



Caring for Diabetic Ulcers

Guide to Diabetic Wound Care

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When it comes to preventative wound care, taking the necessary precautions to avoid all types of visible ulcers is crucial. There are essentially three main types of ulcers that can accumulate in a variety of ways, which is why being aware of what causes each one will help eliminate your risk of ulcer development. Here is a general guideline that looks at what causes each type, how they can progress and preventative measures you can take to ensure your body stays ulcer-free.

Diabetic Foot Ulcers

Those who are living with diabetes should be aware of the fatal symptoms that can result from **diabetic foot ulcers**. These open sores are the most common injuries to the feet and may eventually lead to **amputation**. **Diabetic foot ulcers** can be caused by a number of elements that all have to do with poor health monitoring. If you are ever experiencing symptoms of poor circulation to your lower limbs, numbness or nerve damage, your risk of developing a diabetic foot ulcer will increase tenfold. Neuropathy is another severe indicator of this sore, and occurs when an individual suffers reduced or complete lack of ability to feel pain in their feet due to nerve damage brought on through elevated blood glucose levels.

Prevention of diabetic foot ulcers comes down to always exhibiting proper and thorough foot hygiene. This means checking your feet on a daily basis for signs of dead tissue, skin breaks and nail disorders. Cleaning your feet as often as possible is also highly recommended, whether it be with water, soap or various topical moisturizers. Make sure that your feet are entirely comfortable and not too much pressure is being applied and avoid walking barefoot at all times.

Venous Ulcers

When veins in your leg stop returning blood back to the heart as they are supposed to, venous insufficiency takes place, prompting progression of venous ulcers. They typically grow on the sides of the lower leg region, above the ankle and below the calf. While inefficient blood flow through the legs is the most common factor, the following symptoms can also result in the formation of venous ulcers:

- Previous cases of leg ulcers
- Obesity
- Lack of physical activity
- Smoking tobacco
- Extensive periods of standing over time

There are three main precautions you can take to reduce the likelihood of venous ulcer expansion. The first is simply receiving plenty of weekly exercise and trying to lose weight. Implementing specific exercises designed to increase calf muscle pump function have proven to be extremely beneficial when it comes to prevention of venous ulcers. Compression stockings are also advised, due to their ability to softly squeeze your legs with just enough pressure to stimulate sufficient blood flow in your legs.

Pressure Ulcers

Sometimes referred to as bedsores, pressure ulcers tend to form when muscles or soft tissue are frequently exposed to firm surfaces. Pressure ulcers are generally discovered in those who are immobile or bedridden, because too much force afflicted upon a specific area will cease blood flow to other areas of the body, causing skin tissue in that region to eventually die and form a pressure ulcer. While it is difficult to stay active or try to balance stress evenly throughout your body, there are still general tips those who are immobile can take into action to help cease pressure ulcer activity.

As with diabetic foot ulcers, frequent inspections of your skin critical for halting bedsores, as well as gently cleansing your skin without scrubbing too hard. If you are in a wheelchair, make absolutely sure it fits comfortably and is not too constricting on your body. Those bound to a bed should try to distribute weight evenly throughout the day, and try to shift the force placed upon certain body regions as comparable as possible.



One of the most pressing issues for people with diabetes is the heightened risk of diabetic foot ulcers. According to the *American College of Hyperbaric Medicine*, some 11 million Americans are afflicted by this metabolic condition. Of those, an estimate one-fourth experience foot problems. An astounding 1 in 15 go on to have a limb amputated.

With that in mind, it is of great important that people with diabetes pay special attention to their feet. Talk with your clinician about implementing some of these diabetic foot care tips into your daily routine:

1. Inspect Your Feet Daily

Nerve damage caused by diabetes, referred to as diabetic neuropathy, can cause numbness that makes it difficult to feel when you have a lesion on your lower extremities. As such, you should check your feet daily for signs of diabetic foot ulcers. Look out for cracked skin, sores and discoloration, and use a hand mirror to see the bottom of your feet and between your toes if you are having trouble inspecting these hard-to-reach spots.

