



Diabetic foot Neuropathy

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The inability to feel pain, pressure, or temperature contributes to 80% of foot ulceration.

Ulceration precedes amputation by 85%. Muller et al 2002.

Importance of recognising ,
diagnosing and managing DPN
is vital.



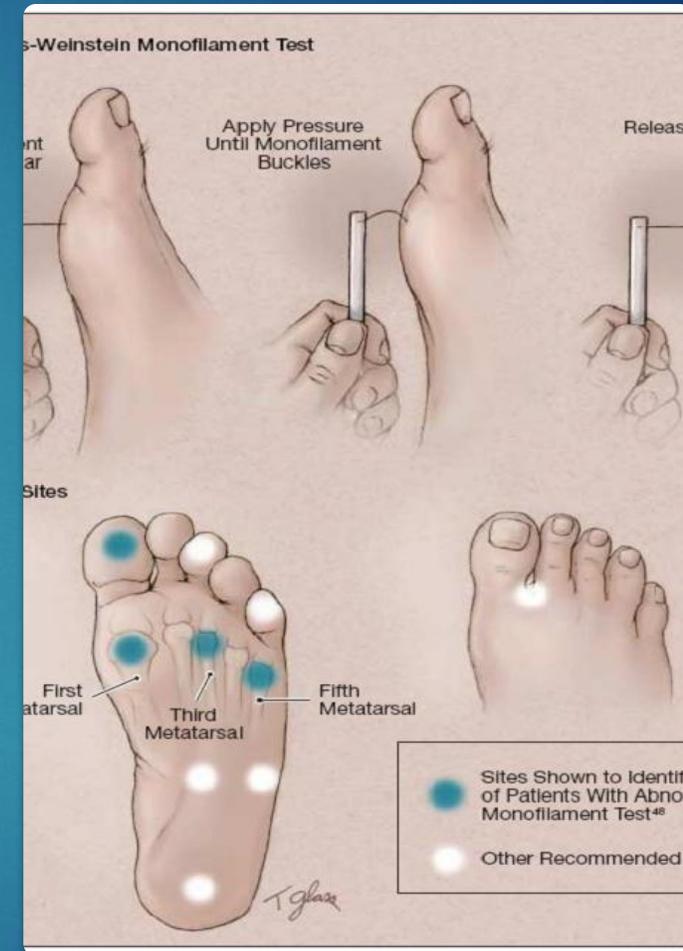
Site of testing.

Testing for LOPS.

Semmes Weinstein 10g monofilament, 85% sensitivity in detecting LOPS in 8 sites. (Boulton et al 2008)

128 mhz tuning fork has same for 1 site.

Int National working group 2015 advice 3 sites .1st Hallux, 1st met head and 5th met head



How do we protect these feet

Checking feet by health professionals.

Tighter glycaemic control.

Referral to Foot protection team in the community if feet intact .

Refer to the Hospital Podiatry team if ulceration present.

Intense health education for the patient.

Advice to patient.

Check feet every day .

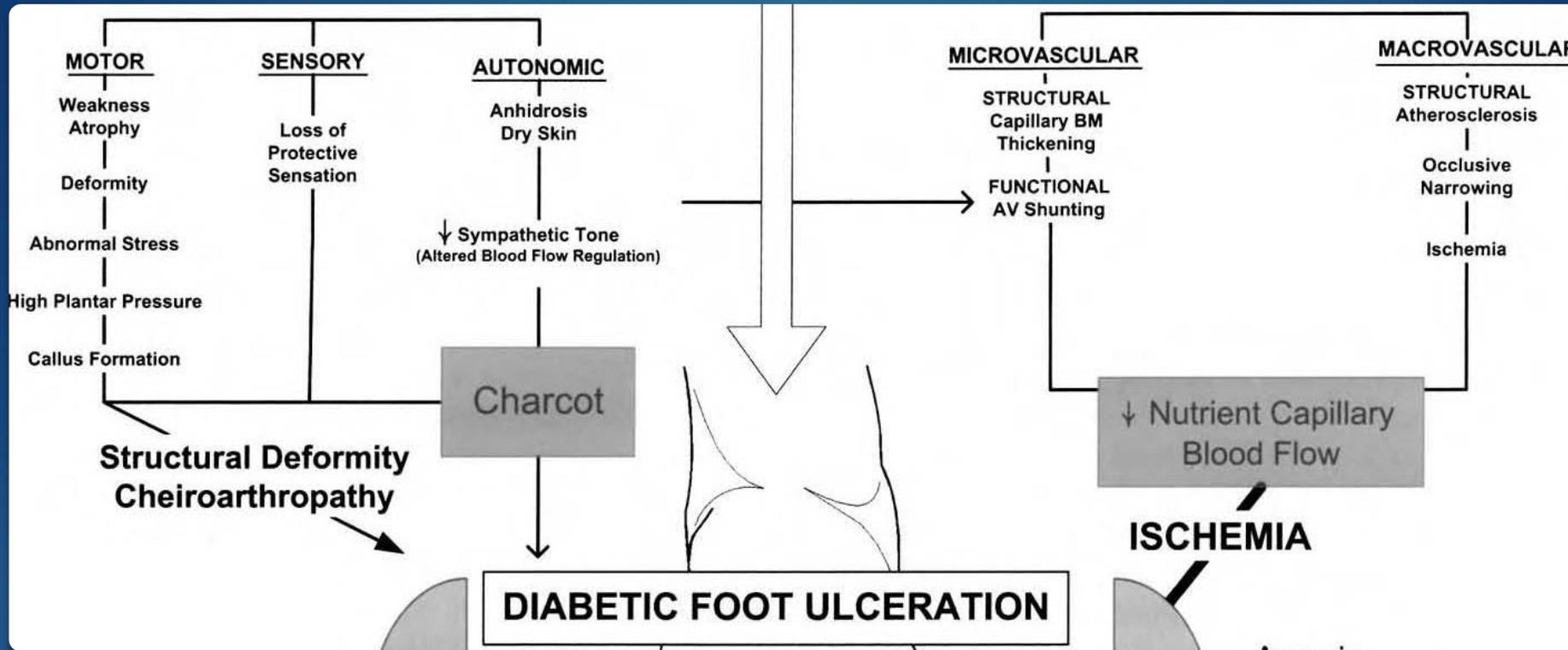
Footwear needs to be for high risk feet ,
Seam free, deep toe box, wide forefoot.

