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## Advanced Treatments Help Hard-to-Heal Diabetic Foot Ulcers—and Improve Lives

Breakthrough treatments making the difference.

Advanced therapies for foot wounds are saving limbs, restoring mobility and improving the lives of many people living with diabetes who suffer from nonhealing foot ulcers.

For many Americans living with diabetes, impaired healing of foot wounds can be a tremendous problem, making these advanced treatments extremely important.

Foot ulcers develop in about 15 percent of the 25 million Americans living with diabetes. These ulcers can lead to serious complications, such as infection and amputation, and can also decrease the patient's quality of life.

Diabetic foot ulcers are costly, too. About 20 percent of the estimated \$174 million spent annually on diabetes treatment in the United States deals with lower extremity care. In fact, nonhealing ulcers and infection in the lower extremities are the top reasons for hospitalization among people with diabetes.

Today's advanced treatment of diabetic foot ulcers include innovative technologies that stimulate healing. These breakthroughs are critical in diabetic foot care because poor circulation, nerve damage and impaired immune responses—problems that people living with diabetes are at higher risk of having—make it difficult for a patient's foot ulcer to heal.

One groundbreaking approach that promotes healing is the use of bioengineered skin substitutes. Surgeons place these advanced biologics, which are made either from living or nonliving tissue, over the wound to accelerate growth of healthy skin.

Another advanced wound-healing technology is negative pressure wound therapy (NPWT). This consists of a wound dressing, an air-tight film placed over the wound and a drainage tube connected to a suction device that draws excess fluid. The suction enables healthy new tissue to grow.

NPWT makes it far more likely that a graft will survive. Today, foot and ankle surgeons rarely do a skin graft without using NPWT before and after the grafting procedure.

Skin grafting for foot ulcers is also greatly improved today. Surgeons now use plastic surgery grafting techniques that were once reserved for other parts of the body, such as in facial reconstruction. Grafting involves taking healthy skin from another area of the body and placing it over the ulcer.

The success rate of all the advanced therapies for diabetic foot wounds is high, providing substantial improvement over treatments of the previous decade.

Fifteen years ago, doctors would clean out the wound, apply an antiseptic and an antimicrobial agent, put a bandage on the wound and hope for the best.

That picture is dramatically different today. Because of the advance technologies and NPWT, patients are having less complicated surgeries, saving their limbs and getting back to living sooner than ever before.

Time away from work, lengthy hospitalizations and major surgery add significantly to the economic burden of diabetes. For that reason, the advantages of advanced therapies extend beyond improved medical results to include better outcomes related to work, cost and lifestyle outcomes.


In light of these complications and the fact that the prevalence of diabetes is rapidly rising, advanced therapies for diabetic foot ulcers will play an even more important role in the future.

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