

## Editorial

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# Physicians, Patients and All Caretakers can Win Battle against Diabetes

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## Editorial

The statistics are staggering, but just about one in every ten Americans has diabetes, and a recent study published in the Journal of the American Medical Association found that nearly half of the U.S. population is now diabetic or pre-diabetic. People living with this disease will be the first to tell you just how much diabetes alters everyday life. Whether it be embarking upon a new diet or frequently checking blood glucose levels, managing diabetes is a full-time job with no chance of vacation. This November, we're in the midst of Diabetes Awareness Month - an important time for all of clinicians involved in the care of patients with diabetes to empathize with those friends and loved ones who live with diabetes. It's also a critical time for community members living with diabetes to better understand their disease and one of its more life-altering complications.

As wound care clinician, and reconstructive surgeon at the Center for Amputation Prevention, I treat one of the most common effects of diabetes: diabetic foot ulcers. Approximately 10 percent of diabetes patients will be diagnosed with a foot ulcer in their lifetime [1]. Of those patients, approximately 15 percent will end up needing an amputation [2]. In fact, these non-healing wounds now represent the leading cause of non-traumatic lower extremity amputation in the United States, according to the Amputee Coalition. As prevalent as they are, foot ulcers are also one of the most underreported aspects of diabetes. And this disturbing fact frequently leaves patients on verge of amputation, when preventative measures or pioneering wound healing therapies could have helped. One of the challenges of recognizing a foot ulcer is that people with diabetes often experience nerve damage, which numbs extremities to the sensations of pain. In other words, a person with diabetes may get a cut on the foot and not realize it.

There's another problem. Poor circulation, which is oftentimes a result of elevated blood glucose levels, can affect very small blood vessels that feed the skin. The lack of healthy blood flow may lead to poor skin repair, allowing the skin to break down and not heal properly, resulting in a sore. Put simply, a person with diabetes may be wounded unknowingly and their body may be unable to heal naturally. If this happens, the original wound can deteriorate and a DFU takes shape. Fortunately, there is good news; the majority of foot ulcers are preventable. And I advise my patients to follow a few easy steps in order to stay in the clear.

First, it's important to be an inspector. If you have diabetes, take a few minutes each day to briefly examine your feet for any cuts, blisters, red spots, swelling, or calluses. Holding a mirror up to the soles of your feet will make this easier. Second, clean your feet clean daily by washing with soap and warm water. Always keep your nails trimmed, wear the thick and comfortable socks as well as properly fitting shoes, and never ever go barefoot - even around the house. Remember, you may not feel sharp objects that can hurt your feet. If you discover a wound while performing daily inspections, you should contact a doctor immediately. Waiting is truly never worth the risk. A wound care specialist will go to work right away, attempting to initiate the body's natural healing process. This can include thoroughly cleaning the wound and removing dead or infected tissue in a process referred to as "cleansing and debridement." The most stubborn wounds, however, will need more advanced care.

If your wound fails to heal after several weeks using conventional methods, your doctor may apply an advanced, FDA-approved living cell therapy. These products are bioengineered from living cells and are designed to actively promote wound

healing and regenerate healthy tissue. It's a safe and truly revolutionary process that often serves as the last resort before amputation becomes reality. Step by step, we can win the battle against foot ulcers and diabetes on the whole. But to do so, it will take the united efforts of physicians, patients, and all caretakers. Let's start the process to raise awareness of this need for a multidisciplinary approach this Diabetes Awareness Month, and continue putting health education into action in the months and years ahead.

**Dr. Ryan Fitzgerald, DPM is podiatric surgeon who is board certified in reconstructive foot and ankle**

**surgery and who serves as the director of Greenville Health System's Center for Amputation Prevention.**

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