Managing CLI wounds – 7 min pearls for the interventionlist from a wound care specialist

GIACOMO CLERICI MD
- Diabetic Foot Surgeon -
Member of the Association of Diabetic Foot Surgeons aDFS
San Carlo Hospital Paderno D. – Milan - Italy
Disclosure

Speaker name:

....................GIACOMO CLERICI..................

I have the following potential conflicts of interest to report:

☒ Consulting (Bard, Abbott Vascular, Optima Molliter)
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
Diabetic Foot Care: Overview

- Goal should be ambulation and not salvage vs. amputation
- Team approach
- Stick to basics
  - Control infection
  - Optimize blood flow
  - Prepare wound bed
  - THINK ALWAYS BIOMECHANICS
Male
75 y
DM type 2 10 years
Hypertension
Cystectomy for bladder cancer
TcpO2 : 2 mmHg
REST PAIN !!!!
Infected wound in the web (III toe)
Swollen foot and leg
FIRST VISIT: OFF-LOADING and FOOT PROTECTION
FIRST VISIT: OFF-LOADING and FOOT PROTECTION
FIRST VISIT: IS THERE A “SUPERIOR” DRESSING?

IWGDF Guideline on interventions to enhance healing of foot ulcers in persons with diabetes

Part of the 2019 IWGDF Guidelines on the Prevention and Management of Diabetic Foot Disease
FIRST VISIT: BADAGES
INCORRECT BADAGES
Femoro-DP bypass in situ saphenous vein graft
Foot Surgical Plan

FUNCTIONAL LIMB: THINK BIOMECHANICS !!!
$TcPO2 = 48 \text{ mmHg}$
Adjunctive Therapies:

NPWT, mononuclear cells, topical or systemic hyperbaric oxygen therapy, shock waves therapy, etc.
Adjuctive Therapies: NPWT, mononuclear cells, topical or systemic hyperbaric oxygen therapy, shock waves therapy, etc.
Plane B: new surgical approach

REGULAR TMA

FUNCTIONAL LIMB: THINK BIOMECHANICS !!!
Foot Protection Always
6. To prevent a recurrent plantar foot ulcer in a at-risk patient with diabetes, prescribe therapeutic footwear that has a demonstrated plantar pressure relieving effect during walking (i.e. 30% relief compared to plantar pressure in standard of care therapeutic footwear) and encourage the patient to wear it.

(Strong; Moderate)
By reviewing 19 compatible studies on incidence rates for ulcer recurrence, we estimate that roughly 40% of patients have a recurrence within 1 year after ulcer healing, almost 60% within 3 years, and 65% within 5 years.
Table 1. The IWGDF Risk Stratification System and corresponding foot screening and examination frequency

<table>
<thead>
<tr>
<th>Category</th>
<th>Ulcer risk</th>
<th>Characteristics</th>
<th>Frequency*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Very low</td>
<td>No LOPS and No PAD</td>
<td>Once a year</td>
</tr>
<tr>
<td>1</td>
<td>Low</td>
<td>LOPS or PAD</td>
<td>Once every 6-12 months</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>LOPS + PAD or</td>
<td>Once every 3-6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOPS + foot deformity or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAD + foot deformity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>High</td>
<td>LOPS or PAD, and one or more of the following:</td>
<td>Once every 1-3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- history of a foot ulcer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- a lower-extremity amputation (minor or major)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- end-stage renal disease</td>
<td></td>
</tr>
</tbody>
</table>

Note: LOPS = Loss of protective sensation; PAD = peripheral artery disease. *: Screening frequency is based on expert opinion, since no evidence is available to support these intervals. When the screening interval is close to a regular diabetes follow up program, it should follow that program.
Thank You

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