2. Protect Your Feet

Avoid going barefoot, even indoors. Wearing shoes inside your own home can defend your feet against nicks, cuts, splinters and scratches. These injuries may seem small, but if left unnoticed and neglected due to neuropathy, they can develop into more severe issues, such as a major infection that requires **amputation**.

3. Keep Your Feet Dry

The space between your toes receives less ventilation and is more prone to bacteria and moisture. This is a dangerous combination, according to Portland, Oregon, podiatrist Dr. Steven Tillet as told to *Everyday Health*.

“The space between the toes is very airtight,” says Tillet. “Skin gets moist and breaks down, leading to infection.”

To help prevent such **wound infection**, towel off your feet thoroughly after showering or bathing. You might also use talcum powder between your toes. Additionally, always remove wet or sweaty socks and shoes right away.

4. Engage in Non-Impact Exercise

Maintaining a physically active lifestyle is essential for managing diabetes and keeping blood-sugar levels under control. However, it is also important to think about how high-impact exercise can be harmful to your feet. You may want to avoid workouts that include a lot of jumping and leaping, as these may worsen nerve damage and increase the risk of injury to the feet, according to the *American Diabetes Association*. Fortunately, there are many low-impact exercises to choose from, such as walking, tai chi and yoga.

5. Ask Your Clinician About Orthotics

In some cases, basic foot care may not be enough to defend against **diabetic foot ulcers**. You may need specialized shoes. Orthotic footwear is often prescribed to people who show signs of peripheral neuropathy, according to the *American Orthopaedic Foot & Ankle Society*, as they offer additional protection and can increase blood flow to the extremities. Talk with your clinician to determine if orthotics are the right option for you.



People who have been diagnosed with diabetes are well aware that their bodies may not recover from wounds as efficiently as those without the metabolic condition. For that reason, clinicians heavily stress the importance of diabetic wound care. Maintaining healthy blood sugar levels, staying aware of the condition of the feet and properly caring for lesions and abrasions on the feet are all essential to avoiding infections that could lead to gangrene and, in severe cases, amputation. While many know that blood sugar plays a big role in wound recovery, the precise reason why may still remain a mystery. Learn more about how glucose affects the body and, when too high, can inhibit the healing process.

How Does Blood Glucose Affect Healing?

When a person has high glucose levels, they may experience difficulty healing from wounds. That is because an increased amount of sugar in the blood causes the cell walls to become stiff and rigid, impairing the flow of blood throughout the small vessels located at the surface of the wound. This, in effect, impedes the flow and permeability of red blood cells, which are required for the development of dermal tissue, according to a study conducted at the University of British Columbia.

Another way that high glucose levels affect the wound healing process is by impairing the hemoglobin release of oxygen. By doing so, it effectively starves the affected area of oxygen and nutrients that promote healing.

The Importance of Balancing Blood Sugar

Diabetes patients may understand how unbalanced blood sugar can affect the body's ability to recover from a wound. However, many do not comprehend the severity of the situation. As the journal *Ostomy Wound Management* reported, vascular complications such as the failure of wounds to properly heal are a major cause of the significant increase in morbidity and mortality rates among people with diabetes.

Following a healthy diet plan prescribed by a clinician and keeping blood sugar levels in check is necessary to keeping the vessels supple and flexible. This promotes the flow of blood to the wound site and supports the wound healing process. It is also important to be particularly mindful of one's extremities, which are at a higher risk of amputation among people with this metabolic condition. Diabetics who experience cuts, blisters or other abrasions on the feet should see a clinician immediately to determine a diabetic wound care plan.



Maintaining a well-balanced diet is essential for everyone, but for diabetics it can mean the difference between waking up at home or in a hospital bed. Knowing what foods to avoid and separating fact from fiction when it comes to eating properly will not only alleviate symptoms, but it can also assist in **diabetic wound care**. Here are a few guidelines for the more than 25 million diabetics in America to consider when it comes to effective dieting:

The Importance of Weight Loss

There are plenty of myths when it comes to pinpointing what diabetics can and cannot consume, but one thing is for certain: Weight management is crucial when it comes to eliminating health risks. Belly fat is attributed as the worst type of weight gain for individuals with diabetes, because tissue can accumulate and surround abdominal organs, such as the liver. This can have a negative impact on insulin resistance in the body, which allows glucose to build up. If you are a woman with a waist circumference of 35 inches or more or a man with 40 inches or more, you could automatically be at a greater risk for diabetes development.

