

## What is gangrene? Does all diabetic foot ulcers have or end up in gangrene?



Gangrene is death of body tissue due to a lack of blood flow or a serious bacterial infection. Diabetes with or without atherosclerosis affect small blood vessels of the foot and in turn decrease blood supply of foot. In such situation a trivial trauma or incidence like injury while trimming nail, a small blister can result into toe or foot gangrene.

Diabetic foot ulcer treated in time can heal well. Not all ulcers have gangrene. Obesity, smoking, tobacco abuse and constant high blood sugar are risk factors for gangrene. Sometimes blood vessels show acute blockages causing decreased blood supply to foot. If the risk factors are kept in check and if vascular intervention done in time whenever indicated reduce the risk of gangrene.



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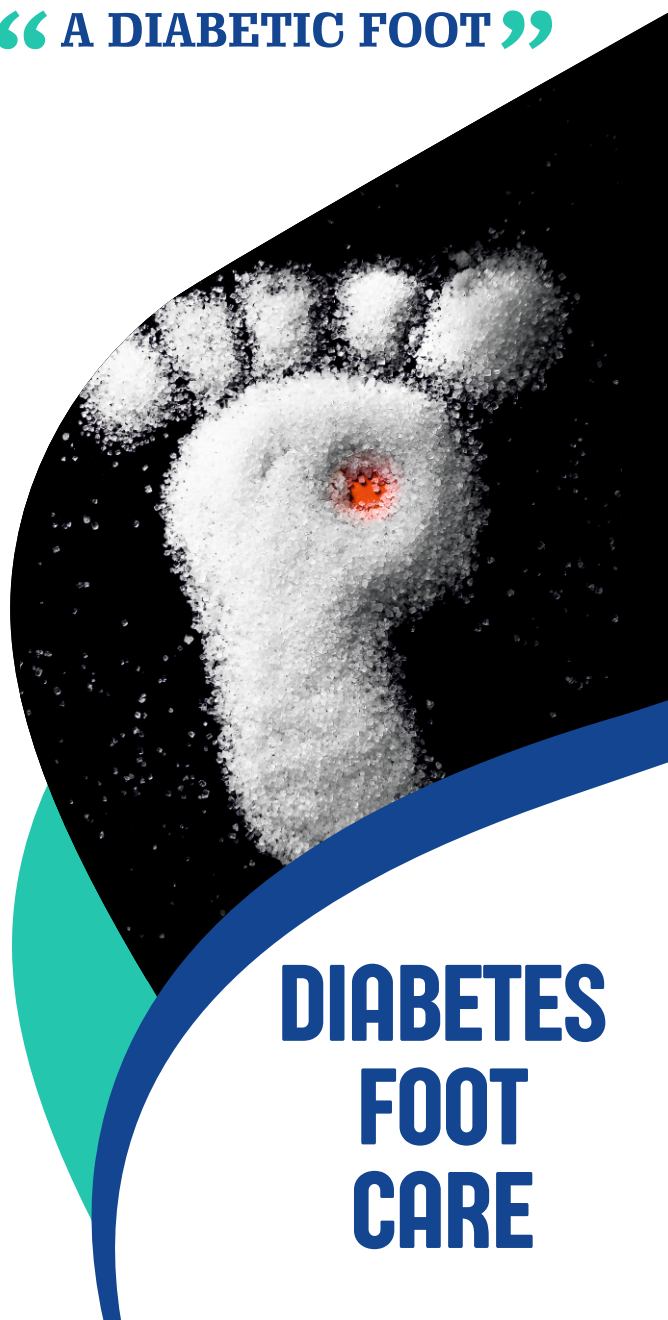
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**Every foot in a diabetic is  
“ A DIABETIC FOOT ”**



**DIABETES  
FOOT  
CARE**

Diabetic foot ulcers affect one in ten diabetics in their lifetime. Any infection involving foot of a diabetic patient with evidence of pre-existing neuropathy and/or ischemia is called diabetic foot. About 50% of patients with diabetic foot infections who have foot amputations die within five years. If managed properly most can be cured. So it is absolutely necessary to screen all the high risk candidates in time so that amputations and subsequent fatal consequences can be prevented.

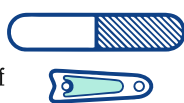


### Aim of foot care:

- |                                    |                                   |  |                       |
|------------------------------------|-----------------------------------|--|-----------------------|
| To prevent deformity, corn, callus | To prevent ulceration / infection | To promote early healing of the ulcers | To prevent amputation |
|------------------------------------|-----------------------------------|--|-----------------------|

### Foot care guidelines:

- **Daily inspection of feet:** watch for redness swelling, cuts. Use mirror or magnifying glass if needed.
- **Gentle foot wash:** with luke warm water: Don't use too hot or too cold water. Wash gently using a soft washcloth or sponge. Dry feet completely, especially in between toes.
- **Moisturize feet:** Moisturize the dry skin daily to prevent cracks or itching.
- **Nail care:** Trim nails regularly straight across after washing feet. File the edges. Watch for redness, swelling at the corner of the nails.
- **Wear clean and dry socks** and change them every day.
- Keep feet warm and dry.
- **Never walk bare feet**, always use properly fitting shoes.
- **Avoid** antiseptic solutions for cleaning feet without consultation.
- **Never use** heating pad, hot water bags, and electricblankets on feet directly.
- **Regular visit** to diabetic foot surgeon.



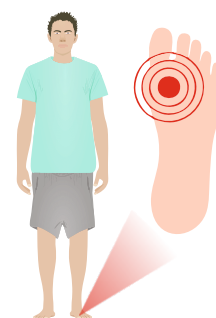
### When to see a diabetic foot surgeon:

- Toe / foot deformities
- Open wound or sores
- Numbness in the foot
- Toe amputations
- Hammer / claw toe
- Cuts & Scrapes
- Cramps in calf, thigh & buttocks
- Dry, cracked skin, callus or corns over foot /heel
- Tingling, burning, pain in feet
- Altered sensations over feet
- Redness, swelling at the corner of the nail
- Fungal infection or maceration of the skin between toes
- A blister, sore, ulcer, infected corn or ingrown toe nail
- Redness or raised temperature over foot or leg



### Who is at risk of getting diabetic foot?

- Long duration of diabetes
- Uncontrolled sugar level
- Peripheral vascular disease / cold extremities
- Peripheral neuropathy / Decreased sensations over foot
- Trauma
- History of prior ulcer and / or amputation
- Limited / exaggerated joint mobility
- Structural foot deformity, bunion / hammer toe
- Associated high blood pressure



### What is a diabetic foot ulcer? How does it form?

A diabetic foot ulcer is an open sore or wound on the bottom of the foot, usually on tip of great toe, prominence of great toe, lateral margin of foot and heel.

Ulcer forms due to a combination of factors, like lack of sensations over foot, poor circulation, deformity and trauma or irritation like repeated friction or pressure. Duration of diabetes and blood sugar levels play important role in developing ulcer over foot in diabetic patient.

