

The Pressure of Diabetes *By John Tassone, DPM*

In 2012, United States statistics revealed that 25.8 million people are living with diabetes. Of these individuals, 25% will suffer a foot ulcer in their lifetime and 20% will require an amputation. In 2006, 65,700 amputations were performed on diabetic patients. Luckily, there are Wound Care Specialists who are working to reduce amputations by focusing on wound healing in diabetics.

Diabetic foot ulcers can quickly escalate to an infection that can spread to the bone. When this occurs, amputation is often the only option. A recent case study in the *New England Journal of Medicine* visually documented how a minor scratch developed into a flesh eating infection that exposed the muscles and bones of the entire foot within just 10 days. "Visual documentation" photos were taken on a cell phone by this diabetic patient who watched his foot get worse for 10 days before deciding to visit the emergency room!

The point is that diabetic foot wounds can worsen at an alarming rate. Adding to the problem is the lack of warning signs. Many individuals, diabetics and non-diabetics, pay little attention to their feet. Some cannot even reach their feet due to lack of flexibility or obesity. Diabetics typically lack the warning signs of pain due to neuropathy and inflammation (such as redness and warmth) that clue a person that something is wrong. This delays the medical attention they may need.

One of the most common reasons for foot ulcers is abnormal pressure. Since pressure is defined as force multiplied by the area; if you spread the same force out over a larger area, the pressure will be less. This concept is used in wound care to help reduce pressure and promote healing. Special padding (such as a "doughnut" shaped pad) and footwear can be used to spread the force out thus increasing the area of applied force and reducing pressure. Reduced pressure is vitally important to both preventing and healing a wound.

Another source of foot ulcers can be hidden in a callus. A callus develops as a result of friction or pressure. Skin cells adapt to abnormal force by modifying their activity and producing more of the dead outer layer for protection. If the callus builds up too much, it becomes its own abnormal force. Think of walking on a rock! Ulcers love to hide under a callus. A bad sign is when there is dried blood within the callus. This demonstrates that the force is causing small blood vessels to break and bleed into the callus. Keeping the callus from building up too much prevents this from happening. Gently removing the build up with a pumice stone is helpful but if done too aggressively can cause damage. For tough reoccurring calluses, it's a good idea to have the calluses reduced by a podiatrist and consider padding or shoe modification to reduce pressure.

Regular foot self exams and periodic podiatry visits are strongly encouraged for anyone with diabetes.

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Thunderbird Internal Medicine – Glendale
5620 W. Thunderbird Rd #C-1, #F-1 & #G-2
Glendale, Arizona 85306

Thunderbird Internal Medicine - Phoenix
9150 W. Indian School Rd #118
Phoenix, Arizona 85037