THE ISCHEMIC DIABETIC FOOT

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Aim: There are more than 6 million diabetics in Germany. More than 150,000 per year develop foot ulcers. Despite all efforts for prevention, early diagnosis and adequate therapy, more than 20,000 diabetics undergo major limb amputation per year. The major problem is early detection and adequate therapy of foot ischemia owing to PAD.

Methods: Although more than 60% of the diabetics with (neuro)ischemic foot lesions have significant occlusions of the infrapopliteal arteries, more than 30% of the revascularisations can be limited to the aorto-iliac or femoro-popliteal arteries. According to TASC II, most of these can be achieved by interventional procedures. Short below-knee lesions are best treated by interventional procedures (PTA, stent), while long occlusions or multilevel above- and below-knee occlusions are best treated by vascular surgery (e.g. pedal bypasses). Increasingly, the vascular surgeon combines surgical as well as interventional procedures within one operation (so-called “hybrid”-procedures), hereby offering the widest spectrum of “custom-made” treatment options. This is time- and cost-effective, and it offers the maximum benefit for the patient, since the ideally-suited combination of good long-term results of bypass surgery and the minimally invasive character of interventional procedures can be achieved.

Results: Since 1999, we have performed more than 2,000 below-knee bypasses in diabetics in our institution. Increasingly, “hybrid”-procedures are performed: since 2005, more than 600 combinations of balloon angioplasty, stenting, and open vascular surgery were performed.

Conclusion: An aggressive interdisciplinary approach to revascularization results in an 80% reduction of the amputation rate in diabetics with ischemic foot problems.