# Diabetic Foot Disease; what stops healing?

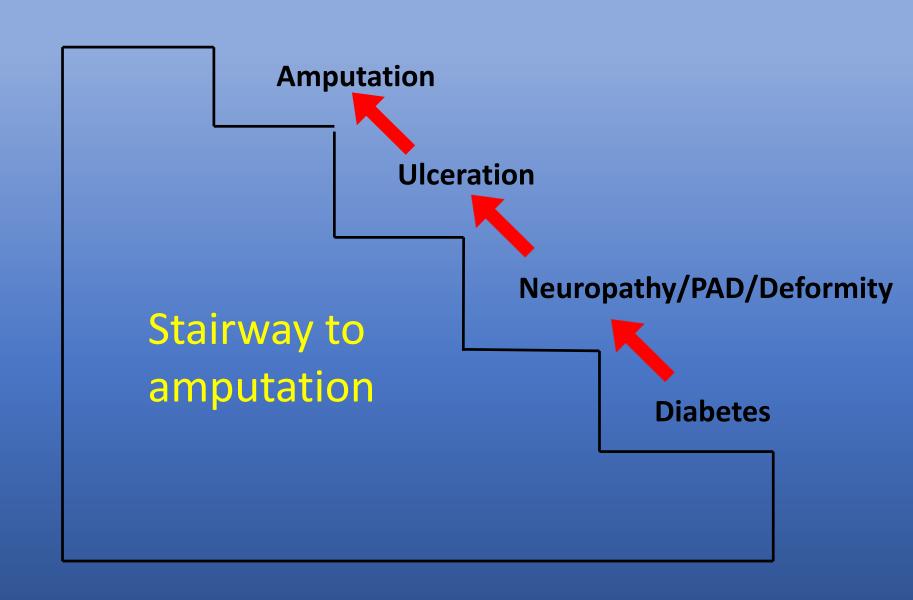
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	Estimated annual cost
Primary, community and outpatient care, ulceration	£629,161,354 – £786,451,692
Inpatient care, amputation	£43,797,632
Inpatient care, ulceration	£278,452,386
Post-amputation care	£20,813,777
Total	£972,225,149 – £1,129,515,487

**Table 1:** Total estimated expenditure on diabetic foot disease, England, 2014-2015

#### **DIABETES UK**

Improving footcare for people with diabetes and saving money: an economic study in England



