 days to make sure there was no infection. They kept cleaning it and cleaning out the scabs," Steve narrates. "Then they took skin off my hip and put it on my

"After a few months, they sent me to an outfit that made prostheses (artificial limbs)," Steve recalls. "When I got there, there was a wooden leg laying in a corner and an arm laying here. They went out of the room to get me a book to show me pictures of some more options, and I went out in the waiting room and got Karen and said, 'I ain't staying here.

"They were talking about putting fake fingers on, or a half a hook, or

DROP A QUARTER IN AND WATCH IT BLOW

Coin-Operated Outhouse Explodes When You Pay

Gather a crowd around, get someone to ante up a quarter, and then stand back and watch out for falling debris from Ole Jorgenson's "Outgoing Outhouse" that explodes when you drop money into it.

Jorgensen carries his outhouse around Oskaloosa, Iowa for fun. always looking for new "prospects" who he asks to contribute to his Outhouse Gang. He says he's usually able to convince people that it's a worthy

"Then I ask them to drop a quarter through the slot in the roof. When the quarter drops through, it springs a mousetrap hidden inside that blows the walls and roof clear off," explains

The outhouse is only about 5 in. tall, made from lightweight wood that really flies when the "explosion" is triggered. Ole, a building contractor in Oskaloosa, Iowa, built and patented the outhouse himself and now sells them on the side. He says he's had trouble keeping up with de-





Coin triggers "explosion" by springing mouse trap inside.

Ole's Outgoing Outhouses sell for

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making fake fingers that I could pinch up against with," Steve explains. "I figured if a mitten's going to get caught, how easy is it for something that hasn't got any feeling to get caught? You'd have to watch a hook 24 hours a day.'

Eventually Steve got connected with Dr. Venkat Rao, microsurgical specialist at the University of Wisconsin Clinical Science Center in Madison. Rao did the complicated operation to move Steve's toe.

'They took the toe next to the big toe, along with the bones, tendons and arteries, all the way back up into the foot," Steve reports. Indeed, the scar reaches up to the ankle area on his foot, but you have to count the toes to realize there's something missing. "You wouldn't believe how many people say, 'Oh, they took the little toe," Steve relates. "But my foot feels no different.

Dr. Rao is one of the few practitioners of microsurgery in Wisconsin. He says that while the techniques can help some patients, the availability of the complicated surgery is not especially well known.

"Obviously, Steve's toe will never be like a normal finger, but he should have enough motion and sensation so that he can grasp many things," Dr. Rao points out. "That specific operation is rather uncommon. Maybe there have been a few hundred toe transplants.

"Such an operation can only be done at a few medical centers - those that have microsurgery experts on their staffs," Dr. Rao explains. "The operation could help anybody (of any age) that's physically active. It doesn't have to be done right after the

accident. It's much more common to use the toe to replace a thumb. Patients are usually concerned about the balance and use of the foot, but that's no problem at all.

"A lot of people, including a lot of physicians, don't know that something like this can be done," Dr. Rao says. "A substantial percentage of the cases we see in our clinic for microsurgery are farmers."

Dr. Rao, a native of Madras state in India, spent two years studying with a hand surgeon in Australia. Then he spent another two years in microsurgical study at the University of Kentucky.

In addition to the UW hospital at Madison, the Marshfield, Wis., Clinic also has a team of physicians who are trained in microsurgery, as probably do other larger medical facilities. Dr. Lee Feierabend with the Marshfield Clinic is familiar with the technique but he cautions that reattaching limbs after farm accidents is usually not possible

The detached limb is often dirty and the cut is not clean, since farm machinery tends to mangle. He points out, too, that putting a toe on the hand is not always the best avenue to pursue after amputation. He hopes farmers will not be misled into thinking that their hospitals can always perform microsurgery miracles for them.

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