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Management of the high risk foot

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Case Studies

Natasha Levy

Lead Diabetes Podiatrist

Infection

“Infection of the neuroischaemic foot is often more serious than in the neuropathic foot, which has a good arterial blood supply. A positive ulcer swab on a neuroischaemic foot is regarded as having serious implications”

Edmonds & Foster 2005

“ Infection is often the final common pathway leading to amputation of the foot”

Reiber 1992

“Twenty four hours undiagnosed and untreated infection can destroy the diabetic foot”

Edmonds & Foster 2005

Reiber GE (1992) Risk factors for amputation in patients with diabetes mellitus. *Ann Intern Med* 117, 97-105
Edmonds ME, Foster AVM (2005) *Managing the diabetic Foot*. Second Edition Blackwell

Mr S

- Sensory and motor neuropathy
- Weight bears on outer border of foot
- Working farmer and mechanic 12 hour plus a day on feet
- Has total contact inlays, not always wearing them
- Arrived with

Management

- Offloading vital
- Aircast advantageous
 - Rocker promoting more even weight distribution
- Patient past history
 - infection quickly spreads
 - daily visual checks
 - enabled at doff and don



Long Term Treatment

- Prescription footwear and orthoses are necessary to prevent recurrence of ulceration