Marion Kerr 2017

## What causes ulcers in patients with diabetes?

#### 1. Neuropathy



95% small fibres 5% large fibres

#### 1. Neuropathy

#### Sensory

dozing in front of the fire



#### 1. Neuropathy

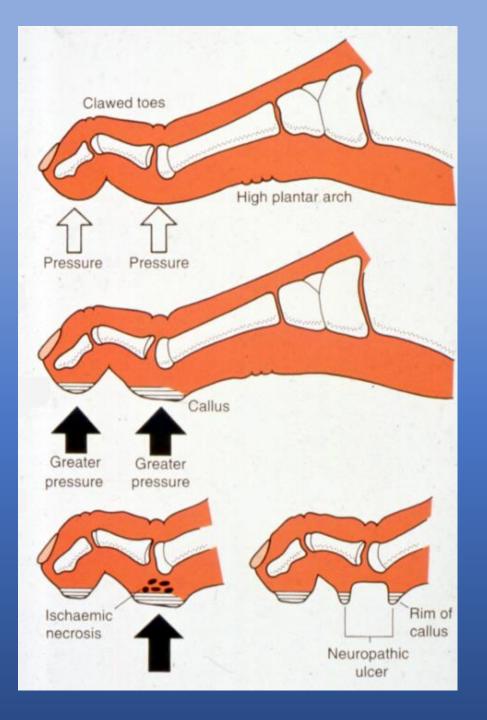
#### Sensory

shoes rubbing



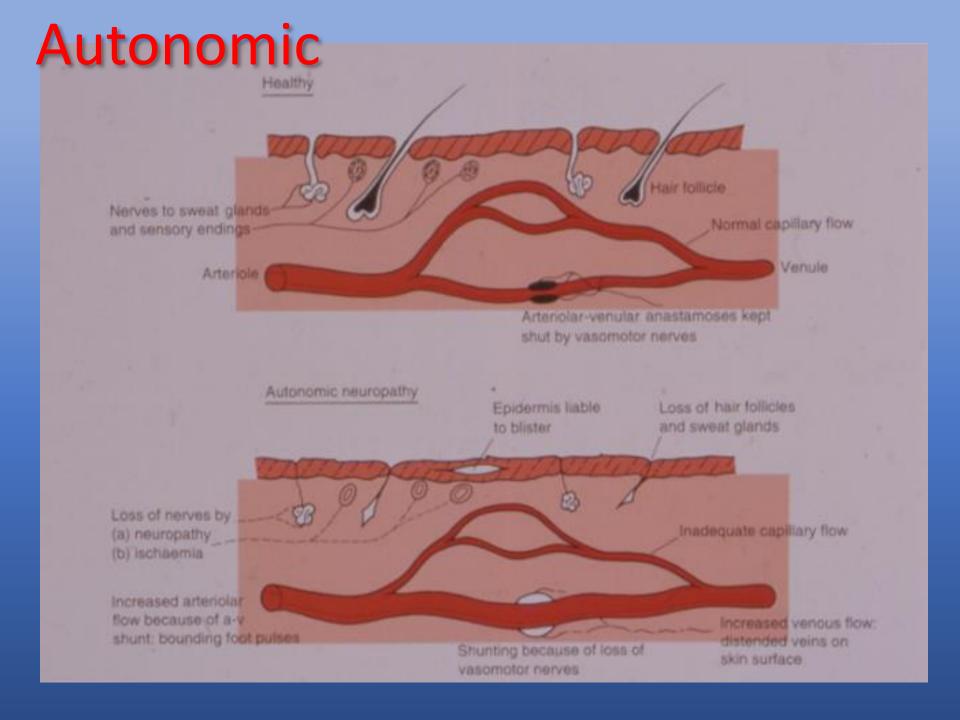
# Motor neuropathy

- deformity



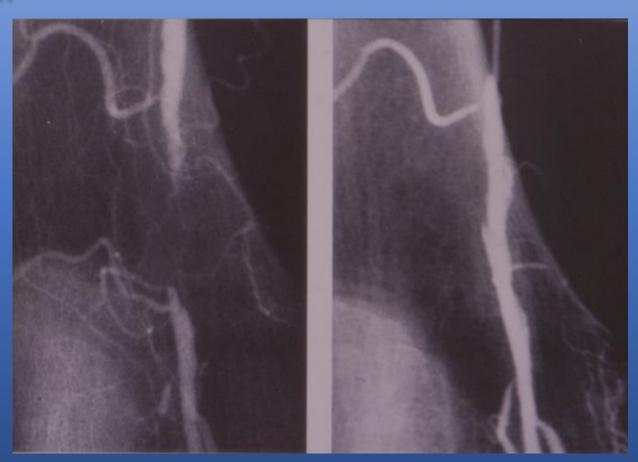
## Deformity



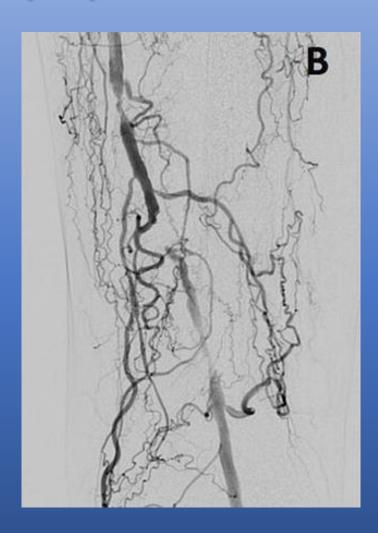


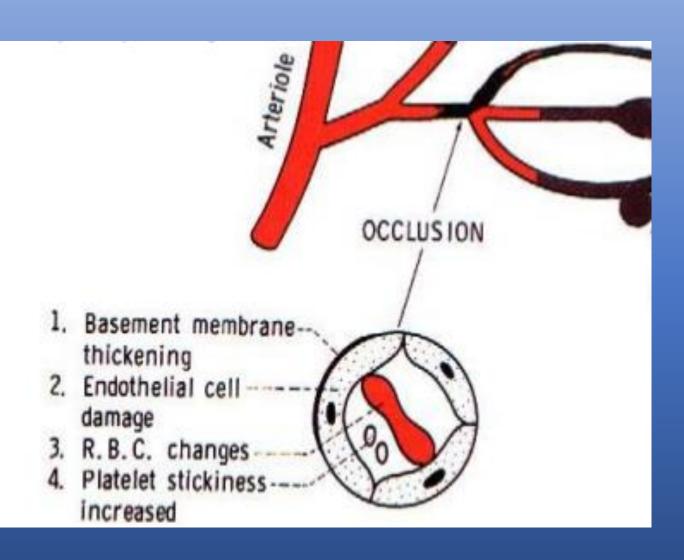
#### 2. Ischaemia

#### Macrovascular



### Arteriography - collaterals





### What stops healing?

#### Ischaemia

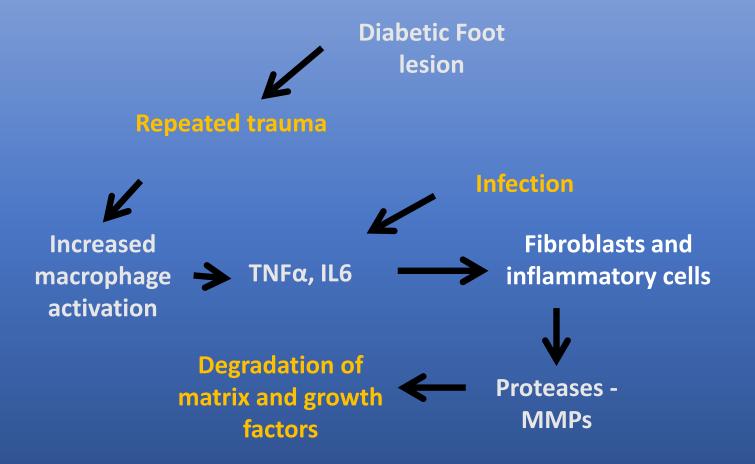
#### Assessment

- Palpation pulses
- Doppler Ultrasound Wave forms
- Ankle or toe systolic pressure
