Diabetic Foot Screening

Presented by

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Introduction

- Diabetic Foot Screening.
- Understand the reasons and need for diabetic foot screening, and why and when to refer to Podiatry.
- What compromises a foot emergency.

Training Outline

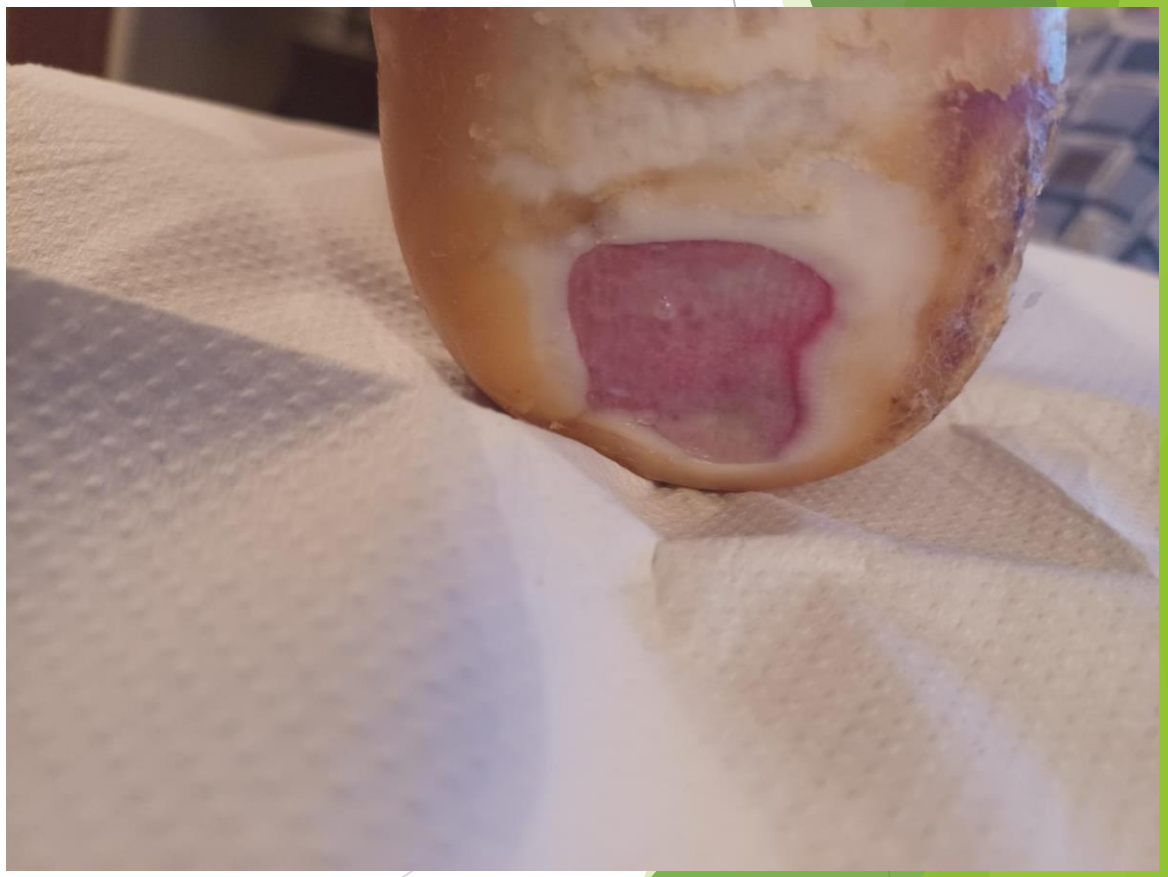
- Lesson 1: Why we do diabetic foot screening.
- Lesson 2: What we are looking for in diabetic foot screening.
- Lesson 3: When to refer to Podiatry.
- Lesson 4: Case Studies.

What we look for in a diabetic foot screening

- Understanding diabetic foot problems.
- Peripheral Vascular Disease.
- Peripheral Neuropathy.
- Foot deformity related to diabetes.
- Charcot Foot.

Why we screen

- Diabetic foot disease is the biggest cause of amputation in the Uk.
- 5% people with new foot ulcers die within 12 months of their first presentation to health professional.
- Ulceration and mortality similar to aggressive cancer.
- Nearly 50% of people with foot ulcers die within five years.
- 35-50% re-ulceration rate after 3 years, going up to 70% after 5 years. Why we classed healed ulcers as being in remission.



What we are looking for during screening.

