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Diabetic Complications and Amputation Prevention

People with diabetes are prone to many foot problems, often because of two complications of diabetes: nerve damage (neuropathy) and poor blood circulation. Neuropathy causes loss of feeling in your feet, taking away your ability to feel pain and discomfort, so you may not detect an injury or irritation. Poor circulation in your feet reduces your ability to heal, making it hard for even a tiny cut to resist infection. In diabetes, small foot problems can turn into serious complications.

Diabetes-Related Foot and Leg Problems

Infections and ulcers (sores) that don't heal. Because of poor circulation in the feet, cuts or blisters can easily turn into ulcers that become infected and won't heal. This is a common and serious complication of diabetes and can lead to a loss of your foot, your leg, or your life. An ulcer is a sore in the skin that may go all the way to the bone.

Corns and calluses. When neuropathy is present, you can't tell if your shoes are causing pressure and producing corns or calluses. Corns and calluses must be properly treated or they can develop into ulcers.

Dry, cracked skin. Poor circulation can make your skin dry. This may seem harmless, but dry skin can result in cracks that may become sores.

Nail disorders. Ingrown toenails (which curve into the skin on the sides of the nail) and fungal infections can go unnoticed because of loss of feeling. If they're not professionally treated, they can lead to ulcers.

Hammertoes and bunions. Motor neuropathy (nerve damage affecting muscles) can cause muscle weakness and loss of tone in the feet, resulting in hammertoes and bunions. If left untreated, these deformities can cause ulcers.

Charcot foot. This is a complex foot deformity. It develops as a result of loss of sensation and an undetected broken bone that leads to destruction of the soft tissue of the foot. Because of neuropathy, the pain of the fracture goes unnoticed and the patient continues to walk on the broken bone, making it worse. This disabling complication is so severe that amputation may become necessary.

Blocked artery in the calf. In diabetes, the blood vessels below the knee often become narrow and restrict blood flow. A severely blocked artery is a serious condition that may require intervention from a vascular surgeon. If vascular surgery fails and the wound does not heal, amputation may be necessary.

Our major goal is to prevent amputation. There are many new surgical techniques available to save feet and legs, including joint reconstruction and wound healing technologies. Getting regular foot checkups and seeking immediate help when you notice something can keep small problems from worsening. Dr. Offutt works together with other health care providers to prevent and treat complications from diabetes.

When is Amputation Necessary? The goals of treatment of diabetic foot problems are not only to save the life and limb, but also to get the patient healed and moving about as soon as possible. If vascular surgery cannot improve blood flow and podiatric surgery cannot restore function, amputation may be the only solution that gets the patient walking again. Amputation may involve one or two toes, part of the foot, or part of the leg. It is selected on the basis of the patient's condition and level of predicted healing. A return to normal life is especially possible today because of advances in prosthetics.

