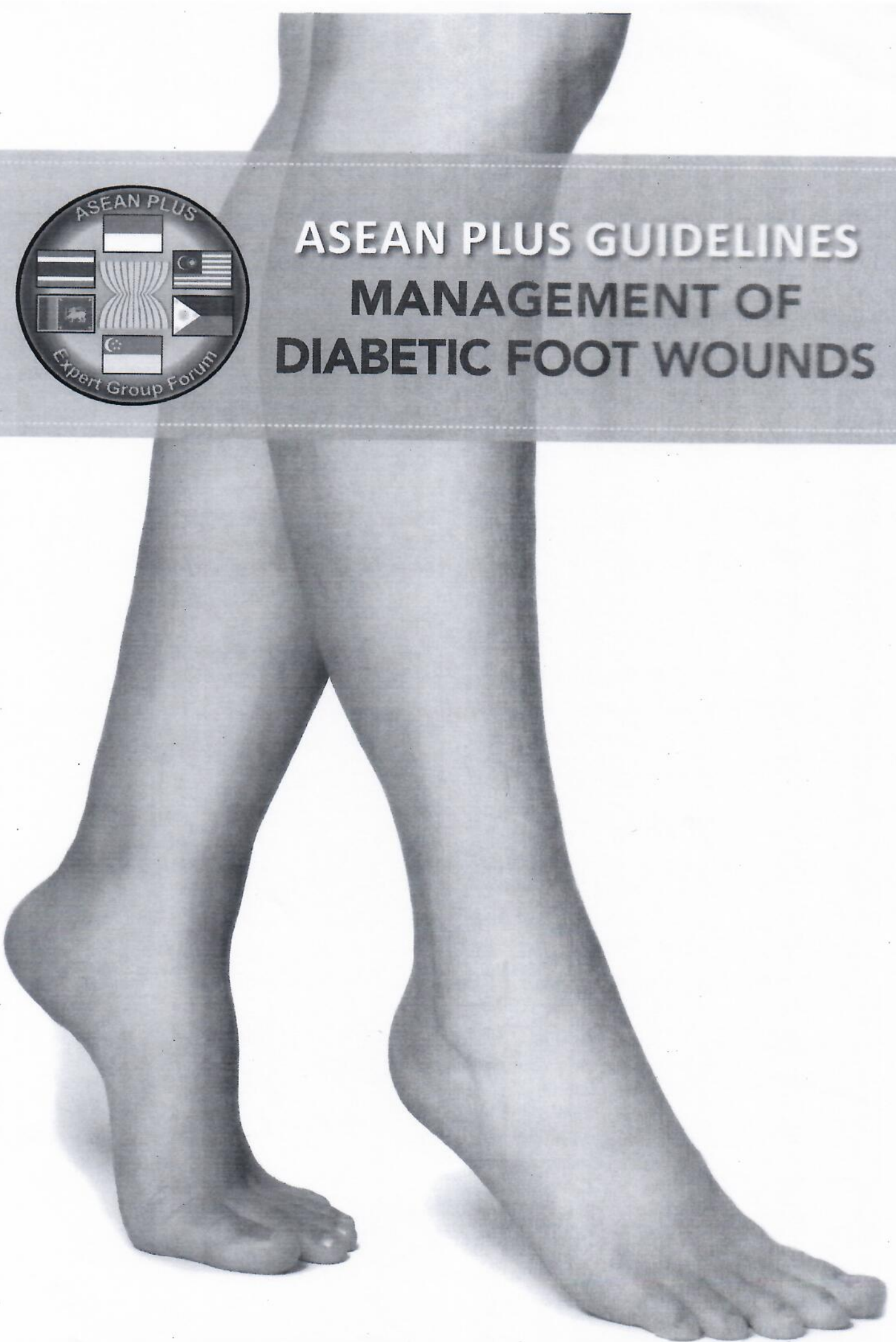




ASEAN PLUS GUIDELINES MANAGEMENT OF DIABETIC FOOT WOUNDS



PREFACE

While there are several clinical practice guidelines for managing diabetic foot problems, none have yet been developed for ASEAN. The ASEAN Plus Expert Group Forum has been formed on 10 November 2012 to address this issue. Its objective is to develop clinical guidelines to raise the standard of health care given to patients with diabetic foot wounds in ASEAN Plus countries. Such best practices will benefit healthcare professionals treating such patients.