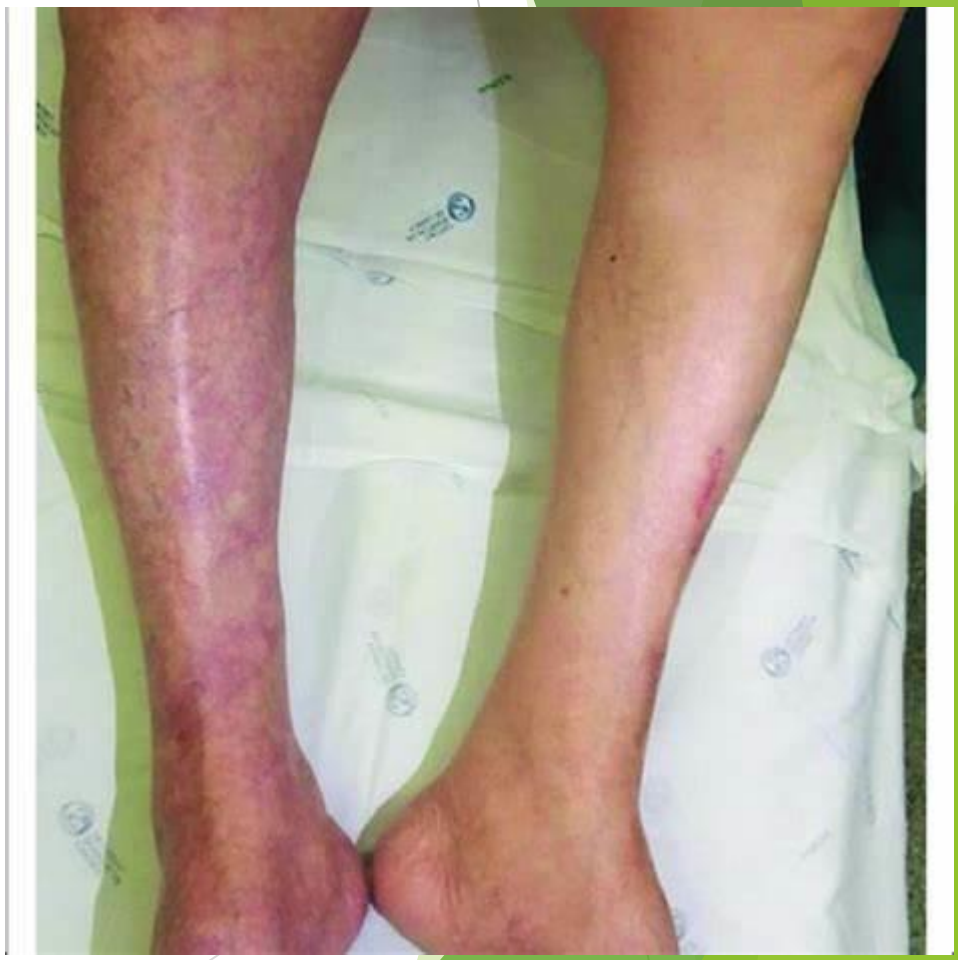
- Peripheral vascular disease.
- Sensory Neuropathy.
- Skin Lesions.
- Deformity.
- Red Flags.

PVD

- Palpate Pulses.
- Feel for skin temperatures.
- Check Capillary Refill.
- Use hand held doppler.
- Ask about symptoms of PVD i.e. Intermittent Claudication, Rest Pain.
- Anhydrotic, thin skin.
- Atrophic nails.
- Hairs not present.
- Rubor/pallor/cyanosis.

PVD

- Consider vascular referral if pulses have a monophasic flow, and pt shows signs or symptoms of ischaemia i.e. rest pain, intermittent claudication, ulcerations.
- Acute Limb Ischaemia – cold, pulseless, painful, pallor, paraesthesia – medical emergency.



