

Diabetic foot ulcer

Definition of Diabetic Foot Ulcer: One of the most common diseases in today's society is diabetes, which causes numerous complications in vital organs of the body, including the heart, eyes, blood vessels, kidneys, and feet. Nerve damage (neuropathy) is one of the main complications of diabetes, which manifests itself in several ways, the most common of which is numbness, tingling, or numbness in the feet.

Of course, sometimes it appears as a loss of pain and temperature sensation and the sense of understanding the position of the foot. Numbness in the feet is followed by ulcers, which are the most important cause of hospitalization in diabetic patients. Although the complications related to foot ulcers are easy to control, lack of care and negligence in foot care will lead to serious and irreparable damage, including amputation.

Awareness among patients and their families about the prevention and care of diabetic feet and foot ulcers plays a very important and valuable role in avoiding foot ulcers and amputations in patients with diabetes.

Preoperative training:

- Explain to the patient what the doctor has said about the type of surgery and the reason for it.
- Tell the patient that a consent form signed by the patient and a first-degree relative is required for surgery and anesthesia.
- Instruct the patient to refrain from eating and drinking from midnight before surgery.
- Explain to the patient that if there is no prohibition, he should take a bath and remove excess hair the night before the operation.
- If he has an underlying disease and needs to take medication before the operation, teach the patient the time, amount, and method of taking the medication. And ask him to take the medication in your presence.

If antibiotics are prescribed before surgery, administer the medication.

-Send a blood sample to the patient for fasting blood sugar testing on the morning of surgery.

Postoperative care

-Place the patient in the supine position and elevate the patient's leg 30 to 45 degrees above the level of the heart to reduce edema and pain.

-Ask the patient to avoid manipulating the dressing and wound area.

-Advise the patient to avoid strenuous activity and follow a diabetic diet to help the wound heal.

-Tell the patient that they can walk or use walking aids if the doctor allows.

-Use antibiotics and painkillers as directed by the doctor to prevent infection and relieve the patient's pain.

Check the patient's blood sugar at the prescribed times according to the doctor's treatment protocol. If it is higher than normal, notify the doctor.

Home Care

General Information

- Provide written and verbal instructions to the patient and caregiver and provide them with the name and phone number of the doctor or nurse to call if they have any questions

-Review each of the explanations regarding the procedure and specific follow-up care with the patient.

-Talk to the patient about the specific type of diabetes he or she has and the causes and contributing factors.

-Remind the patient of the importance of strictly adhering to the prescribed treatment regimen, which includes diet, regular exercise, self-monitoring of blood sugar, and prescribed medications.

-Discuss with the patient the various blood and urine variables that should be monitored regularly. During testing, blood glucose should be less than 180 mg/dL and HbA1c should be less than 8%.

Wound and surgical site care

- Explain and demonstrate to the patient how to properly care for the wound and incision.
- The incision site should be kept clean and lubricated with the ointment prescribed by the physician.
- Explain to the patient the time and need for suture removal.
- Ask the patient to avoid applying pressure and sleeping on the surgical site.

Warning Signs

Warning: Explain to the patient that in case of abnormal discharge from the wound, infection, fever and bleeding, cold skin, pain, non-healing lesions, black tissue around the wound and high blood sugar (uncontrolled), he should immediately go to the medical center.

Special Education

- Explain the importance of home blood glucose monitoring to the patient and demonstrate how to do this.
- Tell the patient that a diabetic foot ulcer may take several weeks to heal, and that it will take longer if your blood sugar is high or if there is constant pressure on the ulcer.
- Discuss with the patient how often to test blood glucose levels and show them how to record their blood glucose levels daily.
- Discuss when to test, the technique, the range of blood sugar to be tested, how to read the test results, and what to do if there are any abnormal results.
- Discuss equipment cleaning and quality control measures (expiration dates of strips and equipment calibration) with the patient.
- Instruct the patient to wash their feet daily, if permitted by the physician. Dry the feet and keep them soft and moisturized using an ointment prescribed by the physician.
- Tell the patient to keep their toenails short, but not too short.
- Instruct the patient to change their socks regularly and to see a specialist if they develop corns or calluses.

- Ask the patient to wear appropriate shoes.

Medications

Explain the purpose, amount, timing, and method of administration of each prescribed medication, and any side effects that should be reported to the doctor and nurse.

Activity

- Encourage the patient to talk about their abilities and limitations with regard to their job, hobbies, and activities.
- Explain to the patient the importance of planning for rest, avoiding excessive exercise and strenuous activity, and engaging in appropriate exercise and regular activity as directed by the physician.

Explain to the patient steps to improve sleep patterns such as avoiding stimuli before bedtime (diet, activities), not napping during the day, and establishing a regular sleep pattern.

Diet

- Explain the need for a diabetic diet to improve the patient's condition and control blood sugar.
- Refer to a nutrition counselor and review the prescribed diet

Educate the patient about ways to adjust and modify the diet when faced with a change in activity (for example, more calories may be needed for prolonged or intense activity to prevent hypoglycemia).

Alternative Therapies

- Since some complementary and alternative therapies may be harmful or may interfere with prescribed drug treatments, it is important to discuss these treatments with a doctor or nurse.

Inform the patient that certain treatments (for example, acupuncture or biofeedback for neuropathic pain and yoga and meditation for stress and anxiety) may be recommended to improve some symptoms.

Psychosocial Care

- Encourage the patient to express fears and concerns about the emotional and physical effects of long-term treatment.

Follow-up Care and Referrals

Emphasize the importance of regular and follow-up visits with the doctor and laboratory tests, and make sure the patient has the names and numbers of emergency contacts.

- Encourage the patient to participate in and provide information about local diabetes support groups.