Which Sugars to Avoid

The relationship between sugar and diabetes is one that is filled with more speculation than confirmation. There has never been scientific proof that correlates eating sugar as a direct link to Type 1 diabetes, and while consuming sugary drinks has been associated with Type 2 diabetes growth, its consuming high calorie quantities and being overweight that is more of an issue for the disease.

The *American Diabetes Association* reports that eating sugary items in moderation is not severe to a diabetic's health, and will still allow those who are diagnosed to keep their blood glucose levels in check. Consuming around 45-60 grams of sugar per meal is common, and if a diabetic wants to have a box of cookies with their lunch, it is recommended to cut out another carb-containing food in your meal, such as bread or potatoes.

Fiber Is Key

Making sure you are getting the most out of your carbohydrates is critical when it comes to maintaining healthy blood sugar levels. Foods high in fiber are the best way to utilize carbohydrates, more so than

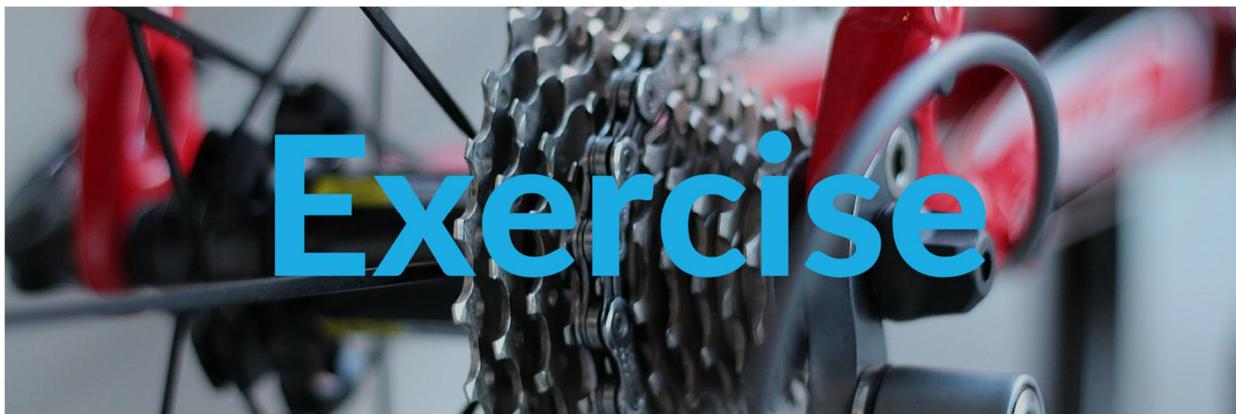
proteins and fats because of fiber's ability to slowly release the carbs, which can help the body avoid producing too much insulin. Here are a few great sources of fiber:

- Brown or wild rice
- Whole wheat or whole grain bread
- Sweet potatoes or yams
- Steel-cut oats
- Spinach or other leafy greens

Lifestyle Factors

According to the *Obesity Society*, 90 percent of people diagnosed with Type 2 diabetes are considered overweight. Both diabetes and obesity are generally the result of poor dieting as well as a lack of exercise. The less you exercise and eat nutritiously, the greater the likelihood of insulin complications, which can ultimately lead to **amputation**. Exercising 30 minutes for five days a week is all it takes to potentially improve insulin sensitivity and work off unwanted fat.

Monitoring how you eat can also be just as important as what you eat when it comes to relieving diabetes symptoms. Maintaining an eating schedule may help keep your blood sugar levels in check. Implementing actions such as never skipping breakfast, keeping your calorie intake approximately the same during every meal and avoiding larger portions are all ideal ways to reduce side effects of diabetes.



Keeping your blood sugar levels monitored and maintained is essential to avoiding further complications related to Type 2 diabetes, from cardiovascular disease to **diabetic foot ulcers**. Eating right and checking your glucose levels regularly are both important, but another necessary factor that often goes neglected is exercise.

