You already had one leg amputated because of a wound that did not heal. Now you notice a wound on the other. You are worried and scared – knowing that about half of all patients with one lower-extremity amputation need a second amputation within five years.

While you do need help now, there is no reason to panic. Here are some facts to know. At the end of this article is a story about how I treated one woman for her foot wound.

**What you can do before seeing the podiatrist (foot doctor):**

- **Do not panic.** Podiatrists have many ways to help wounds heal.

- **Gently clean the wound area with water or saline solution (mixture of salt and water).** You may clean your wound with soap if it is really dirty, but do this just once as soap can delay healing. After you clean the wound, apply an antibiotic cream and a sterile gauze dressing (bandage).
• **Stay off your foot.** It is very important to not put any pressure or weight on your foot. Do not stand up or walk. Instead, use a wheelchair and crutches. Podiatrists who treat foot wounds often say, “It’s not what you put on a wound that allows it to heal, it’s what you take off of it.”

• **Call your podiatrist right away.** It is important that you get treatment as soon as possible. A foot wound is thought of as an emergency since you already have had one amputation.

**What the podiatrist will do to assess your wound:**

• **Ask you a lot of questions.** When you call, your podiatrist will ask many questions so as know when and where to see you. Most likely, you will be seen in the podiatrist’s office. But your podiatrist may want you to go to an emergency room if your wound seems severe or infected.

• **Update your medical history.** Your podiatrist will ask about any new medications you are taking. You can help by bringing a list of all your prescription medications, over-the-counter drugs, and home remedies. You
should also bring a log (diary) of your glucometer readings if you have diabetes.

- **Measure and grade the wound.** You podiatrist can find out how severe (bad) your wound is by one or more of these ways: Using a probe to see how deep the wound is; looking to see if the muscle, tendons, or bone are exposed (can be seen); checking for odor or drainage which can be signs of infection; or scraping the nearby skin and getting it cultured (tested in a lab). Your podiatrist may also ask you to have an X-ray, MRI, or bone scan test.

- **Assess your whole foot and leg.** Your podiatrist will try and get answers to these questions: Is your foot painful or numb (neuropathy) because of nerve damage? If you have neuropathy, is it causing an ulcer (open, non-healing wound)? Do you have a foot deformity (such as a bunion or hammertoe) that is causing pressure and skin breakdown? How is your circulation? Is there enough blood in your foot for the wound to heal? Do you have strong pulses? What is the color, texture, and temperature of your foot?

- **Ask you to have other tests.** The podiatrist may want to test your circulation (blood flow) and see if it is enough for your wound to heal. This is called a
“Doppler test” which uses ultrasound to see the amount of blood getting to your foot. Your podiatrist may also ask you to have a blood test to check for infection.

- **May ask you to meet with a vascular surgeon (doctor who is an expert on circulation).** This doctor can help with treatment if your circulation is poor.

## Ways to treat wounds

Podiatrists have many ways to treat wounds. They include:

- **Debridement.** This is when the podiatrist takes off any callus (hard skin) or dead tissue in the wound area. Do not be surprised if this makes your wound bleed or look bigger – it is normal for this to happen. Debridement can also be done with ointments that have enzymes to “digest” dead tissue. Or with maggots (bugs) that eat dead wound tissue but leave healthy tissue intact.

- **Antibiotics.** Many antibiotics come as creams (ointments) that are rubbed on the skin or wound area. Some of these have small amounts of silver to help kill bacteria and control or prevent infection. Other types of medications are given intravenously (through a needle).
• **Dressing (bandages).** The purpose of dressing is to keep the wound moist. This is important because wounds should not dry out. Your podiatrist may prescribe a special type of medicated dressing to keep the wound moist and also absorb any drainage (pus).

• **Growth factors.** Growth factors are produced by the body and help wounds heal. Medications with extra growth factors can help “jump start” healing if a wound is not helped by other treatments. Growth factors are sometimes in “bioengineered skin equivalents” -- skin that is grown in a lab and used to cover wounds.

• **Vacuum device.** This device uses suction to remove drainage, improve circulation, control infection, and help with healing.

• **Oxygen.** Some (but not all) podiatrists believe that oxygen helps wounds heal faster. Podiatrists may use a hyperbaric tank to apply oxygen under pressure.

• **Pads, casts, and other ways to remove pressure.** You must not put any weight or pressure on your wound. Your podiatrist may put pads on the wound area, give you a special shoe to wear, or make a cast for your foot and leg. Your podiatrist most likely will ask you to use crutches or a wheelchair. Do
what your podiatrist asks. I have seen many wounds not heal because patients only walked on their foot “a little bit.”

Mrs. G is a 68 year old woman who comes to my office with a wound on the bottom of her left foot. She called my office as soon as she noticed a stain on her sock caused by drainage. Mrs. G has a below-knee amputation of her other leg because of a serious wound infection. Although she is not in pain, Mrs. G is very worried as her other foot quickly “turned bad.”

**Treating Mrs. G’s wound**

I ask Mrs. G about her recent health history. She has had diabetes for 15 years but admits that her glucose control still “is not that great.” I check her sensation and notice that she has very little feeling in her foot. This is common in people who have diabetic neuropathy (a type of nerve damage). Now I know why Mrs. G did not feel the wound on the bottom of her foot – it was because of neuropathy!

I look at Mrs. G’s wound. While it has sock fibers in it, there is no redness, pus, or other sign of infection. But there is a large callus around the edge. I do debridement
which does not hurt her at all. After more tests, I learn that Mrs. G’s circulation is good and there are no signs of bone infection. I measure her wound to know how the size changes from week to week.

Treatment begins. This includes cleaning Mrs. G’s wound with saline solution and putting on a pad to decrease pressure. I use seaweed dressing to keep her wound moist and absorb excess drainage. Then I put a large, dry dressing over the whole area and teach Mrs. G how to do this at home.

Mrs. G. agrees to use a wheelchair. I refer her to an endocrinologist (doctor who is an expert on treating people with diabetes) to get her glucose under better control. And I also refer her to a registered dietician to make sure she is eating a healthy diet. Mrs. G has more blood tests and makes an appointment to see me one week later.

What a difference one week makes! Mrs. G does a great job staying off of her foot and the wound is now 25 percent smaller. I see her each week for the next six weeks. Mrs. G’s wound is healing nicely and I only make small changes to her treatment plan. Once the wound closes, I mold an insole to put inside her shoe. This helps
remove pressure and prevents her skin from breaking down again. Mrs. G inspects her foot each day and knows to call my office if she notices any heat, redness or skin openings.

Mrs. G. knows to protect her remaining foot as if it was gold. After all, her foot has more value to her than silver and gold.

About the Author

Neil M. Scheffler, DPM, FACFAS, is a podiatrist in private practice in Baltimore, Maryland. He is a fellow of the American College of Foot and Ankle Surgeons and board-certified in foot and ankle surgery. Dr. Scheffler is a past president, Health Care & Education, Mid-Atlantic Region, American Diabetes Association. He is also the co-author of the book “101 Tips On Foot Care For People With Diabetes, 2nd edition” published by the American Diabetes Association. Dr. Scheffler is the attending podiatrist for the Prosthetics Clinic, Sinai Hospital of Baltimore.

Translated from Special report: Protecting Your Skin: Foot wound? Don't panic, but get help now

http://www.amputee-coalition.org/inmotion/mar_apr_06/foot_wound.html