



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

Diabetic Foot Surgery Class	Description
Class IV: Emergent	Procedure performed to limit progression of acute infection
Class III: Curative	Procedure performed to assist in healing open wound
Class II: Prophylactic	Procedure performed to reduce risk of ulceration or reulceration in person with loss of protective sensation but without open wound
Class I: Elective	Procedure performed to alleviate pain or limitation of motion in a person without loss of protective sensation

Potential Risk for High Level Amputation

High

Moderate

Low

Very Low



DF Surgery in patients after DVA: some key points

FOOT SURGICAL RULES

Clinical Investigation

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, MD³, Alessandro Ucci, MD⁴ , Matteo Longhi, MD⁵,
Michiel Schreve, MD⁶, Michael Lichtenberg, MD⁷ ,
Steven Kum, MBBS, FRCS⁸, and Giacomo Clerici, MD³**

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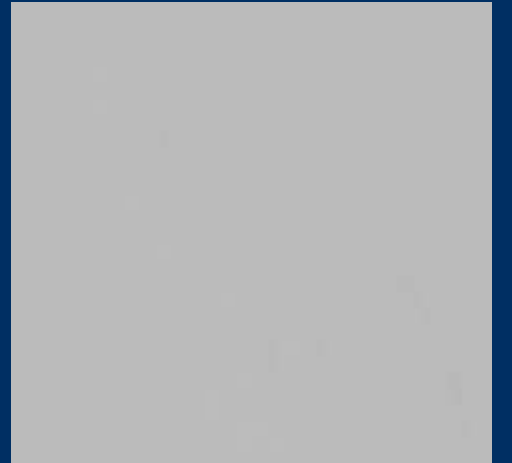
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What we learned

- 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



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What we learned

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 TcPO₂ 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:

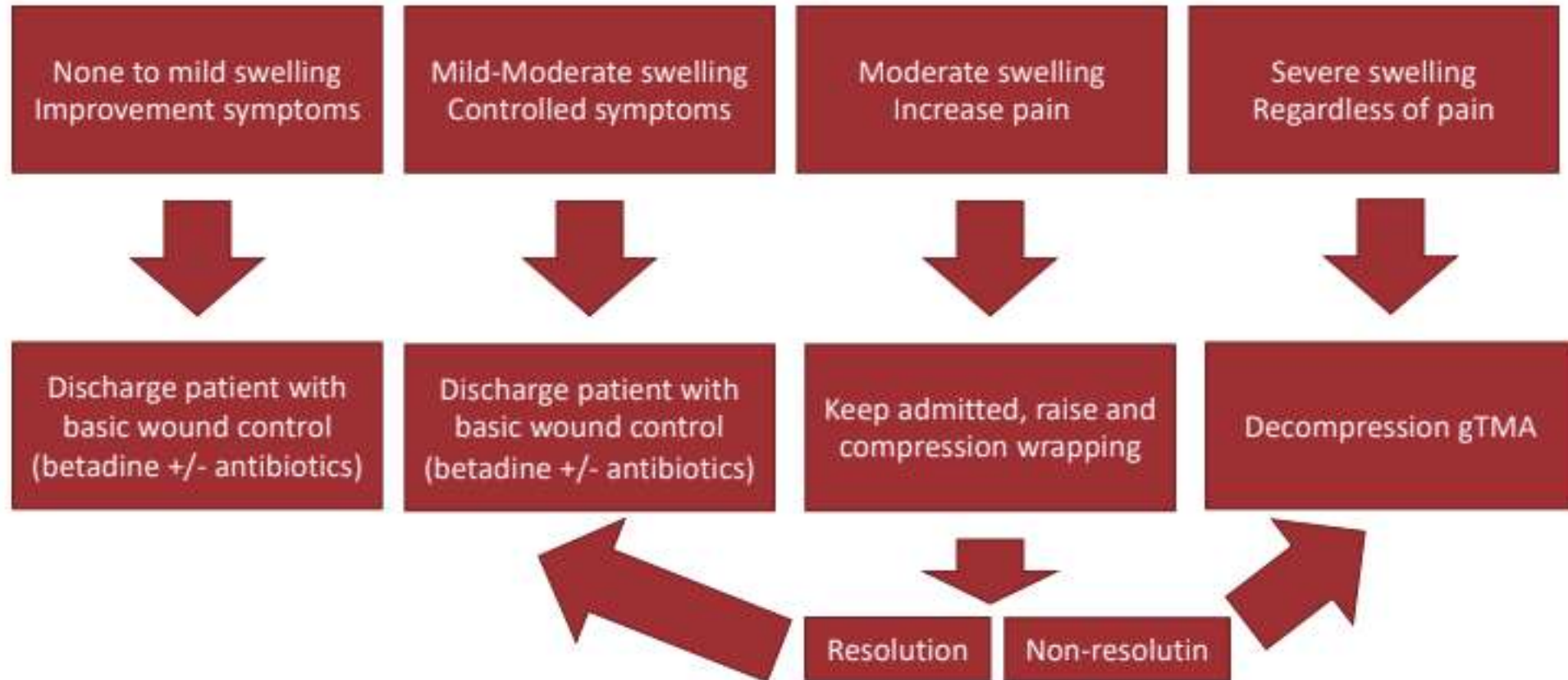
Multidisciplinary approach & multimodal therapy !!!!!

- 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



A close-up photograph of a healthcare worker wearing a white surgical cap and a white N95-style face mask. The worker is looking directly at the camera with a slight smile. The image is overlaid with a semi-transparent blue filter. The text "Thank you for your kind attention" is written in a white, italicized serif font across the center of the image. In the background, a white wall with a power outlet is visible.

Thank you for your kind attention