



Diabetes, Your Feet and Wound Care *By John Tassone, DPM*

Chronic, slow and non-healing wounds are an increasing medical problem. Although these wounds can be associated with many disease states, wound development and delayed wound healing are very common in the diabetic population. Of the estimated 26 million people in the United States, 8% are diabetic and 25% of those individuals will develop a wound in their lifetime. In fact, two recent articles have shown that compared to breast cancer, colon cancer and leukemia, diabetic ulcers have a higher five-year mortality rate and are more expensive to treat. So, why do diabetics have such a difficult time with wounds?

Normal wound healing has four distinct phases: 1) hemostasis [stopping the bleeding] 2) inflammation [brings the blood to the area and along with it the “stuff” that promotes healing], 3) proliferation [laying down the foundation for skin and skin growth], and 4) remodeling [maturation and strengthening of the skin and scar

tissue]. Diabetics often get “stuck” in the inflammation phase. This prevents the wound from going to the critical proliferative phase and thus healing is stagnated. In the inflammatory phase, the wound will have some redness and swelling around it, which can mimic infection. The problem with this is that antibiotics may be prescribed in the mistake that the wound is infected. This can disturb the normal bacteria which is present on our skin, and helps protect us. It can also lead to antibiotic resistant “superbugs” that can be very difficult to treat.

Other contributing factors for diabetics that alter normal wound healing. Diabetics are prone to circulation issues. When blood flow is compromised, tissue, such as skin, dies. This also makes the diabetic prone to a diminished capacity to handle pressure on the skin. Pinched blood vessels that are already abnormal, will be further damaged with pressure. Thus, the old saying “it’s not only what you put on the wound that

matters, but it’s also what you take off the wound (i.e. pressure)”. Diabetics are also immunocompromised because of their condition. The immune cells that are responsible for healing and fighting infection are abnormal. Finally, the high blood glucose leads to what is called glycosylation. This means that the excess sugar molecules start binding to tissue, such as skin. This leads to decreased elasticity and weaker skin.

It’s no wonder, with all these inherent diabetic “flaws”, that wounds are an issue in the diabetic population. Thus, it’s vital that individuals with diabetes pay close attention to wound prevention and good wound care when wounds develop. Always protect your feet. Always wear shoes. Inspect your feet daily (including between your toes and if you can’t see the bottoms of your feet, use a mirror). When a wound develops, clean it with soap and water, use topical antibiotic (Polysporin for example) and cover. Self-care should only be utilized until you can see a medical professional.

Make a Resolution? You’re Not Alone!

Research shows that the best way to stick to your New Year’s resolution is to tell a friend – or tell many! Sharing goals can actually enhance your chance for success. The most common resolutions include enjoy life more, live a healthier lifestyle, lose weight, spend more time with family and friends and spend less/save more. Good luck!

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