Diabetic Foot Disease — Management
Diabetic Foot Disease

= Ulcers or Infections in the feet of those with Diabetes
Diabetic Foot Ulcers

Precipitated by:

Peripheral neuropathy
And/or
Peripheral arterial disease
Diabetic foot ulcers

Manage the **cause** of the ulcer

- Optimising glucose control improves wound healing
- Offload pressure on ulcer
- Vascular Assessment – re-vascularize if possible.
- Treatment should be re-evaluated when there is failure to achieve ulcer size reduction of 40% after 4 weeks of therapy
Management

- Care should be undertaken by a multidisciplinary team (III)
  - Podiatrists
  - Dieticians
  - Vascular Surgeons
  - Endocrinology
  - Diabetic educators
  - Wound care specialists
Management

- Offloading of pressure points is necessary, (I)
  - Crutches
  - Walkers
  - Wheelchairs
  - Custom shoes or inserts
  - shoe modifications
  - custom relief orthotic walkers
  - diabetic boots
  - forefoot and heel relief shoes,
  - total contact casts

* Products pictured are examples only and do not represent an endorsement of any company or particular device
Management

• Non-removable off-loading casts are more effective than removable devices, or dressings alone (I)

• In some patients, the following may be helpful:
  – negative pressure wound therapy (II)
  – living skin equivalents (I)
  – electrical stimulation (II)
  – hyperbaric oxygen therapy (I)
Ending avoidable amputations within a generation

Diabetic Foot Australia
Holistic and Patient Focused

- “whole” not “hole”
- individual risk factors
- individual circumstances
References


Dane K. Wukich & Katherine M. Raspovic Assessing Health-Related Quality of Life in Patients With Diabetic Foot Disease: Why Is It Important and How Can We Improve? Diabetes Care 2018;41:391–397https://doi.org/10.2337/dci17-0029