- Direct/MR or CT angiography
- TcPO<sub>2</sub> affected by neuropathy

### Neuropathy

Pressure relief

## Chronic inflammation and wound healing





#### Infection

• Diagnosis?

#### IDSA 2012 infection grading

**Infection present** -at least 2 of the following items:

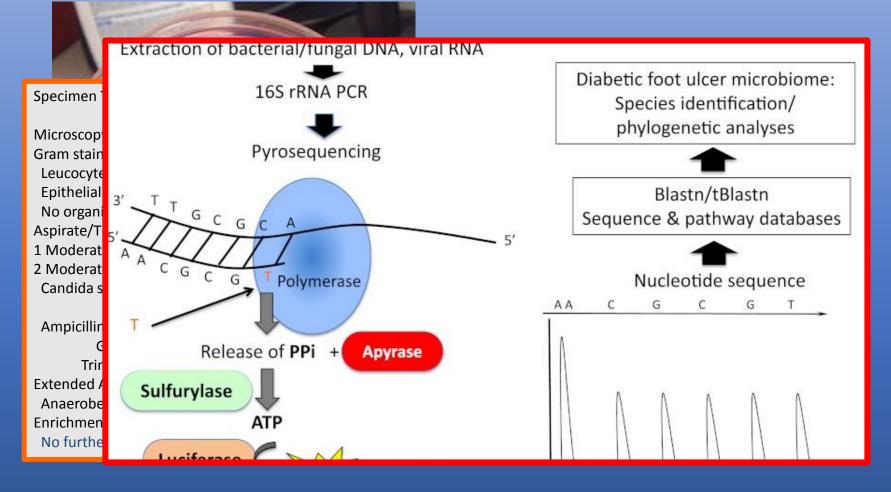
- Local swelling or induration
- Erythema
- Local tenderness or pain
- Local warmth
- Purulent discharge

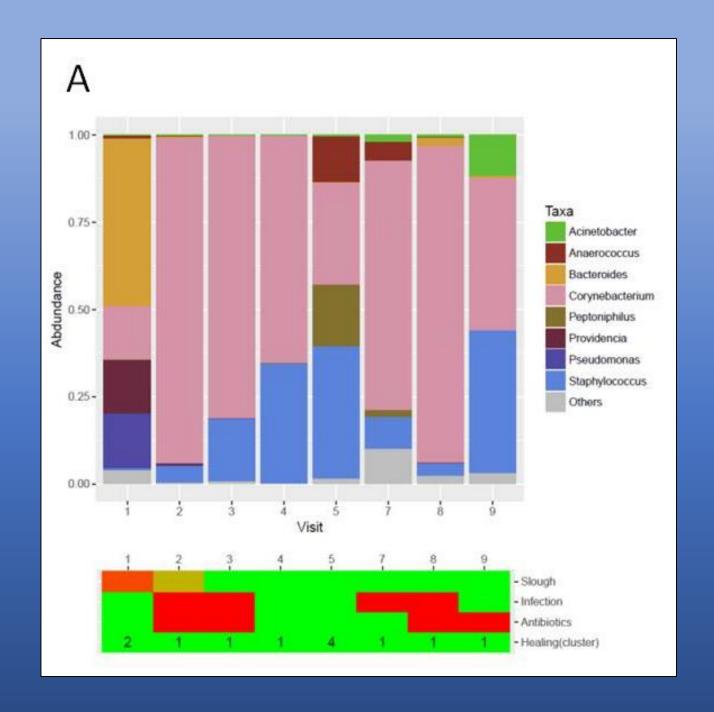
Mild: >0.5 cm to ≤2 cm around the ulcer

**Moderate**: erythema > 2 cm, or involving structures deeper than skin and subcutaneous tissues

**Severe**: systemic symptoms

#### Microbiology?





#### Other markers?

- Lactate?
- pH?
- Temperature?
- NO

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