Clinical Question
How do I prevent or delay foot lesions/ulcerations and amputations in patients with diabetes?

Scope
This guideline is intended for physicians who care for patients with diabetes or who are at risk for developing diabetes. Recommendations include both type 1 and type 2 diabetes unless only one is specified.

Fair Evidence to Recommend

- Both patients and healthcare providers should integrate foot examinations as part of diabetes management in order to decrease the risk of foot lesions and amputations. [The Canadian Diabetes Association has sample patient information]

- Patients at high risk for foot ulcerations and amputation require:
  - Foot care education
  - Proper footwear
  - Counseling to avoid foot trauma
  - Smoking cessation counseling
  - Early referrals for problems that occur

Consensus

- Foot examinations should occur at least annually, starting from puberty, (more frequently in those at high risk) and include assessment of:
  - Structural abnormalities
  - Neuropathy
  - Vascular disease
  - Ulcerations
  - Evidence of infection

- Patients with foot ulcers need to be treated by healthcare professionals experienced in diabetic foot care.

- Any infection must be treated aggressively.
The above recommendations were derived from the following GAC endorsed guideline:

Rating (out of 4): 4

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