

# DIABETES IS THE #1 CAUSE OF FOOT AMPUTATION<sup>1</sup>

## 5 KEY ELEMENTS

The five key elements that underpin efforts to prevent diabetic foot ulcers:

- ✓ Identifying the at-risk foot
- ✓ Regularly inspecting and examining the at-risk foot
- ✓ Ensuring routine wearing of appropriate footwear
- ✓ Educating the patient, family and healthcare professionals
- ✓ Treating risk factors for ulceration

**DID YOU KNOW? UP TO 85% OF  
AMPUTATIONS COULD BE PREVENTED<sup>2</sup>**

1. International Diabetes Federation Atlas - 8th edition 2017: page 92.

2. International Diabetes Federation Atlas - 9th edition 2019: page 89

**CLOSING WOUNDS,  
SAVING FEET,  
SAVING LIVES.**

A program by Urgo Medical

Supported by D-Foot International

**D - FOOT**  
international

## EDUCATE YOUR PATIENTS

Patients at risk of developing foot ulcers should be reminded of the 4 steps for prevention:

- 01 Check blood sugar level**
- 02 Daily foot care**
- 03 Appropriate footwear**
- 04 Daily foot check**

**Find out more**

**[savefeetsavelives.my](http://savefeetsavelives.my)**

contains further detailed information, guides and videos. It also has a directory of support and direct referral information relevant for you.

**This is the closest DFU centre to  
refer your patients to:**



Does your patient have diabetes?



# SAVE FEET, SAVE LIVES

Diabetes is the world leading cause of amputation. Help your patients with diabetes to prevent foot ulceration.

**CLOSING WOUNDS,  
SAVING FEET,  
SAVING LIVES.**

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# DIABETIC FOOT ULCERS: THE FACTS

! **1 IN 4 PEOPLE WITH DIABETES WILL POTENTIALLY DEVELOP A FOOT ULCER**<sup>1</sup>

! **A FOOT ULCER LEFT OPEN FOR MORE THAN 30 DAYS IS 4X MORE LIKELY TO GET INFECTED**<sup>2</sup>

! **DIABETES CAUSES A FOOT AMPUTATION EVERY 20 SECONDS**<sup>3</sup>

! **AFTER A DIABETES-RELATED AMPUTATION, 70% OF PATIENTS WILL NOT BE ALIVE AFTER 5 YEARS**<sup>4</sup>

For video and further advice, visit [savefeetsavelives.my](http://savefeetsavelives.my)

1. Satacci C, de Donato G, Satacci F, Ghiseli E. Diabetic patients: epidemiology and global impact. J Cardiovasc Surg (Torino). 2009 Jul; 50(3): 263-75

2. Lavery LA, Armstrong DG, Wunderlich RP, et al. Risk factors for foot infections in individuals with diabetes. Diabetes Care. 2006;29:1288-93

3. Whiting D, R., Guariguata L, Weil C, and Shaw J. 2011. "IDF Diabetes Atlas: Global Estimates of the Prevalence of Diabetes for 2011 and 2030." Diabetes Res. Clin. Pract. 94 (3): 311-21.

4. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. N Engl J Med 2017; 376: 2367-75.

## There are **two major risk factors** for your patients with diabetes

1. Loss of Protective Sensation (LOPS) due to neuropathy
2. Peripheral Artery Disease (PAD)

These need to be identified and monitored appropriately to minimise the risk of your patients developing a Diabetic Foot Ulcer

## Regularly check the feet of your patients to **identify the level of risk**

<p><b>01</b> Ulcer risk <b>Very Low</b></p> <p>Characteristics <b>No LOPS and No PAD</b></p> <p>Professionals, Monitoring frequency <b>Once a year</b></p> <p>Specialist level of care recommended <b>Diabetologist, surgeon (general, orthopaedic, or foot), vascular specialist, podiatrist and diabetes nurse</b></p>	<p><b>02</b> Ulcer risk <b>Low</b></p> <p>Characteristics <b>LOPS or PAD</b></p> <p>Professionals, Monitoring frequency <b>Once every 6-12 months</b></p> <p>Specialist level of care recommended <b>General practitioner, podiatrist, and diabetes nurse</b></p>
<p><b>03</b> Ulcer risk <b>Medium</b></p> <p>Characteristics <b>LOPS + PAD, or LOPS + foot deformity or PAD + foot deformity</b></p> <p>Professionals, Monitoring frequency <b>Once every 3-6 months</b></p> <p>Specialist level of care recommended <b>Diabetologist, surgeon (general, orthopaedic, or foot), vascular specialist, podiatrist and diabetes nurse</b></p>	<p><b>04</b> Ulcer risk <b>High</b></p> <p>Characteristics <b>LOPS or PAD, and one or more of the following:</b></p> <ul style="list-style-type: none"><li>• history of a foot ulcer</li><li>• a lower-extremity amputation (minor or major)</li><li>• end-stage renal disease</li></ul> <p>Professionals, Monitoring frequency <b>Once every 1-3 months</b></p> <p>Specialist level of care recommended <b>Multi-disciplinary team specialized in diabetic foot care</b></p>

## How to identify LOPS and PAD

### Loss of Protective Sensation (LOPS)

#### The simple guide

- ✓ First apply the monofilament on your patient's hands to demonstrate what the sensation feels like.
- ✓ Test three different sites on both feet, selecting from those shown\*, ensuring your patient cannot see.
- ✓ Apply the monofilament perpendicular to the skin surface with sufficient force to cause it to buckle.
- ✓ Keep contact for approximately 2 seconds.
- ✓ Ask your patient whether they feel the pressure applied and if yes, where.
- ✓ Repeat twice at the same site, but alternate this with at least one 'mock' application in which no filament is applied (a total of three questions per site).



*Sites that should be tested for loss of protective sensation with the 10g Semmes-Weinstein monofilament*

*Protective sensation is present at each site if the patient correctly answers on two out of three applications; absent with two out of three incorrect answers. Encourage the patients during testing by giving positive feedback.*

### Peripheral Artery Disease (PAD)

#### There are two major foot pulses:

The dorsal pedal artery on the dorsum of the foot, and the posterior tibial artery behind the medial malleolus. Place two fingers on the dorsum of the foot, as shown, to palpate the pulse. Then repeat the same for the second pulse, behind the medial malleolus.



*\*If you are not responsible for foot screening, make sure your patient gets referred appropriately*