Peripheral Neuropathy

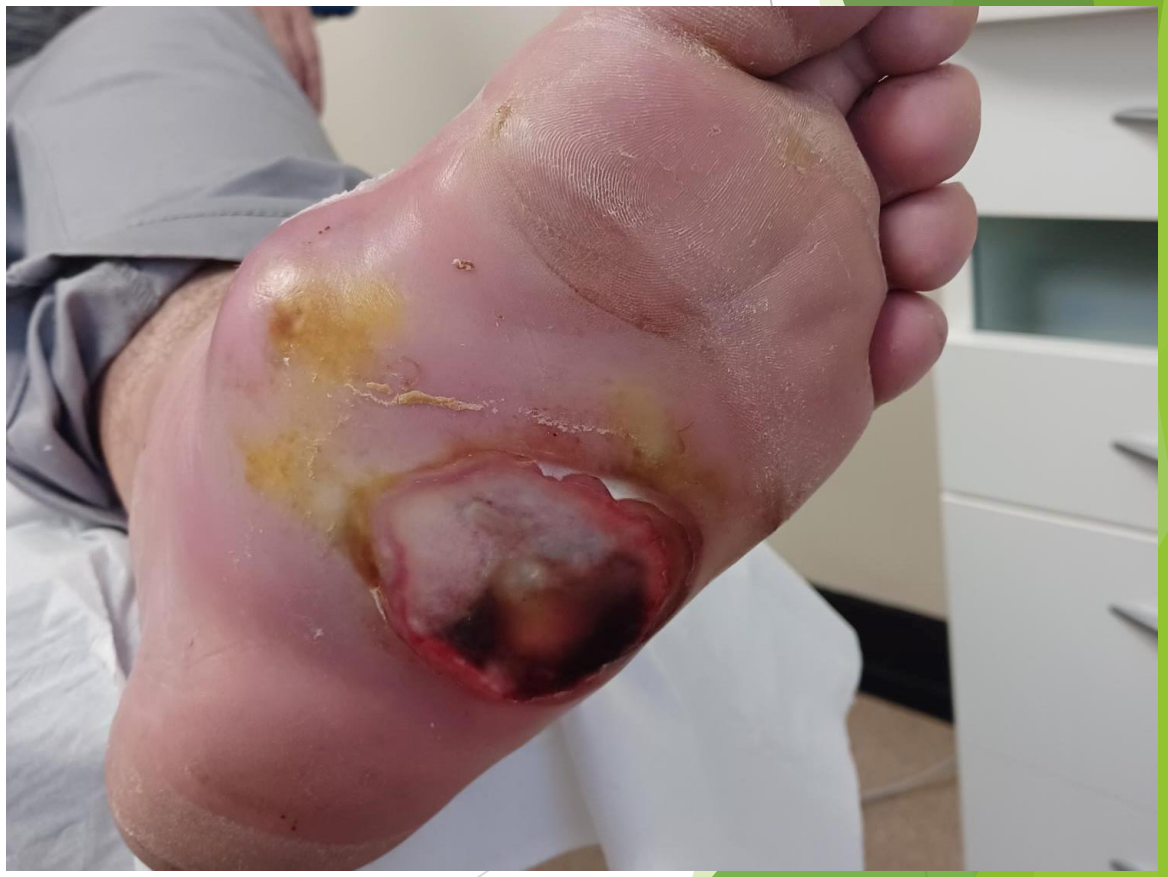
- Use 10g Monofilament to check sensation in feet
- Discuss with patient any feelings of altered sensation, pins and needles, neuropathic pain
- Check skin integrity of feet, callus sites, pressure area etc
- Education – No walking bare foot, check feet on a regular basis etc
- Advise on footwear
- Pain management

Deformity

- Bony Prominences
- Clawing of the toes
- Joint dislocation
- Charcot Foot

Charcot Foot

- Linked with neuropathy.
- Inflammation in the bones of the foot, causing fractures, and leading to severe deformity.
- Hot, swollen foot.
- Diagnosed through X-rays, and MRIs.
- Early casting/offloading of the foot is necessary.



Red Flags

- Unexplained redness/swelling.
- Sudden acute pain in feet or legs.
- Systemically unwell.
- Possible cancerous lesions on skin/nails.

Podiatry Referrals

- Ingrowing toenails that require nail surgery.
- Foot ulcerations.
- Musculoskeletal/biomechanic problems.
- Management of the high-risk foot. Pathological callus, that if left untreated will ulcerate.
- Nail cutting and general footcare are no longer available on the NHS.

Referrals

- Self-referrals.
- Referral allocation and Task.
- Via SPA 01226 644545.
- Give as much detail as possible, including medical history, medications etc.
- Provide photos if possible.

Who to refer?

- Any foot ulceration.
- Heavy extravasated callus, especially if neuropathic or poor circulation.
- Deformity that would benefit from insoles/offloading.
- Neuropathy, but no skin problems/ pressure areas – Advise them on neuropathy and footwear but no need for podiatry referral.
- Possible PVD but no ulcerations or skin problems – possible refer to vascular but podiatry input not necessary.

When to escalate?

- Charcot
- Acute Limb Ischaemia – Medical Emergency
- Critical Limb Ischaemia – refer straight to vascular team.
- Tracking infection, suspected osteomyelitis.
- Necrosis.
- Signs of sepsis.

Case Study 1

- Male, 44 years old.
- Type 1 diabetes, HbA1c 78.
- Biphasic flow in all foot pulses.
- Unable to feel 10g monofilament.
- No skin lesions.
- Right foot is hot and swollen.
- What actions are you taking?

Case Study 2

- Female 73 years old
- Type 2 diabetes HbA1c 53
- Foot pulses all have a biphasic flow.
- Early signs of sensory neuropathy, unable to detect monofilament on tips of big toes.
- Slight callus/dry skin around heels.
- Long nails.
- Actions?

Case Study 3

- Male 68 years old
- Type 2 diabetic
- HbA1c 48
- Biphasic flow in all foot pulses.
- Good sensation in feet.
- Plays golf 3 times a week.
- Presents with a plantar heel ulcer.
- Actions?

Summary

- Why we do diabetic foot screening.
- What we are looking for when we do a diabetic foot screening.
- When to refer to Podiatry.
- What would compromise as a foot emergency, and what to do.

Thank You!