Infected Diabetic Ulcer & Surgery

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Infected Diabetic Ulcer & Surgery

Disparity between research funding & costs of care for diabetic foot ulcers.

Armstrong DG et al.
Diabetes Care 2013; 36 : 1815
The quality of published work is poor, with few controlled studies ...

Berendt AR et al.
Diabetic Foot Osteomyelitis : a progress report
Diab Metab Res Rev 2008; 24 Suppl. 1 : S145
There is no sufficient clarity in the literature to adequately define when surgery becomes a necessity.

Powlsone AS et al.  
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1. Revascularization.

2. Decompression.

3. Foreign-Body Retrieval.

4. Amputation.
1. Revascularization.
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1. Revascularization.

2. Decompression.
2. Decompression.

Figure 1. Schematic diagram of cross-section of the foot. Numbers 1–5 indicate metatarsal bones. A, central plantar space; B, deep interosseous space; C, lateral plantar space; D, medial plantar space [255, 256].

Clin Infect Dis 2012; 54 : 1679
2. Decompression.
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1. Revascularization.

2. Decompression.

3. Foreign-Body Retrieval.
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Swab, Wound
Staph aureus +++
3. Foreign Body Retrieval.

Swab, Wound Staph aureus +++
3. Foreign Body Retrieval.

Swab, Wound
Staph aureus +++
3. Foreign Body Retrieval.
3. Foreign Body Retrieval.

Swab, Medial Screw Hole
Staph aureus +++
3. Foreign Body Retrieval.

Swab, Medial Screw Hole
Staph aureus +++

Swab, Lateral Screw Hole
Staph aureus +++
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1. Revascularization.

2. Decompression.

3. Foreign-Body Retrieval.

4. Amputation.
4. Amputation.

"Every 30 seconds a lower limb is lost somewhere in the world as a consequence of diabetes."

See Review page 1719
4. Amputation.

Lower extremity amputations:

Variation in the recorded incidence in England.

4. Amputation.

Prompt Response, Multidisciplinary Care Key to Reducing Diabetic Foot Amputation

Bridget M. Kuehn

Involving a multidisciplinary team of clinicians early in the care of patients with diabetic foot infections is crucial to preventing foot amputations, according to a new guideline from the Infectious Diseases Society of America (IDSA) (http://tinyurl.com/b05set7).

Nerve damage and poor blood circulation to the extremities in individuals with diabetes can lead to foot injuries or ulcers and subsequent infection and also impair healing of the foot, according to the US Centers for Disease Control and Prevention (CDC). The growing incidence of diabetes in the developed world, higher body weights, and greater longevity among patients with diabetes are all contributing to an increase in such infections, according to the IDSA. Figures from the CDC show that more than 111,000 individuals with diabetes required hospitalization for foot infections in 2003.

"Diabetic foot infections are a major health problem in the United States, with considerable morbidity and mortality," said James Horton, MD, chair of the IDSA’s guidelines committee and chief of the division of infectious diseases in the department of internal medicine at the Carolinas Medical Center in Charlotte, NC. "Early identification and treatment is key to addressing this problem."

The guideline notes that 71,000 individuals were discharged after diabetes-related foot amputations in 2003. About half of such patients die within 5 years of amputation.

"Lower extremity amputation takes a terrible toll on the diabetic patient," said Benjamin A. Lipsky, MD, lead author of the guideline and professor of medicine at the University of Washington and VA Puget Sound, Seattle, in a statement. He explained that after amputation many patients can no longer walk and so are less able to work and socialize. These individuals are at risk of depression and subsequent amputations.

But as Lipsky and his colleagues write in the guideline, these amputations can often be prevented with proper care: "Properly managed, most [diabetic foot infections] can be cured, but many patients needlessly undergo amputations because of improper diagnostic and therapeutic approaches."

The guideline, which replaces a version published in 2004, takes into account a growing body of literature about diabetic foot infections and how to care for them. It classifies the strength of each recommendation and the evidence base supporting it using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system.

The guideline emphasizes the importance of establishing a multidisciplinary...
4. Amputation.

Is the foot salvageable & worth saving?
4. Amputation.

Is the foot salvageable & worth saving?

Yes
- Spare
- No Effort.

No
- Function Sparing
- Amputation.

Yes/No
- Time Limited
- Observation.
Is the foot salvageable & worth saving?
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Thank You