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## Diabetic Foot Ulcers Information

You have been diagnosed with a diabetic foot ulcer (DFU). This is a very serious condition and the more you understand about this concern, the faster you can help yourself and us to heal your wound. DFU's are typically caused by a loss of normal sensation to your feet, or diabetic peripheral neuropathy. High blood sugar has caused degeneration of the nerves in your feet. Pressure or friction over a bony prominence on your foot has caused a callus, corn or blister which then progressed to an open sore called an "ulcer," short for ulceration, or what we call a wound.

The reason why ulcers are so serious is because they can lead to amputation of the leg and unfortunately end with death upon the amputation of the second limb. The five year mortality rate for DFU's is greater than that for prostate cancer as well as breast cancer. This means you are more likely to die from a DFU than from either of these cancers. Sadly, 50-70% of DFUs can recur.

It is imperative that we work together with your family physician and others to heal this ulcer as soon as possible. The longer this wound stays open, the greater the chance for infection which then can lead to amputation.

The first part of the treatment is your blood glucose control. You and your PCP must keep this controlled with a HbA1C of less than 7. You should be checking your sugar regularly and maintain an appropriate diabetic diet. Begin taking a multivitamin with zinc if you are not already doing so. This will help with the healing.

The second part of the treatment is what we will take **off** the wound. I will remove any dead tissue, which may cause the wound to bleed. This is perfectly normal as blood is necessary for healing. This removes bacteria that may cause infection thus keeping the ulcer from healing. With our instructions, **you** will be taking pressure off the wound. This may include the use of a special healing sandal, diabetic shoes, a walking boot, cast, crutches, walker or wheelchair. Pressure causes the newly formed skin cells to die, callus tissue forms and healing will not continue. **Pressure is the enemy of a healing ulcer! Most ulcers that don't heal is because of continued pressure when patients don't follow our instructions.**

The third part of treatment is what we put **on** the wound. We will use a variety of wound care products and dressings designed to help the wound heal quicker. We may use topical antibiotics, foams, Amerigel gauze, collagen products or advanced biological tissues.

If your circulation is poor, we will need to test it with instrumentation that we have in the office. This will tell us if you have adequate circulation to heal your DFU. If necessary, we will refer you to a vascular specialist for additional testing or possible intervention to improve the blood flow to allow your wound to heal.

This is a team effort and we can only help you if you help yourself. Only with your adherence to our instructions will your wound have a chance to heal.