Brisk physical activity on a regular basis can help balance your blood sugar, reverse diabetes and, according to the journal *Contemporary Reviews in Cardiovascular Medicine*, reduce venous stasis that can lead to dysfunction in the feet. Even for people without diabetes, starting a workout routine can be daunting, but these tips may help with the transition:

1. Start Slow

If you are nervous about beginning a workout routine, ease yourself into the regimen slowly and steadily. You might, for instance, begin on the first day with some light stretching, then pushing your stretches a little further each day to enhance flexibility and get your blood flowing. Increase the briskness of your activities as time passes.

2. Try Quick Workouts

Rather than dedicating yourself to, say, a straight 30 minutes of exercise every day, break your exercise up into smaller parts. You might exercise for 10 minutes in the morning, 10 in the afternoon and then 10 in the early evening. As Dr. George Griffing, endocrinology professor at the Saint Louis University School of Medicine, told *Health* magazine, the most important thing is to get active.

“We need people with diabetes up and moving,” Griffing said. “If you can do your exercise in one 30 minute stretch, fine. But if not, break it up into increments you can manage that add up to at least 30 minutes each day.”

3. Build Balance

Aerobics and weight loss are not the only factors of exercise. You can use your daily routine to help strengthen your core and build balance, which will in turn help you avoid trips and spills that can lead to injuries, such as broken bones and non-healing wounds. Among the many types of balance-strengthening activities are walking sideways and backwards, standing on one leg and doing squats (or partial squats). Practices such as yoga and tai chi also place great emphasis on balance.

4. Join a Class

You might initially feel more comfortable exercising from the privacy of your own home, but try getting out and meeting new people with a shared interest in getting healthy. Join a swim class at your local community center, sign up for tai chi at a nearby studio or take a shot at an activity you have wanted to try your whole life. There are even yoga and other exercise classes dedicated specifically to people with diabetes, or you might invite some friends to join you in a daily jog around the park for something more low-key.

5. Make It Fun

For many people, traditional workouts are monotonous - going to the gym and doing repetitions can be repetitive. Add excitement to your regimen by doing something new, whether it is salsa dance lessons or learning synchronized swimming. You can also turn exercise into a friendly competition - challenge your friends to a game in which everyone wears a pedometer throughout the day. Compare the results each evening to see who exercised the most. Apps for logging and comparing steps per day are available online.

Note that some people may not be able to engage in certain activities. For instance, swimming may not be advised for people with healing wounds. With that, it is important to talk with your clinician to develop an exercise plan that is right for you.



Neuropathy

Taking care of your feet is crucial when you have diabetes. Neglect can lead to serious complications, such as diabetic foot ulcers that, if they become gangrenous or infected, may require amputation. One of the most common issues caused by diabetes is neuropathy, nerve damage that can be harmful to all parts of the body, particularly the extremities. Learn more about neuropathy and ways to avoid nerve damage:

What Is Neuropathy?

Diabetic neuropathy is a nerve disorder caused by the metabolic condition. According to the *American Diabetes Association*, about 50 percent of all diabetics suffer from neuropathy. Those who have diabetes longer are at higher risk of developing this nerve damage. As the *National Institutes of Health* notes, people who have had diabetes for at least 25 years are more likely to experience neuropathy. Additionally, patients who have difficulty keeping their blood-sugar levels under control tend to be more likely to develop this form of nerve damage.

It is known that neuropathy is the effect of prolonged exposure to high levels of sugar in the blood. However, as the *NIH* reports, the exact cause for this complication is not yet entirely understood by the medical community. Many experts believe it is caused by a combination of factors:

- Abnormal fat levels, and potentially low levels of insulin, linked to diabetes
- Neurovascular damage causing reduced nutrient and oxygen flow through the blood vessels
- Inflammation in the nerves caused by autoimmune factors
- Smoking, alcohol consumption and other lifestyle habits linked to diabetes
- Genetic traits that increase the risk of neuropathy

Symptoms of Nerve Damage

A patient's specific experience with this complication relies largely on which nerves are damaged. Some people may experience any symptoms of neuropathy, while others may feel tingling, numbness and pain in the feet as well as in the legs, arms and hands. This loss of sensation puts people at higher risk of developing diabetic foot ulcers, as one is less likely to notice if the appendage becomes ulcerated.

