

MDS Alert

WOUND CARE: Put Your Best Effort Forward in Diabetic Ulcer Identification and Prevention

Get the upper hand with these difficult wounds.

Recognizing and preventing diabetic ulcers can be a challenge, but one that you can master with a few key pointers.

For one, realize that simply saying a wound is a diabetic ulcer doesn't give you enough information, explains **Dorothy Doughty, MN, RN, CWOCN, FAAN**, a wound care expert at Emory University. "You need to know if it's a neuropathic ulcer, an ischemic ulcer -- or a combination," she says.

When the shoe doesn't fit: About 60 percent of diabetic ulcers are caused primarily by sensory neuropathy where the person doesn't feel repetitive trauma caused by his shoes, notes Doughty.

Patients can also "have autonomic neuropathy that makes their feet dry and cracked," creating an opening in the skin, Doughty adds. Or the person may scratch his foot, causing a small wound. Motor neuropathy can also occur, causing damage to the nerves that control the muscles affecting foot contour, she says. As a result, the person develops "'hammer toes' that tend to rub against the shoe more."

Ischemic ulcers alone comprise about 20 percent of ulcers in people with diabetes mellitus, Doughty says. "Location is a huge indicator in telling the difference," she notes. Look for a neuropathic diabetic ulcer on the bottom of the foot or its periphery -- "or somewhere where the foot is typically in contact with the shoe." By contrast, an ischemic ulcer will appear on the distal toes or distal foot, adds Doughty. Or the person may have injured his foot and the wound became bigger and bigger because the wound didn't get enough blood flow to heal or fight infection. "You can also have a wound that started out due to neuropathy and ended up as a non-healing wound due to ischemia."

Evaluating a diabetic ulcer requires a couple of steps.

First, obtain an X-ray of the patient's foot to see if the ulcer is close to the bone and could be osteomyelitis, says **Michael Miller, DO**, a wound care expert in Linton, Ind. An ultrasound can identify arterial insufficiency.

Prevention is also key. "If a diabetic has a foot callous(es), send her to a podiatrist for a good foot exam," advises **Evonne Fillinger, RN, BSN, WCC, RAC-CT**, a consultant with Boyer & Associates in Brookfield, Wis. "People with diabetes should have a foot exam frequently, and be seen regularly by a physician," she adds. "Inspect the person's feet daily, and make sure the person has excellent fitting shoes and wears cotton socks, as synthetic materials tend to hold the moisture in and make the person more prone to fungal infections of the feet."