

Diabetic Foot

If Diabetes is not well controlled, the peripheral nerves and blood vessels may become damaged. Damage to the nerves means the feet may become numb and injuries on the feet such as cuts, blister or sores will go unnoticed. Damage to the blood vessels in the leg and feet means the healing of wounds will be slower, leading to an increased risk of infection. Severe cases of diabetic foot complications and injury may result in amputation.

How is it treated?

Management of diabetes is integral in preventing foot problems. Endocrinologists can help the patient to attain good glucose control. Diabetic foot screenings also play an important part in detecting changes to the nerves and blood vessels so appropriate advice may be given to prevent further problems. In cases where a wound is already present, the Podiatrist will work with other clinical departments such as Endocrinology, Orthopaedic Surgery and Vascular Surgery to help facilitate wound healing and to prevent additional wounds.

What does Podiatry treatment involve?

The aim of podiatry treatment for the diabetic foot is to heal or prevent foot wounds and changes in the structure of the foot. Medical history will be taken at the first clinic visit, followed by clinical evaluations of the foot mechanism and function.

Comprehensive treatment plans will be drawn out after discussion with the patient and/or their caregivers, taking into consideration their specific circumstances and preferences. During the consult, foot wounds may be debrided (removal of unhealthy tissues), cleaned and dressed with appropriate dressings. Off-loading devices such as footwear or insoles may be prescribed to take pressure off the wounded foot.

Patients with wounds may require regular clinic visits for assessment and treatment, sometimes up to once per week. Other foot problems may be treated less frequently. If there are no foot wounds, patients may only require yearly follow-up for diabetic foot screening.