Neuropathy can also affect the internal organs, leading to issues with respiration, digestion and other functions. With that in mind, additional symptoms may include:

- Deterioration of the muscles in the hands and feet
- Constipation or diarrhea
- Nausea, vomiting and indigestion
- Faintness or dizziness after standing up caused by a sudden decrease in blood pressure
- Urinary issues
- Numbness in the genitals and erectile dysfunction

Avoiding Nerve Damage with Diabetes

While neuropathy can lead to a wide array of health concerns, there are steps diabetics can take to avoid nerve damage. As the *ADA* emphasizes, the best way to prevent and delay neuropathy is to maintain healthy blood-sugar levels on a consistent basis. That means using a blood-glucose meter, sticking to a diet outlined by your clinician and exercising regularly. Additionally, you should be aware of the symptoms and stay on the lookout for signs of tingling or numbness in the extremities.

Paying special attention to the feet is also important. As the *ADA* suggests, diabetics should check their feet every day to look for foot injuries, as nerve damage can make it difficult to notice if a diabetic foot ulcer has developed. It is wise to use a mirror to inspect parts of the feet not easily visible, such as the soles and between the toes. The help of a family member or caretaker can also be useful if you are having trouble checking your feet on your own.



There is a surprisingly high prevalence of diabetic foot ulcers in the U.S. According to the American College of Hyperbaric Medicine, the most common site of infection for people with this metabolic condition is the foot, and ulcers on the lower extremities are the top cause of hospital admissions among this population. As the ACHM reports, about one-quarter of diabetics in America will develop a **diabetic foot ulcer**, costing more than \$15 billion in health care costs.

The consequences of these wounds can be devastating, leading to amputation and in severe cases of untreated ulcers, even death. One of the simplest things someone can do to reduce the risk of a wound on the foot is to wear the right shoes. Consider these suggestions for selecting the best shoes and avoiding ulcers with daily wear:

Tips for Proper Footwear Compliance

Buy the Right Shoes

According to the *National Institutes of Health*, it is especially important for people with diabetes to protect their feet from injury by selecting shoes that are snug fitting but not too tight. Do not buy shoes with the intention of stretching them out with wear. Even if you do not feel pressure or tightness, they may be causing blisters or sores that can become infected if left untreated.

Break Them in Slowly

The *NIH* suggests wearing new shoes for one to two hours per day for the first couple weeks after you purchase them. This allows you to break them in slowly and steadily in order to reduce the risk of developing a diabetic foot ulcer.

Change Shoes Often

Even if your shoes are broken in, the safest precaution for reducing the risk of a wound is to switch to another pair after five hours of wear, according to the *NIH*.

Check Inside

It is important to inspect the insides of your shoes before putting them on. Ensure that there are no sharp objects, gravel, pebbles or other loose particles that could rub against the skin and cause a cut or abrasion.

Watch Out for Pressure Points

Avoid shoes that create pressure points and can, in effect, lead to ulcers on the feet. Flip-flops and sandals are known culprits of this, and stockings with inseams can also irritate pressure points.

Mind Your Socks

You should always wear socks that are clean and dry in order to deter the growth of bacteria in your shoes that can lead to fungal infection. Additionally, do not wear socks with holes or tears in them, as this can cause friction between the foot and the inside of the shoe.

Consider Diabetic Shoes and Socks

In some cases, your clinician may determine that you require specially prescribed medical shoes. Orthopedic shoes or inserts can improve blood flow to the feet, enhancing nerve response so that you may be more aware when a diabetic foot ulcer has developed. He or she may also suggest that you wear special diabetic stockings, which provide extra padding and improve the flow of blood through the lower extremities while still being breathable in order to reduce moisture in the shoes.

Talk to Your Clinician

If you notice a blister or sore or find yourself experiencing numbness in the feet, see a clinician to determine the solution that's right for you. If you have developed a diabetic foot ulcer, temporary, specialty footwear may be required to support the wound healing process. He or she may also implement other precautions to help save you from the devastating ordeal of amputation.



When someone experiences a diabetic foot ulcer, healing times can be dragged out due to a variety of factors. People with this metabolic condition tend to experience decreased blood flow to the lower extremities, which can lead to a greater risk of infection. Additionally, it can mean a lack of sensation in the feet, making it difficult to recognize when an infection or other complication arises. Another major factor is the weight that one puts on his or her foot - too much pressure can have a negative effect on recovery and slow the healing stages. That is where offloading becomes critical.

