

**Basrah Journal  
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**Editorial  
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**What matters most in our locality?  
“Diabetic foot”**

**When to operate and where to land**

*“If you are diabetic; remember: Your feet should be  
as clean as your face”*

*“When you die, you will die because of your feet”*

(Old English Saying)



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Of the many complications affecting diabetics, none are more devastating than those involving the foot. This is particularly true in our locality, it is really unsolved problem and we all face it everyday. We feel, the price payers are the patients because of the half way surgery or the half way medical support.

Neither the treating physician, nor the patients are fully aware of this hidden flame.

There is a real ignorance from the patient side, they usually present late for the half way treatment, by a half way physician.

We are not supposed to treat the advanced complications which we usually see, but to guard against their occurrence.

The ideal management should be delivered by a team, consist of orthopaedic surgeon, physician and anesthetist. Unfortunately this is not the case in our locality, usually they go in a wrong direction. I have seen some, who were handled by a dermatologist for several months.

The type of antibiotics should be selected on a solid base (not haphazard), and should be given in an appropriate dosage and as long as required. The development of resistance to antibiotic should be kept in mind. Anaerobic infection is usually behind the deterioration of the health, it leads to persistent anaemia and lack of response to treatment. Finding gas bubble is not pathognomonic for anaerobic infection, so other parameters in association with this finding should be considered.

Diabetic foot is a life threatening problem, no matter how minor it is, so life saving measures should be available at any time.

When to operate and where to put the knife is a pressing situation, I can say confidently we lost so many lives because we did not answer the above two questions properly. The answer is to keep healthy tissue and remove dead tissue no matter where we land, no hesitation, no procrastination, and even no sympathy with the patient and his family in regard to the level of amputation.

Vascular insufficiency and neuropathy are always behind the disaster, almost all have some sort of silent neuropathy, both neuropathy and vascular insufficiency, lead not only to pain and suffering but also to lesions that may take weeks and even months to heal and then all too often lead to infection and gangrene, which ultimately necessitate amputation. Regardless of the physician's specialty, knowledge of the anatomy, physiology and bacteriology of the foot and a sound understanding of diabetes are essential if optimal care is to be provided for a diabetic foot problem.

Aggressive treatment is required from the start even for what we feel, it is a minor pathology. A shift from oral to insulin is a must for the uncontrolled hyperglycemia which is almost a constant finding.

In mind, diabetes is a systemic problem which adversely affects every cell in the body and the foot is part of it. Foot problem is usually seen in association with retinopathy, ischemic heart disease or a silent nephropathy. Because of this, a whole body thorough investigation is a necessity.

The timing of surgery is a critical balance between undue haste and unnecessary delay, so the answer to the question when to operate, depends on the surgeon's wisdom, experience and honesty.

New technology evolved for the detection of impending foot problem, like the measurement of the heel pressure, thermography and capillography, hopefully the future application of this technology may help to reduce the miserable suffering.

Sadly to say the perils and pitfalls are so many in the management of diabetic foot usually it is related to:

- Lack of pre-operative control.
- Failure of correlation between foot lesion and the patient general condition.
- Missing anaerobic infection.
- Failure in tailoring precisely the nature of surgery (level of amputation).
- The rush to primary closure.
- Lack of daily observation of the wound.
- Insufficient irrigation of the wound.
- Half way surgery.
- Incomplete or wrong choice of antibiotic.
- Operating at night.
- Failure to correct the underlying cause or causes.
- Failure to consider other limb status.
- Operation done by inexperienced surgeon.
- A single person, decision policy.
- Failure in precisely identifying the pathology, e.g.; osteolysis and osteomyelitis.
- The skin condition may be deceiving.

Finally the complications are almost always the outcome of bad initial treatment.

