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Foot Ulcer Management Issues

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Foot Ulcer Management Issues

Networking your way to success

Foot Ulcer Management Issues - Introductions

Peter Roberts



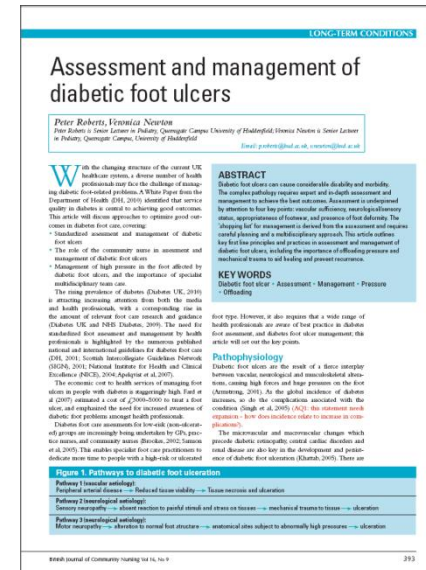
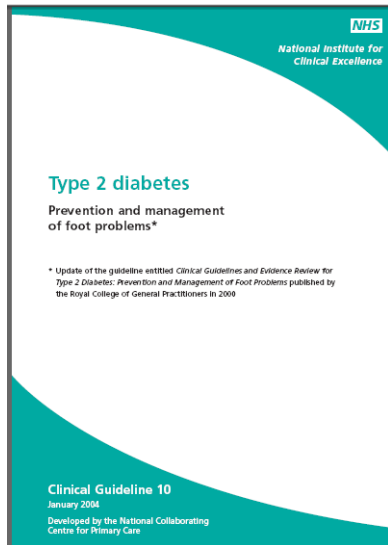
Veronica Newton



Introducing – The foot in Diabetes



Introducing - The literature and key guidelines



Introducing Mr Smith



Age - 58

Type 2 Diabetes 20 years duration

HbA1c – 75 mmol/mol

BMI – 36

Co morbidities – Hypertension,
hyperlipidaemia, Stable Angina.

Social – Car Salesman, non-
smoker, “moderate drinker”, no
formal exercise.

Introducing Mr Smith's foot



- Ulceration to plantar aspect of 2nd metatarsal head
- Painless
- Deep – extending to joint capsule but not bone
- Moderate surrounding inflammation and exudates
- Maccerrated callus surrounds wound edges.

WLTM

(Who do you target at these events?)



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Discussion task 1 – What immediate care and assessment does Mr Smith need?

Discussion task 2 – What referrals/management strategies are necessary for Mr Smith?

Assessment –

First impressions last a lifetime

- Palpation of foot pulses
- 10g monofilament
- Appropriateness of footwear
- Visual inspection for foot deformities
(NICE 2004)

Management –

How long until you know the relationship will work?



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Padding and Strapping

- Plaster models – design a pad.



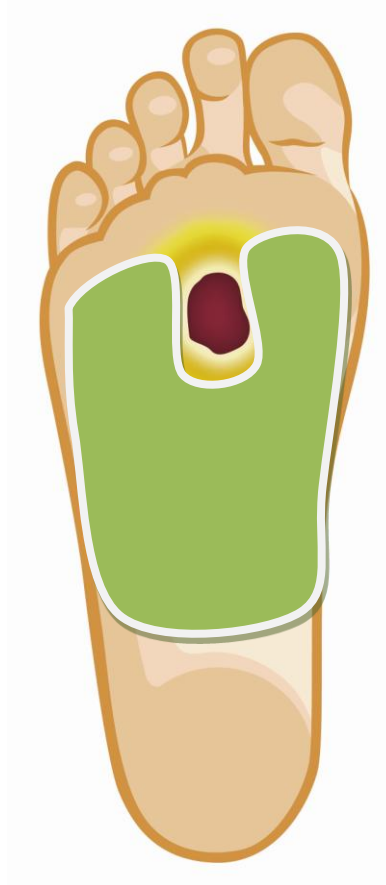
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offloading



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Dressings - task

- Plaster models - Choose a dressing to apply.
- Debate dressing choices...

Thank You!

Any questions?

Bullet Points for New Clinical Solutions

- New solutions come from new or improved working relationships
- Four simple assessments pave the way to a multitude of management options
- Take the pressure off / turn the volume down