What Is Offloading?

Offloading is a precaution in wound care that required you to keep all weight off the extremity that has the ulcer. A clinician may suggest that you offload, which means you should not walk or in any other way bear weight on the affected limb. This measure is necessary because when you walk, it puts a great amount of weight on your feet and ankles. The amount of pressure generated can inhibit blood flow and, in effect, hinder the development of new blood vessels as well as tissue. As such, not offloading can slow healing and leave time for more complications, such as wound infections, to arise.

What Do the Guidelines Say?

The guidelines, which were published in the December 2014 issue of the *Journal of the American Podiatric Association*, presents a statement of consensus that supports the use of offloading to manage diabetic foot ulcers. The guidance was written by a panel of nine surgeons, podiatrists and other diabetic foot care experts. To develop this consensus, these experts reviewed data from the U.S. National Library of Medicine's PubMed database, and used the Grading of Recommendations Assessment, Development, and Evaluation system to make recommendations based on the evidence provided.

The review prompted these professionals to emphasize the use of offloading, which is imperative to wound healing but tends to go underemphasized in clinical settings, as the report's co-author Dr. Robert Snyder told *Medscape Medical News*.

"Predominantly, diabetic foot ulcers occur on the bottom of the foot, under the metatarsal head or in the heel," Snyder said. "It's very, very important that those areas be offloaded. Unfortunately, there are large numbers of physicians, both generalists and specialists, who don't really offload to the extent that they should, or in fact, in some cases don't offload or take pressure off these wounds at all."

How Do I Offload?

There are several methods for offloading. The simplest way is through bedrest; however, this is not always a plausible option. Additionally, the lack of physical activity may actually be bad for one's health, particularly for someone with diabetes. Another common option is a specialized offloading shoe that allows you to stand periodically, aiding in stability and balance, but it is not designed for walking. A clinician may prescribe you a walker, crutches or a wheelchair if you must be mobile.

The method suggested by the guidelines to be the most effective is contact casting. This involves the use of a non-removable total contact cast, generally made from plaster, to complement the healing qualities of wound dressings. It is typically not prescribed for people with infections, as it decreases accessibility to the affected area; however, its effectiveness has been widely proven in improving healing among people with diabetes. Talk with your clinician to determine if a total contact cast is the right offloading option for you.

Compression

The medical community has long been developing new ways to help people with diabetes care for their feet and prevent diabetic foot ulcers. People with this metabolic condition often experience a loss of feeling below the knees due to poor circulation, and this can make it difficult to recognize when they have experienced a cut, sore or other type of wound. In such cases, the wound can go uncared for, become infected and eventually develop gangrene, which may require amputation to stop the necrosis from spreading to other parts of the body. One tool for caring for the lower extremities and potentially preventing infection is the compression stocking.

What Is a Compression Stocking?

Also called a support stocking, a compression stocking is designed to promote circulation in the lower extremities by compressing the legs. The piece of hosiery fits very snugly, and the gentle squeezing effect pushes blood up the legs, helping to prevent swelling. It may even reduce the risk of blood clots, which can be deadly. These products come in a plethora of different varieties. For example, you can purchase different color stocking and various lengths (from knee-high to thigh-high) to meet your specific preferences and medical needs. They are also available in different pressures, whether you need light or strong.

When Do You Need a Compression Stocking?

According to the *National Institutes of Health*, clinicians often prescribe compression stockings to diabetics as well as people who have spider or varicose veins. They may also be beneficial to people who have just undergone surgical procedures and may be at a higher risk of wound infection.

How to Use a Compression Stocking

Compression stockings can be slid onto your feet much like regular socks. People who have trouble getting on their stocking can use a stocking butler, a device that holds the piece of hosiery in place at floor level so you can slide your foot into it and pull it up without having to bend over. However, these are generally only intended for open-toe stockings.

Follow these steps, provided by the *NIH*, when putting on your compression stockings without the aid of a butler:

- Put them on when you get out of bed in the morning, when your legs are at their least swollen.

