Module 11  Diabetic Foot Problems

Screening and Management of Diabetic Foot Problems (Figure 1)

➢ All diabetic patients should have annual foot assessment. Any abnormalities, however trivial, should be treated vigorously\textsuperscript{1,2}.

➢ The foot examination should include inspection, assessment of foot pulses, and testing for loss of protective sensation (10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold)\textsuperscript{1,2}.

➢ Check for skin cracks, infection, state of the nails, callus and deformities.

➢ Provide general foot self-care education to all patients with diabetes and advise on proper footwear \textsuperscript{3,4}. Please visit the following website for more information: http://www.ha.org.hk/haho/ho/hesd/101592c.htm#5

➢ Refer to podiatrist for treatment of foot lesions, (e.g. callus, bunions, dystrophic nails) and additional support (e.g. prescription of custom-built footwear or orthotic insoles).

➢ All skin infections should be aggressively treated including frequent wound dressing, debridement and use of broad spectrum antibiotics. Glycaemic control should be optimised to promote wound healing and prevent metabolic decompensation.

➢ For patients with severe neuropathy, vascular insufficiency or ulcers refractive to treatment, early referral to specialists including podiatrist, vascular surgeon, endocrinologist or orthopaedic surgeon is warranted. (Table 1)
Table 1  Criteria of referral

- Active ulcer
- Callosities or corns
- Foot or toe or nail deformities
- In-growing toe nail
- Absent peripheral pulse
- Abnormal peripheral sensation

Figure 1.  Assessment and Management of Diabetic Foot Problems

All people with Type 2 diabetes from diagnosis

Proper foot assessment
- Assessment of foot pulses
- Assessment for loss of protective sensation
- Inspection for:
  - skin cracks
  - infection
  - state of the nails
  - callus
  - deformities

Presence of the following conditions?
- Active ulcer
- Callosities or corns
- Foot or toe or nail deformities
- In-growing toe nail
- Absent peripheral pulse
- Abnormal peripheral sensation

Yes  Early referral to specialists

No  Management
- Advise on proper footwear
- Discuss the need for additional support (e.g. prescription of custom-built footwear or orthotic insoles)
- Treat all skin infections
  - frequent wound dressing
  - debridement
  - administration of broad spectrum antibiotics

Annual assessment
Reference:


