Post DVA patient management and wound care strategy

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Disclosure

Speaker name:

..........................Giacomo Clerici..........................................................

I have the following potential conflicts of interest to report related to this lecture:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
## Diabetic Foot Surgery Classification

<table>
<thead>
<tr>
<th>Diabetic Foot Surgery Class</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Class IV: Emergent</strong></td>
<td>Procedure performed to limit progression of acute infection</td>
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<tr>
<td><strong>Class III: Curative</strong></td>
<td>Procedure performed to assist in healing open wound</td>
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<tr>
<td><strong>Class II: Prophylactic</strong></td>
<td>Procedure performed to reduce risk of ulceration or reulceration in person with loss of protective sensation but without open wound</td>
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<tr>
<td><strong>Class I: Elective</strong></td>
<td>Procedure performed to alleviate pain or limitation of motion in a person without loss of protective sensation</td>
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*Armstrong, Frykberg, Diabetic Medicine, 2003*
DF Surgery in patients after DVA: some key points

FOOT SURGICAL RULES

Hybrid Foot Vein Arterialization in No-Option Patients With Critical Limb Ischemia: A Preliminary Report

Roberto Ferraresi, MD¹, Andrea Casini, MD², Fabrizio Losurdo, MD³, Maurizio Caminiti, MD², Alessandro Ucci, MD⁴, Matteo Longhi, MD⁵, Michiel Schreve, MD⁶, Michael Lichtenberg, MD⁷, Steven Kum, MBBS, FRCS⁸, and Giacomo Clerici, MD³
• Wait for swelling reduction

• Wait for arterialized network expansion

• Respect the arterialized circuit → respect the forefoot cross!

• Use a “tension free” surgery to avoid focal ischemia
Foot surgery

Type of interventions:
- Always TMA amputation?
- Always open?
- Toes/rays amputation? When?
- Heel wounds/necrosis?
Consideration for Wound Management following DVA:

1. Two only drivers for early foot surgery are: **Infection and Pain**
2. Delay any foot intervention until there is clinical evidence of tissue oxygenation and perfusion (4-6 weeks in most experiences) ➔ We use TcPO$_2$ and wound assessment (with very close weekly follow up).

*Courtesy of M. Montero Baker*
Consideration for Wound Management following DVA:

Critical features for foot surgery

• Primary, no tension closure if adequate skin and good clinical evolution (subcuticular running suture with absorbable thread)
• Low-pressure incisional NPWT when appropriate
• Many of these patients are on DAPT or AC – DON’T STOP
• Many foot surgeons like using tourniquets – DON’T

Courtesy of M. Montero Baker
Consideration for Wound Management following DVA:

Critical features for foot surgery

• Secondary closure after NPWT, DS and STSG > early ambulation
• Avoid too proximal TMA, should be mid-metatarsal (despite the risk of new ulceration in the distal plantar aspect of the stump: exception to the rule!)
• Be mindful of damaging the lateral plantar vein, the first metatarsal perforator, and the dorsal outflow track
• Intense communication amongst teams!

Courtesy of M. Montero Baker
Consideration for Wound Management following DVA:

Multidisciplinary approach & multimodal therapy !!!!!

- Motivated patients – healing may take several months
- **Avoid** patients without adequate motivation, social support, or other risk factors for compliance
- Patient should be vigilant about reporting new pain, erythema, fever, new necrotic areas
- Provide emergent contact phone #
- Consider marketing material

Courtesy of M. Montero Baker
Faith after arterialization

None to mild swelling
Improvement symptoms

Mild-Moderate swelling
Controlled symptoms

Moderate swelling
Increase pain

Severe swelling
Regardless of pain

Discharge patient with
basic wound control
(betadine +/- antibiotics)

Discharge patient with
basic wound control
(betadine +/- antibiotics)

Keep admitted, raise and
compression wrapping

Decompression gTMA

Resolution

Non-resolutin

Courtesy of M. Montero Baker
Thank you for your kind attention