

A Patient's Guide To Diabetic Foot Management



Diabetic Foot Management at a glance



There are an estimated 4.5 million people with diabetes in UK.



An estimated 10% or around 450,000 of diabetes patients develop a foot ulcer at some point in their lives.



More than 7000 diabetes-related amputations are reported in the UK per year.

This information is primarily regarding surgical management of diabetic foot problems. For general diabetic foot information, please see the following page on the Diabetes UK website:

<https://www.diabetes.org.uk/guide-to-diabetes/complications/feet>

The role of the Surgeon in Diabetic Foot Management

If you only have minor foot problems, you may never meet a surgeon – you will likely be managed by a podiatrist, sometimes with the help of a diabetes specialist. However, more serious problems may require surgical intervention, as part of a Multi-disciplinary Diabetic Foot Team (MDFT).

The following professionals may be part of the MDFT:

- **Diabetes specialist** – helps with overall management of diabetes. Also provides advice on any other medical problems and whether you are likely to be fit for surgery.
- **Diabetes specialist nurse** – helps with advice on the practical management of diabetes. May also perform blood tests, prescribe medication and assist with dressings
- **Microbiology specialist** – advises on which antibiotics would be best to treat any infections.
- **Orthopaedic surgeon** – performs operations to manage bone infections and deformities, to include minor and major amputations
- **Plaster technician** – applies casts to manage Charcot arthropathy and ulcers, as well as for post-operative management
- **Plastic surgeon** – consulted on ulcers or post-operative wounds which are difficult to heal. If required, performs skin grafts or moves areas of tissue (flaps) to heal the wounds
- **Podiatrist** – generally assesses all aspects of your feet. Manages most dressings and may also prescribe medication and apply casts

- **Tissue viability nurse** – advises and applies specialist dressings.
- **Vascular specialist nurse** – helps to assess the blood supply of your feet. May also perform blood tests, prescribe medication and assist with dressings
- **Vascular surgeon** – performs operations to improve the blood supply to the feet. Also performs major and minor amputations.

Minor Foot Surgery

This may be debridement (removal of infected tissue, usually an emergency) or surgery to prevent ulceration by correcting toe deformities or removing a piece of bone which sticks out (exostectomy). You will probably only need to spend the day in hospital and will probably wear a special shoe afterwards for 6-8 weeks.

Major Foot Surgery

This is surgery to the foot or ankle, usually to improve the overall shape to heal ulcers or prevent them returning. It involves cutting the bone, placing it into a better position and holding it there with metalwork until it heals. It is long and complex surgery, usually lasting several hours, so you will need to stay in hospital for several days afterwards to recover. You will usually need to wear a plaster cast and keep your weight off the leg for several months after the operation. The therapies team will help you to manage this (you may need mobility aids and extra help).

Risks from such operations include bleeding, infection and wound problems, damage to nerves and blood vessels, blood clots, the bone not healing, the position not being correct, failure of the metalwork, ongoing symptoms and the need for further surgery. The risks from the anaesthetic required for surgery include heart attack, stroke, kidney problems and death.

- **Minor amputations** – these are removal of part of the foot. There are several types, but the most common are amputations of toes (complete or partial) or trans-metatarsal amputations (the bone is cut across the metatarsals, the bones just below the toes). If the wounds are closed with stitches, they should take only 2-3 weeks to heal. You will be provided with a post-operative shoe, but should rest as much as possible, walking only for necessities. The amputation will affect your walking, but you should be left with a functional foot, although you will need special insoles and/or shoes.
- **Major amputations** – these are usually below the knee or above the knee. Once your wound has healed, and if you are suitable for a prosthesis (false leg), you will be offered compression bandages and then a consultation with your local limb fitting service. Although many people are able to walk reasonably well after a below knee amputation some are not. It is harder to do so after an above knee amputation, especially difficult if there is neuropathy. Rehabilitation to walking is likely to take 6-12 months after a major amputation.

