

Diabetic Foot Ulcers

There are some 24 million people who have been diagnosed with diabetes in the United States and approximately 7.2 million more that are undiagnosed. Approximately 15% of these diabetics will develop a foot ulcer during their lifetime. Diabetic foot ulcers are commonly caused by repetitive stress over an area that is subject to high vertical or shear stress in patients with peripheral neuropathy. Peripheral arterial disease, when present, also contributes to the development of foot ulcers.

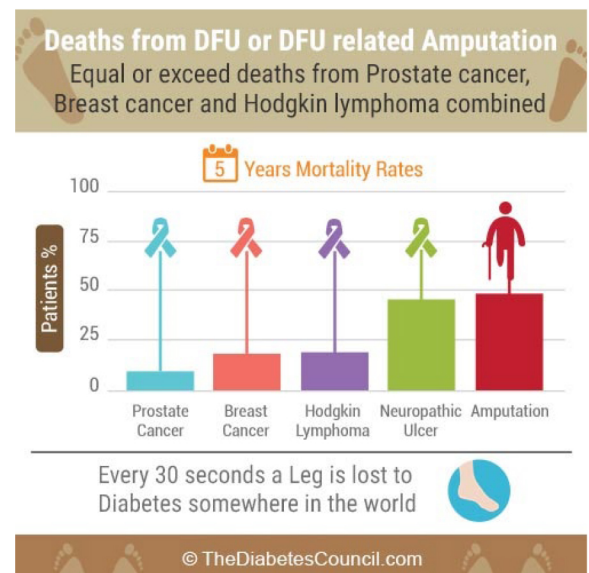
Diabetic foot ulcers are often associated with poor outcomes, including infections and high amputation rates. Unfortunately, despite much effort, the incidence of lower extremity amputation continues to rise. Following amputation, the five year mortality rate exceeds 70%. Diabetic foot ulcers also have a high recurrence rate, 40% after one year and approximately 60% after three years.

Appropriate Treatment Options

With appropriate therapy; surgical debridement, off-loading of pressure, attention to infection, and if necessary, vascular reconstruction, many diabetic foot ulcers may heal and the need for amputation may be averted. But it is essential that these patients receive appropriate care early, to reducing the risk of amputation and preventing recurrent ulceration.

A Comprehensive Approach

Understanding of the pathophysiology of diabetic foot ulcerations has led to the development of new approaches, thereby providing greater choices in their management. An aggressive and coordinated team approach can save limbs, improve function, and enhanced quality of life. Coordination of care provided by the patient's primary care physician and appropriate specialists is a key component to successful wound healing. There are many different treatment options, utilizing the most advanced wound care modalities, are available to concurrently supplement usual wound care. These treatment options have been shown, in appropriate patients, to significantly improve healing and to prevent amputations.



References

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