Two experts were invited from each member country, namely Indonesia, Malaysia, Philippines, Singapore, Sri Lanka and Thailand to serve a term of 2 years. Members include orthopaedic surgeons, vascular surgeons, a general surgeon, a plastic surgeon and endocrinologists.

The ASEAN Plus Guidelines is designed as best practice for management of a diabetic foot wound – its prevention, its assessment and investigation, and its medical and surgical treatment.

The Expert Group Forum was launched by Professor K Satku, Director of Medical Services, Ministry of Health Singapore on 10 November 2012 at Hilton Hotel in Singapore. Representing the British industry was Mr Antony Philipson, His Excellency The British High Commissioner to the Republic of Singapore. The forum was held in conjunction with a National Training Workshop for 80 nurses held in National University Health Systems.

Two other writing workshops were held for further brainstorming and fine tuning the guidelines to be accepted as best practice and also for reaching a consensus in the group. The first workshop was held in Kuala Lumpur, Malaysia in conjunction with the International Wounds Conference 2013 (18 to 25 October). The second writing workshop was held in conjunction with the 10th Asia Pacific Conference on the Diabetic Limb Problems (15 to 17 November 2013) held in Singapore. The guidelines is produced in 4 modules – Prevention of Ulcer and Amputation, Assessment and Investigation, Medical Treatment and Surgical Treatment.

A final writing workshop was held in Sri Lanka on 28 to 29 March 2014 in conjunction with a Diabetic Foot Workshop held in National Colombo Hospital for doctors and nurses. This produced the first draft of the document.

We would like to thank Smith & Nephew Singapore Pte Ltd for their educational support and sponsorship for the formation of ASEAN Plus Expert Group Forum and for the publication of the ASEAN Plus Guidelines.

We are confident that this Best Practice Guidelines will be found to be useful by all healthcare professionals in their day to day management of patients with diabetic foot wounds.

Associate Professor Aziz Nather
Chairman
ASEAN Plus Expert Group Forum for Management of Diabetic Foot Wounds
1st July 2014

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QUICK
REFERENCE GUIDE

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Best Practice Recommendations

Section 1: Prevention of Foot Ulcer and Amputation

- Prevent development of diabetic neuropathy.
- Prevent ulcer development by promoting good care of feet by patients.
- Encourage patients to go for regular foot screening.
- Offer early intervention or refer to a specialist when foot problems develop.
- Prevent below-knee amputation by good control of diabetes and good care of the feet to prevent early foot complications.

Section 2: Assessment and Investigation

- Perform a thorough assessment of a patient with a diabetic foot problem.
- Perform general laboratory investigations.
- Send material for culture.
- Perform Radiological tests.

Section 3: Medical Treatment

- Aim for good glycaemic control in all patients with diabetic foot ulcer.
- Nutrition should be individualized.
- Improve the nutritional status in malnourished patients.
- When patients are kept fasting provide carbohydrate.
- Prepare the wound bed to facilitate wound healing.
- Infection should be identified early and managed appropriately to avoid limb loss.
- Antibiotics should be used appropriately.
- Antibiotics should be used in conjunction with other treatments.
- Look for underlying osteomyelitis in all wounds.
- Use the TIME guide to guide aim of care and dressing selection.
- Choose the appropriate wound dressing based on wound characteristics.
- Use alternative technology where appropriate to aid wound healing.

Section 4: Surgical Treatment

- Perform adequate debridement to remove all devitalised or infected tissue.
- Perform split skin graft for large granulating wound.
- Perform minor (distal) amputation where possible.
- Perform ray amputation.
- Perform transmetatarsal amputation.
- Perform Syme / Pirogoff amputation.
- Perform below-knee amputation (BKA).
- Perform rehabilitation early.
- Perform above-knee amputation.
- Perform limb salvage when possible by carrying out revascularisation.
- Perform primary proximal amputation when limb salvage is not possible.



ASEAN PLUS GUIDELINES