

## Diabetic Foot Management

1. 85% of feet with Diabetic foot ulcers have good vascularity.
2. The presence of at least one of the pedal pulses is a sign of adequate vascularity.
3. Neuropathy causing loss of protective sensation (LOPS) can be determined clinically by monofilament testing. Failure to detect a 10 g (orange) monofilament indicates LOPS.
4. Most plantar trophic ulcers occur secondary to altered biomechanics. These ulcers will not heal with dressings and require adequate offloading to heal them.
5. There are two methods of offloading plantar trophic ulcers. External offloading with Total contact cast and internal offloading by surgery
6. Prescription footwear is no longer recommended for active ulcers in the diabetic foot.
7. Most ulcers start as calluses and, if not appropriately offloaded, become infected, increasing the risk of major amputation.
8. The average survival rate after major amputation in diabetic feet is less than two years, which is worse than many cancers.
9. Prevention of amputation is the key to survival, while healing of ulcers and preventing recurrences is the key to a good quality of life.

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