

Management Of Diabetic Foot Ulcer

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Overview : The high blood sugar levels can affect blood circulation and damage the sensory, motor or autonomic nerves in the body. Nerve damage is known as neuropathy, and the feet are often the first part of the body to be affected.

Diabetic foot ulcer is a major complication of diabetes mellitus. Treatment of diabetic foot ulcers should include blood sugar control, wound disloughing, modern dressings and offloading to reduce the pressure.

Foot disorders such as ulceration, infection, and gangrene are the leading causes of hospitalization in patients with diabetes mellitus. Unfortunately, many of these patients will require amputation within the foot or above the ankle as a consequence of severe infection or peripheral ischemia. Neuropathy is often a predisposing factor to ulceration and amputation.

There are many types of dressings used to treat diabetic foot ulcers such as absorptive fillers, hydrogel dressings, and hydrocolloids. There is no good evidence that one type of dressing is better than another for diabetic foot ulcers. In selecting dressings for chronic non healing wounds it is recommended that the cost of the product be taken into account.

The management of diabetic foot ulcers requires offloading the wound by using appropriate therapeutic footwear, daily saline or similar dressings to provide a moist wound environment, debridement when necessary, antibiotic therapy if osteomyelitis or cellulitis is present, optimal control of blood glucose, and evaluation and correction of peripheral arterial insufficiency.

Many serious foot problems can be avoided with early detections. The early the foot at risk is detected the better will be the prognosis. It is extremely essential to understand that with appropriate assessment, management and education DFU is preventable.