

## Diabetic foot ulcer and offloading: Why and How?

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## Abstract

It is estimated that over 422 million people suffer worldwide from diabetes and the disease is on the rise. According to the IWGDF (International Working Group on the Diabetic Foot), every 20 seconds, a lower limb is lost somewhere in the world in relation to diabetes mellitus. The annual incidence of diabetic foot ulcer (DFU) is known to be about 2% to 5% and the lifetime risk ranges from 15% to 20%. It is a big health and economic burden for every nation as diabetes is pandemic. Diabetic peripheral symmetric neuropathy, a complication of diabetes is the major cause of ulceration. The loss of sensitivity in their feet left diabetic people entirely without any kind of protection and at risk of developing DFU. Moreover, they will seek medical advice really late as they can walk on their ulcers without pain and often, they even do not see them. No pain, no illness and so no need of medical advice.

The cornerstones of treatment of DFU are debridement and offloading. Sadly these 2 key methods for DFU healing are not used as often as it should be, probably because of a lack of knowledge or ability in the care centers. Offloading is too often disregarded probably because its importance is not emphasized enough. Its knowledge is poor and offloading devices seem difficult to realize, costly or time-consuming and patients are seen as non-compliant. Therefore, the importance is very often focused on dressings but unfortunately dressing alone cannot do a lot for DFU healing without good debridement and offloading. Furthermore, dressings are often very expensive. So I will try to demonstrate the utmost importance and efficacy of offloading as well as review the different devices existing and their benefits and disadvantages.

## Biography

 $Is a belle \ Dumont has \ completed her \ PhD \ in \ 1983 \ from \ Brussels \ Free \ University, Belgium. \ She is \ Internist, Endocrinologist \ and \ Diabetologist, manager \ of \ the \ FootCenterin \ Ransart and \ responsible \ of \ the \ diabetologist \ completed \ her \ PhD \ in \ 1983 \ from \ Brussels \ Free \ University, Belgium. \ She \ is \ Internist, \ Endocrinologist \ and \ Diabetologist, \ manager \ of \ the \ FootCenterin \ Ransart \ and \ responsible \ of \ the \ from \ Brussels, \ Belgium. \ She \ has \ over \ 100 \ publications \ that \ have \ been \ responsible \ over \ 150 \ times \ and \ her \ begin{tabular}{lllll} response \ respons \ response \ response \ response \ resp$ 

## **Publications**

• The diabetic foot: the Cinderella of complications

• A proof-of-concept study of the effectiveness of a removable device for offloading in patients with neuropathic ulceration of the foot: the Ransart boot

- Diagnosis and prevalence of onychomycosis in diabetic neuropathic patients: an observational study
- The Ransart Boot An offloading device for every type of Diabetic Foot Ulcer?

• Feasibility of Percutaneous Bone Biopsy as Part of the Management of Diabetic Foot Osteomyelitis in a 100% Neuropathic, Grade 3 IDSA/ IWGDF Population on an Outpatient Basis



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