



One Day Surgery Times

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From the Editors Desk:

Diabetic foot as Day case:

Introduction:

Diabetic foot, per say, is a morbid disease. Its affliction usually spells doom. Like a wild fire it spreads from the lower extremities resulting in amputation.



By the time Diabetic foot patient reaches a surgeons clinic, he is exhausted, mentally, physically and financially. Including his relatives and care givers, they are fed up of hospitals and laboratories. Saving a limb is a task which requires dedication, patience, time and money.

Procedures like drainage of abscess, debridment of infected corn and desloughing of necrotic ulcers, are usually performed as OPD, where the patient is in and out of the hospital in less than an hour.

In select cases, it is possible to avoid overnight hospitalisation, even in diabetic foot cases. Gangrene limited to a localised part of the foot, not associated with toxemia, are ideal candidates for localised debridment, disarticulations, and small amputations of the toes. These patients can be sent home on the same working day after a few hours of observation. Provided they fulfil the discharge criteria.

The complications of diabetic gangrene can be used to the patient's and our advantage. Neuropathy and vascular damage to the end arteries, relieves the patient from pain and bleeding, which are the two complications preventing discharge of the patient, provided the patient is not in septicaemia. Control of sugar and infection can be done as an outpatient by a physician. Doing away with unnecessary hospitalisation in select cases. Thus reducing the cost of treatment considerably.

Supportive treatment of daily dressing and multiple surgeries can be performed as out patient. Hyperbaric Oxygen therapy is usually an out patient treatment. No readmission were observed so far in these patients, some of them with more than 1 year follow up, have been free from any further progression of disease. More follow-up studies and number of cases have to be undertaken. With the little data that we have, we now can say that, proper case selection can afford us to treat Diabetic foot as Day Case.

Dr. T. Naresh Row



5 days old gangrene



After 48 hours of surgery



Non healing Diabetic Ulcer in a patient with several surgeries



Non healing wound with extensive fibrosis post trauma



Skin grafting in a case of previously operated diabetic ulcer

Foot Care for your patients:

As is well known, prevention is better than cure, foot care becomes an important part of every diabetic's lifestyle. A few minutes spent on pampering your feet will go a long way in keeping them healthy. While prescribing medication, please spend 5 more minutes to explain foot care to your patients.

What can go wrong? Remember, diabetics are prone to Neuropathy and Vascular occlusion/damage of the limbs. Therefore, not only is it mandatory to keep the blood sugars in control, but also, regular exercise to keep the circulation in good order.

Reduced sensation, makes you vulnerable to injuries. As the lack of pain usually does not mandate attention, till it is too late. Damaged circulation allows the tissues to die and retards healing.

Foot wear: always wear a foot wear, even at home, as you can injure yourself if not careful. While choosing a foot wear, care is to be taken to see that it is soft inside and firm outside. Fits comfortably, not loose nor tight. It is important to keep these in mind, as a shoe bite or a corn, can be the precursor to full blown gangrene. Broad based open sandals with adjustable straps or sports shoes are the best. Remember, money spent on a good foot wear, will protect your patient from bigger medical expense later.

Foot wash: regular foot cleaning is to be advised, especially whenever the patient has been outside the house for a long time. The sweat and dirt need to be cleaned with soft soap. The sides of the foot and sole should be scrubbed with a foot scrubber or a

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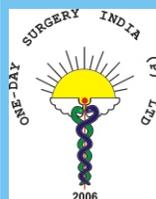
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Pumice stone. Very gently, so as to just remove the dead skin and not the skin itself. Remember, neuropathy reduces the sensation and this can damage the skin causing abrasions. The web spaces need special attention, as sweat and dirt make these spaces prone to fungal infection and damage. Gentle cleaning with soap and water using your fingers is sufficient. Followed by drying of the feet and the web spaces is mandatory. Application of petroleum jelly or aloe vera, very small amount to keep the skin soft and supple, is helpful.

Nail trimming: whenever the patient cuts their toe nails, advise to leave a little for the next time. That is, they are not to cut too close to the skin or too short. A straight cut is better. Ingrowing toe nails need extra care, make sure that you trim the inward growth of the corners also, if you have this problem. At the sign of slightest inflammation, they should report to you. Over treatment in diabetics, is better than under treatment.

Excessive sweating: in the shoes can harm the skin by making it soggy and prone to skin infection and intertrigo. Use of thick cotton socks, washing them daily, with use of a very small amount of talcum powder, usually helps. Mind you, too much of powder is also not good. Take powder on your palm and just touch it with the tips of your fingers, and pass your fingers in the web spaces of your toes.

Medications: apart from the regular anti glycaemic drugs, addition of a good multivitamin with 'neuro specific' drug like methylcobalamine, when started early, helps in delaying neuropathy.

Dr. T. Naresh Row

Patient's convenience and safety is our prime concern.