

## **The diabetic foot.**

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#### **Abstract**

Diabetic foot problems are responsible for nearly 50% of all diabetes-related hospital bed days. Approximately 10-15% of diabetic patients developed foot ulcers at some state in their life and 15% of all load in amputations are performed in patients with diabetes. There is a need to provide extensive education to both primary care physicians and the patients regarding the relationship between glucose control and complications encountered in the foot and ankle. The management of diabetic foot disease is focussed primarily on avoiding amputation of lower extremities and should be carried out through three main strategies; identification of the "at risk" foot, treatment of acutely diseased foot, and prevention of further problems. These are several obstacles in the management of DFI that include poor knowledge and awareness of diabetes and its complications, lack of appropriate podiatry services. These goals are possible only by the establishment of a dedicated team of podiatrist, endocrinologist, vascular surgeon and a pedorthist. The plastic surgeons, orthopaedic surgeons & diabetes teaching nurses/educator dedicated to foot care could be a part of the team. Identifying the patients with diabetes at risk for ulceration requires feet examination, including the vascular & neurological systems, skin conditions, and foot structure. Conservative management of foot problems has dramatically reduced the risk of amputation by simple procedures, such as appropriate foot wear, cleanliness, aggressive surgical debridement, regular wound dressing by simple wet-to-dry saline gauze, and ulcer management.

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#### **KEYWORDS:**

Diabetic foot; Management; Pathophysiology

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