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Piece-meal surgery - a natural progression of the diabetic foot?

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Stigma is attached to patients who have had any form of amputations particularly within certain cultures. Amputations are sometimes seen as failed treatment by the clinicians; as a result patients and/or clinicians tend to delay amputations. Piece-meal surgery is often carried out to see if less aggressive surgery would suffice. A 71 year old Indian man with type 2 diabetes and leprosy was referred to our multidisciplinary foot clinic for an infected ulcer on his left 3rd toe in September 2004. He had degloved part of his left foot following a road traffic accident in India where he worked as a rickshaw driver. X-rays showed that he had osteomyelitis of the 3rd toe. The 2nd and 3rd metatarsophalangeal joints were ankylosed and the 1st metatarsal head had been resected to a spear shape. He only had a rudimentary hallux. Unfortunately the ulcer did not heal with conservative treatment and after much persuasion he agreed to have a 3rd ray amputation, which was carried out in July 2005. The amputation site healed uneventfully. In September 2005 he developed an ulcer on his left 4th toe which healed with conservative treatment. Due to the altered dynamics of the left foot he had an ongoing ulcer under the plantar aspect of the 2nd metatarsal head which failed to heal with conservative treatment and in February 2006 he had a 2nd ray amputation, which went on to heal uneventfully. In April 2007 following a visit to India he represented to our clinic with an ulcer under the left 1st metatarsal and on the 4th toe. These eventually healed using casting and custom made shoes utilising in-shoe pressure measurements to design best off loading. After another trip to India he presented back to us in August 2008 with an ulcerated left 4th toe. We discussed a forefoot amputation and this time he immediately agreed to have surgery as his foot was painful. A transmetatarsal amputation was carried out under local anaesthesia.

A great deal of emphasis is placed nowadays on informed consent. Should we be more aggressive in persuading patients to have more radical surgery early or is piecemeal surgery a natural progression of the diabetic foot?