Apply emollient daily

Educate by giving live examples.

Use motivational interviewing.

Give clear instructions on who and how to contact if they see a problem.



Neuropathic ulceration



How would you manage this?



Referral pathways,



Not all wounds tell the truth



Management of Diabetic neuropathic ulceration

Debridement, infection control, offloading, patient education

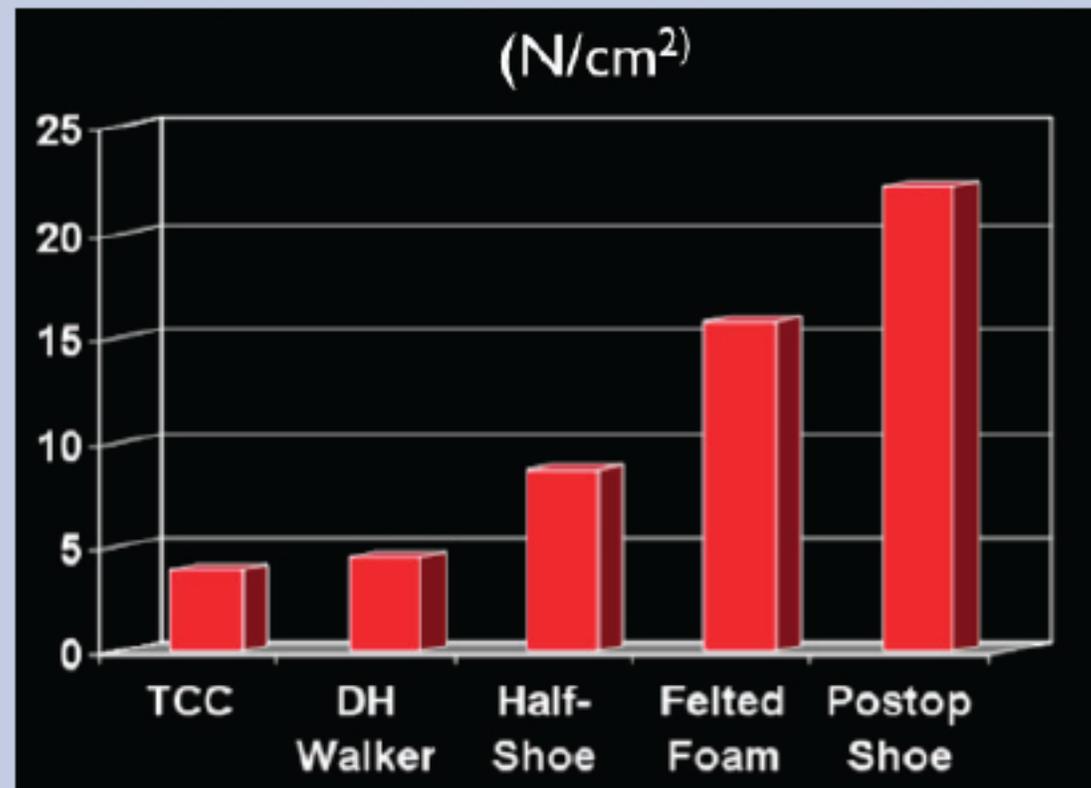


Figure 1. Peak plantar pressures on first metatarsal head.

