

WHAT IS DIABETES?

Diabetes is a disease which can significantly affect the foot and the leg. Diabetes affects not only the blood sugar, but also decreases the circulation, and often the ability for the patient to feel pain. Decreased circulation and the decreased ability to perceive painful sensation are particularly important when dealing with the foot. The combination of the lack of circulation, a decreased ability to fight infection associated with high blood sugar levels, and the inability to perceive an area of the foot which may be under excessive pressure, can lead to various complications. Ulcerations of the foot, and serious infection to soft tissues and bones of the foot, and possible complications of diabetes that demand special surgical considerations.

CAN THE DIABETIC PATIENT HAVE SURGERY

There are several reasons why a diabetic patient may choose elective foot surgery. One of these may be a painful area of the foot such as a bursitis, associated with increased pressure to a specific area. While many diabetic patients have decreased ability to perceive pain, other diabetic patients may have normal sensation. For these people a hammertoe, bunion or a bone spur can cause significant discomfort. Surgical repair may be the patient's best option in not only decreasing

the discomfort the patient presently has, but also decreasing the possibility of future complications associated with the deformity. Diabetes is often progressive with age. Therefore, surgery performed at a younger age, when the blood supply to the foot is better, can often prevent future problems that may require surgery when the patient becomes older and the circulation to the foot is further decreased.

A second reason a diabetic patient may choose to have foot surgery could be due to an area of pressure on the foot that has developed an ulcer in the past, and/or an infection. In this type of situation, the ulcer or the infective process may recur on a rather frequent basis. Here, surgery would be utilized to repair the area of increased pressure on the foot to help prevent future ulceration and the possibility of infection which may include bone (osteomyelitis).

PRE-SURGICAL WORKUP

Prior to surgery the doctor will order various preoperative tests, to be assured the patient has the ability to heal. Updated records of patient's fasting blood sugar levels are very important. Other tests relative to blood sugar, such as a two-hour post prandial, or a glucose tolerance test, may also be indicated. A test involving examination of the red blood cell and its ability to carry oxygen (hemoglobin) is a technique which can give information relating to the consistency of the blood sugar levels. An urinalysis, complete blood count, as well as other tests to examine the patient's potential for excessive bleeding,

are also commonly ordered. It is important for the doctor to know whether the blood sugar of the patient is being controlled through diet, various diabetic pills (oral hypoglycemic drugs), or insulin injections. The podiatrist will often consult with the family doctor to help coordinate the best care for the foot problem, as well as handling the diabetic condition. Changing the dose of medication may be needed during the surgical period. Other consultations may also be ordered prior to surgery. A vascular specialist, a neurologist and certainly, a diabetologist are commonly involved in surgical planning for the diabetic patient. This coordinated team effort from various specialists helps to insure the best possible surgical result for the patient.

EXAMINATIONS

An EKG may be ordered prior to surgery. This test is used to analyze the heart and is typically performed within six (6) months prior to the surgical date for patients forty (40) years of age. A full vascular evaluation, with the aid of an instrument called a Doppler and a plethysmograph, may be used to assess the circulation to the foot. This will insure that it is sufficient to allow proper healing after surgery. Chest x-rays are also commonly taken, no more than six (6) months prior to surgery, if the patient is over sixty (60) years of age, or over forty (40) years of age if there is a history of smoking. During the surgery the patient's vascular status will be monitored on a regular basis. While an

ankle tourniquet is utilized with many patients to stop the blood flow to the foot during surgical procedures, the diabetic patient often has surgery performed without the use of this particular instrument. This maintains circulation through the foot during the entire surgical procedure. The doctor will make the decision for use of a tourniquet.

POST-OPERATIVE CARE

Following surgery, the patient may be placed on antibiotics to help decrease the possibility of infection. Bandages will be applied in a manner to help protect the surgical site from bacteria and infection, while at the same time maintaining circulation to the surgical area. All bandages must be kept clean and dry and should never be removed by the patient unless indicated by the doctor. It is very important for the patient to ask the doctor any questions he or she may have regarding postoperative care.

Postoperative instructions may be followed precisely. The inability to do so increases the risk to the patient. The diabetic patient can have normal surgical recovery, and an excellent postoperative result, when he or she works in a coordinated effort with the doctor. This aids in developing the best possible surgical result, with the shortest possible surgical recovery time.

NAME OF PATIENT: _____

SURGERY: _____

DATE: _____ **TIME:** _____

PLACE:

_____ Hospital _____

_____ Surgicenter _____

_____ Office _____

_____ Other _____

PREADMISSION TESTING:

Date: _____

Place: _____

Time: _____

SURGICAL PROCEDURE(S):

INSTRUCTIONS:

Preoperative:

Postoperative:

ANESTHESIA:

SIGNATURE OF PATIENT: (Parent or guardian for minor)

SIGNATURE OF DOCTOR:



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HOW TO WORK WITH SPACING

To reduce the spacing between, for example, body text paragraphs, click your cursor in *this* paragraph, and choose Paragraph from the Format menu. Reduce the Spacing After to 6 points, making additional adjustments as needed.

To save your Style changes, (assuming your cursor is blinking in the changed paragraph), click on the down arrow for the Style in the Styles and Formatting work pane. Select Update to match selection to save the changes, and update all similar Styles.

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OTHER BROCHURE TIPS

To change a font size, choose Font from the Format menu. Adjust the size as needed, and click OK or Cancel to exit.

To change the shading of shaded paragraphs, choose Borders and Shading from the Format menu. Select a new shade or pattern, and choose OK. Experiment to achieve the best shade for your printer.

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