- Hold the piece of hosiery at the top and roll it downwards toward the heel.
- Place your foot into the stocking as far as you can, making sure the heel of your foot is nestled in the heel of the stocking.
- Pull the hosiery upward, unrolling it as you go.
- After it is in place, use your hands to smooth out any bunches or wrinkles.
- Knee-length stocking should stop at about two fingers' length below the bend of the knee.

If you are having trouble putting on your compression stocking, you may want to use a small amount of baby powder to help - drier conditions are best for putting on these products and can also help reduce the risk of diabetic foot ulcers. You might also wear rubber gloves if you are having issues getting a good grip on the material. These stockings should be worn all day long, applying a definite yet gentle pressure around the legs. The most pressure will be felt around the ankles, decreasing up the extremity. If the stocking does not provide this effect, it may not be the right fit for you.

How Do You Care for Compression Stockings?

As the *NIH* advises, you should wash these pieces of hosiery every day using water and mild soap. Rinse them thoroughly and allow them to air dry. Additionally, you may want to have at least two pairs of compression stockings. That way, you can wear a clean pair each day as the other is drying and has time to conform to its original shape and tension. Be sure to replace your stockings every three to six months.

Treatment

In 2012, more than 9.3% of the U.S. population, or 29.1 million people, had diabetes according to the American Diabetes Association. This represents more than a 12% increase from the 25.8 million Americans reported to have the disease in 2010. Unfortunately, an estimated 15% of these people will also develop a diabetic foot ulcer. As a result, they have a higher risk of tissue damage due to weakened health as the disease progresses. Diabetic wound care requires a comprehensive approach that includes strategies for reducing infection risks and managing pain, which requires knowledge of the dressings used to treat diabetic ulcers.

Diabetic Foot Ulcerations

Diabetic foot ulcers have the potential to have a serious impact on a patient's overall health and present a costly health issue. These neuropathic ulcers occur due to corns and calluses, foot and toe deformities, and repetitive stress. An arterial ulcer is caused by diseased arteries, which leads to poor blood flow to the tissue and has little or no drainage, making them very difficult to heal.

Of the diabetic patients that experience diabetic foot ulcers, 50%, or 2 million individuals, suffer from an infection. Consequently, wound management plays a critical role in minimizing the impact of these ulcers.

Importance of Diabetic Wound Care

Diabetic foot ulcers can be complex wounds that have far-ranging effects on a patient's quality of life. In contrast to other chronic wounds, the development and progression of diabetic foot ulcers can be further complicated by a variety of changes stemming from a diabetes diagnosis. Individuals who develop the condition have a greater risk of diabetic neuropathy, heart attack, fatal stroke, and premature death.

Therefore, these patients require regular evaluations and a thorough wound care strategy. Advanced wound care dressings used to treat diabetic foot ulcers help heal these wounds and represent one of the most critical components of every patient's treatment plan.

Selecting Dressings Used to Treat Diabetic Foot Ulcers

Dressings used to treat diabetic foot ulcers serve multiple purposes in order to protect wounds and ease painful symptoms. They also create a suitable, moist environment, which inhibits cells from dying

and promotes cell migration for healing. But, no single dressing satisfies the need of a patient with an infected foot ulcer; each type has specific attributes and should be chosen to meet specific needs based on the characteristics of the wound.

Simple gauze can actually irritate or damage the skin in advanced wounds. Alginate and foam dressings can be used to provide the high absorbency qualities required for moderate to heavy exudate. Other dressings used to treat diabetic ulcers include hydrogels, which can be effective for managing ulcers that hold dying tissue, and dressings that contain collagen and silver.

In any case, the absorptive ability of the dressing must correspond with the amount of wound drainage to reduce maceration of the surrounding skin. The purpose of wound care dressings is to assist the wound healing process and prevent the proliferation of bacteria that can harm the formation of healthy tissue

Successful treatment of diabetic foot ulcers requires optimal wound care. Contact Advance Tissue to learn more about dressings used to treat diabetic ulcers at **1-877-811-6080** to see how our products can assist you with your wound care needs.

Be sure to consult a clinician before making any significant changes to your wound care regimen. If you have any questions about your overall health, always ask your physician first for guidance.