

Diabetic foot ulcers should be treated early

Cases that are far along may have serious consequences

Any health care provider who counsels people with diabetes will say the same thing: the disease is with you for the rest of your life, but it's manageable if you plan for the pitfalls.

One such issue: foot ulcers, something Teresa Mejorado sees far too often as a wound care provider at OSF HealthCare. She says around one in four diabetics may develop a foot ulcer. And among those, more than half can get an infection, which could land them in the hospital.

An ulcer is an open sore or lesion that doesn't heal quickly. For people with diabetes, Mejorado says an ulcer on the bottom of the foot usually results from repeated pressure, like when someone is walking. The ulcers typically have a lot of rough, thick skin known as a callus.

"Some people may not have any symptoms," Mejorado warns. "If they have limited sensation in their feet called neuropathy, often by the time they see us at the wound center, they have the wound already."

People with deep or infected wounds may feel pain or notice bleeding.

The first line of treatment for a diabetic foot ulcer is a process called debridement.

"It's removal of dead tissue to try to allow the wound to heal from the inside out," Mejorado explains.

"It's a multidisciplinary approach," Mejorado adds. "We want good blood flow, so sometimes a vascular provider might be involved. We want good pressure relief, so we look into certain boots, sandals and casts. We make sure there's no acute infection, so sometimes we work with infectious disease providers."

In serious cases, a person may need to be put on an antibiotic medication taken orally or through an intravenous (IV) injection. They may have sessions in a hyperbaric chamber to increase oxygen in the blood and promote wound healing. Surgery is seen in rare cases, Mejorado says.

"That could be a tendon release. Some way to surgically change the way the pressure is put on," Mejorado says.

A last resort would be to amputate the foot. Mejorado says one in six people with a diabetic foot ulcer may face this difficult decision. And she says after an amputation, the likelihood of the person dying within five years is 68%.

The good news: there are ways to help prevent diabetic foot ulcers.

- Have the right footwear. Mejorado says your shoes should leave room for your feet and toes so there's less rubbing and pressure. There should also be a good amount of padding for when you walk and run. A custom insert may help with this. Talk to your primary care provider or a podiatrist about what footwear is right for you.
- See a podiatrist for a foot check every one to three months. You should also check your feet at home regularly for abnormalities.
- Avoid walking barefoot.

"If people have neuropathy, they're not going to know they have a sore until it's too late," Mejorado says. "We've seen people with burns. They may have a nail or glass embedded in their foot. They walk around and never know it. It may become infected and become a bad situation."

- Stay on top of your other diabetes risk factors, like blood sugar level.

Learn more about diabetes care on the [OSF HealthCare website](#).