Total contact cast



Aircast boot

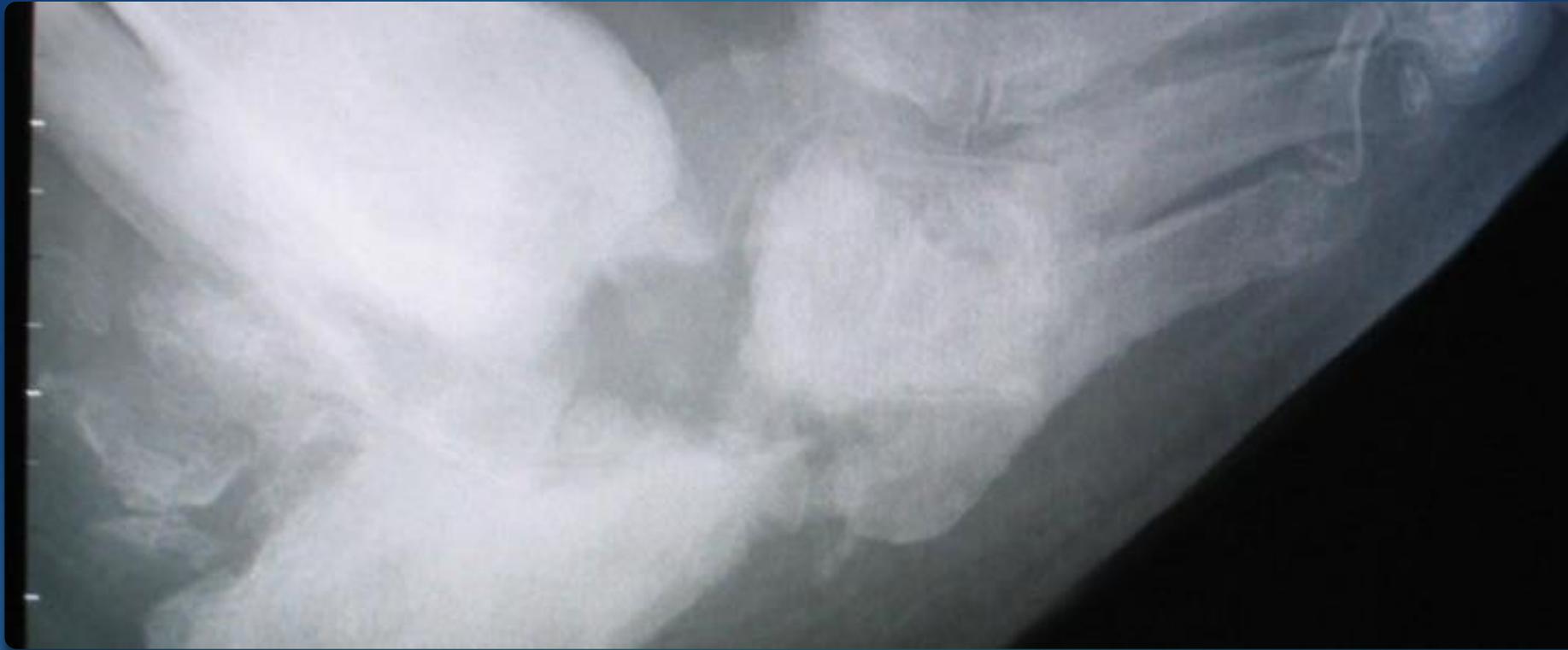


Darco woundshoe system



Simple padding to
offload.





Red, Hot, Swollen foot presentation

Characteristics.

Portal of entry?.

2 degrees hotter than contralateral limb .

Pain , pulses, neuropathic status

Charcot arthropathy

Charcot is a neuroarthropathic process with osteoporosis, fracture, acute inflammation and disorganisation of foot architecture (SIGN 2004)

Lops and proprioception loss = lig laxity, instability, trauma, weight bearing changes and more trauma. Acute inflammatory response and vasomotor changes altering blood flow lead to bone reabsorption .

Followed by hypertrophic repair.



Life threatening, devastating, clinical emergency

Neuropathic. Vascular supply good, 2 to 8 D hotter than other limb.

Eliminate infection

X ray\ MRI\ Bloods\ bone scan?

Complicated by presence of ulcer?

Complete immobility, TCC,

Bisphosphonates??

Acute Charcot Foot



Case studies

Taken with permission from patients In BGH Diabetic Podiatry clinic.



DAN

leads to fissuring

Risk of ulceration and infection



Self trauma

Dressing allergy.

Pruritis = Wound



Limb threatening

Profound Neuropathy .

Osteomyelitis.

Challenging patient

In Summary



Check feet
Risk assess



Clear referral
pathways
Education

Thank you

