




## Diabetic Ulcers

### General Definition

**Diabetic (Neuropathic) Ulcers** are caused by loss of sensation and feeling in the lower extremities. This often leads to injuries which may go untreated for long periods of time. Note: diabetic neuropathy may co-exist with arterial insufficiency. Assess the vascular status carefully in these wounds.



-  **Standard Treatment Protocols**
-  **Dressings and Infection Control**
-  **Prevention**

There are several causes for lower extremity ulcers. In order to provide proper treatment for the patient, it is important to determine the exact cause of the wounds involved. Incorrect diagnosis could lead to incorrect treatment which may ultimately harm the patient.

### Dressing Applications:

- ▶ [Treatment Application Guidelines - Diabetic Ulcers](#)
- ▶ [Diabetic Ulcer Characteristics](#)

**NOTE:** The procedures listed above are guidelines. They are not meant to replace any existing protocols or institutional policies. The dressings used on these pages may not be covered under current Medicare reimbursement guidelines. Contact your local Sales Representative for more information



## ***Diabetic Ulcers***

### **Standard Treatment Protocols:**

Address control of blood sugars

- Pressure relief
- Orthopedic footwear
- Bed rest or contact casting for ulcers on the soles of the feet
- Aggressive treatment of any infection
- Topical therapy:
  - Absorb exudate and keep the wound bed moist
  - CAUTION: Take extra care when using occlusive dressings
- Do not soak feet

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## ***Diabetic Ulcers***

### **Dressings & Infection Control**

#### **Infection Control**

Infection is common with diabetic ulcers. Aggressive treatment is recommended based on the signs of infection.

#### **Dressings**

The principles of moist wound healing apply to the treatment of lower extremity ulcers. Dressings are used to control exudate and maintain a moist wound healing environment. Exercise caution when using occlusive dressings (such as hydrocolloids).

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## ***Diabetic Ulcers***

### **Prevention:**

- Stop smoking
- Maintain or attain ideal body weight
- Control glucose levels
- Avoid crossing of the legs
- Wear well-fitting shoes (leather is best)
- Do not go barefoot
- Keep the feet clean and dry
- Avoid caffeine
- Inspect the feet daily, especially between the toes
- Seek professional care if unable to trim toenails, or if corns/callouses develop
- Control Sugar levels
- Comply with medications
- Avoid exposure to cold, friction, moisture between toes
- Routine professional foot care for toenails, corns, and callouses
- Reduce heel and bony prominence pressure
- Avoid use of external heat (heat pad, hot water bottle, hydrotherapy)
- Wear clean socks
- Moisturize skin
- Avoid over-the-counter medications for corns and callouses
- Refer for orthotic footwear if altered gait or ortopedic deformity

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## ***Diabetic Ulcers***

### **Treatment Application Guidelines - Diabetic Ulcers**

1. Choose the appropriate size Calcium Alginate Dressing, such as Kendall's CURASORB dressing.
2. After the wound has been cleansed and debrided and you have opened the wound dressing package or packages, reglove.
3. Fluff the dressing slightly and loosely layer it into the wound. Tuck the dressing into undermining or tunneled areas of the wound, Do not over pack.
4. Secure the CURASORB Calcium Alginate Dressing with an appropriate secondary dressing such as KERLIX Bandage Roll or TENDERFIX Cloth Tape.
5. This dressing should be changed daily.

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## ***Diabetic Ulcers***

### **Diabetic Ulcer Characteristics**

- Normal skin tones
- Trophic skin changes, fissures, callouses
- Variable depth
- Well defined wound margins
- Variable amounts of exudate
- Edema present
- Warm skin temperature
- Granulation tissue frequently present
- Frequent infection
- Necrotic tissue present at times
- Reflexes usually diminished
- Altered gait
- Orthopedic deformities common
- Diminished sensitivity to touch
- Peripheral pulses present and palpable
- Capillary refill is normal
- Usually located on the heels or soles of the feet or on the bony areas of the toes or other areas subject to repetitive trauma or stress from walking

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