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Strategies are both initiated with good and timely leg assessment through foot examination and evaluation using an ankle arm range and an index that allows you to predict the risk of foot ulcers and recommend pre-injury relief. In the case of already identified injuries, they are assessed according to the San Elian scale in the APS and are presented to a specialist through a social network enabled and recorded by the Health Service, which generates an immediate response to the equipment in their evaluation rooms, and then presented with telemedicine and completes the evolution of treatment and advanced treatments. The conference was responsible for the Health Service in conjunction with Sere de Salud de Antofagasta, the University of Antofagasta and the Chilean Diabetes Foot Association ASOCHIPIED and was coordinated by a regional cardiovascular team comprising a physician and a multi-pronged team consisting of Sonia Julio Pizarro and Claudia Gonzalez Fuentes, who presented regional statistics for the monitoring of leg amputations and new strategies for the new 2019 amputation. See the post: 'Join our Facebook group OTEC Innovates Follow us on Facebook SicknessAPS On these IV regional diabetic permanent days and I'm an International Congress purpose was to promote new technical guidelines for Integral Foot Management 2018, convening connotados of national and international experts who are exhibited in front of the entire region's health network, which includes specialists from the APS, community hospitals, the regional hospital Antofagasta and Carlos Cisternas de Calama, with their units Home Care, clinics of advanced healing, as well as teachers and students of Podiatria and nurses and medical interns of the universities and institutes of the city. Coordination of timely and effective referrals from the initial to the middle level to reduce the amputations of people with diabetic foot ulcers through successful regional strategies since 2015 has proved to be the most effective way to reduce the rate of regional and national amputations. 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In the event that the patient notices an ulcer, go to a specialist as soon as possible. Not only cure it, but also diagnose it and develop a personalized treatment that is most appropriate for you. In many cases, the drugs are administered by a good team of nurses. One of the most common complications of uncontrolled diabetes is the manifestation of the typical symptomatology of the diabetic foot, which implies a tendency to form lesions and detached and detached the upper layers of the skin, the appearance of ulcers and great discomfort. The most common parts where diabetic leg injuries manifest themselves are the legs and thick legs. They are not discarded under the knee and even in the bone, in extreme cases. All diabetics are at risk of developing diabetic foot if they do not have the right precautions, including controlling sugar levels, moisturizing the skin and wearing suitable shoes and socks. Treatment of this condition will vary depending on the severity of the patient, who will immediately help the doctor if he or she has pain or discomfort in the legs. Injuries such as infected wounds and ulcers may require amputation of limbs and lead to death. Symptoms and diagnosis of diabetic leg swelling, redness, dryness and pain in the lower extremities are some symptoms in diabetics. They are added and others that will require immediate medical attention: Pain Unpleasant Smell Inflammation Inflammation Skin Redness Darkening tissue merges from the fluid that wets the sock or shoe ulcer begins to advance from these first symptoms and turns into an area of necrotic tissue around the lesion that is formed due to lack of blood flow. Partial or complete gangrene (the final death of tissues as a result of lack of irrigation) may appear around the ulcer. As a result, the bad smell will be noticeable and may increase pain or numbness from nervous death. The first symptoms of diabetic foot ulcers are not always so obvious. Some people don't know about it until they get infected and start expanding throughout the area. Diabetes patients will check their feet and shoes every day as part of the routine as diabetic ulcers do not always hurt, especially when nerve sensitivity has been lost. READ ALSO: Our guide to the genetic risks of diabetes: Is diabetes hereditary? The stage of diabetic foot ulcer ulcer is assessed at one of four levels of severity taking into account the following criteria: Level 0: no ulcers, but with early symptoms Level 1: ulcer is present without infection Level 2: deep ulcers with joints and tendons Level 3: Extensive ulcer with abscess infection Read our guide to diabetic foot complications and how to prevent the causes of diabetic foot pain and diabetic ulcers originating from a specific picture of the disease. Also from poor circulation, high blood sugar, nerve damage, body difficulties to heal leg irritation or wound and dry skin. Lack of circulation is a form of vascular disease in which the blood does not adequately supply the tissues of the foot, making it difficult to cure any type of injury. This lack of circulation is a consequence of excessive blood glucose levels, which affects blood vessels and damages nerves. High glucose levels make it difficult to heal infections because it provides an ideal environment for the spread of bacteria. People with type 2 diabetes who experience higher levels of sugar in the system tend to have more difficulties associated with diabetic foot. Nerve damage is a medium- and long-term effect that eventually ends with loss of sensation in the lower extremities, starting with the legs. This nerve disorder is very painful at first, but gradually leads to a complete lack of sensitivity. This lack of sensitivity makes people more likely to get injured or injured in the legs, injuries that when not cared for are infected and cause severe sores. Dry skin, one of the most common symptoms of diabetes, also makes it more prone to peeling and opening. Read our guide to diabetes: Causes, symptoms and treatment of diabetic foot risk factors there are risk factors that multiply your chances of diabetic foot. These are low quality shoes, the use of synthetic socks that do not allow the skin to breathe, poor hygiene, poor nail care and alcohol consumption. Add to these: HIV Obesity Smoking Diabetic Blindness Liver Problems Poor Nutrition Control Recurrent Kidney Disease Recurrent Cardiovascular Disease Diabetic Foot Treatment and Sores Foot Injury at Risk of Becoming Diabetic Ulcers tends to expand as a result of the pressure the plant receives when walking. This causes the infection to reach other parts of the foot, especially when the patient is overweight. The first and most urgent strategy is to treat diabetic ulcers and prevent it becoming larger to avoid pressure in the affected area. To do this, you can use special shoes and socks for diabetics, amortic insoles, special bandages and silicone protection and the like. If the ulcer is already present, Infection Prevention Measures: Disinfection area Use of surgical soap wash area often keep the area dry and change socks often use magnesium powder to inhibit bacterial growth Infected diabetic ulcer is considered a serious complication and requires immediate treatment. The tissue surrounding the lesions should be sent to the laboratory to determine what type of pathogen is infestation and what the appropriate antibiotics are as a treatment. It will be possible to do an X-ray to determine whether the bone is really affected when the infection is expected to have already come a long way. Your doctor may prescribe antibiotics, anti-pyretics and blood thinners. Topical over-the-counter treatments for diabetic ulcers include dressings with silvery cream sulfadiazin, biguanide polyxamethylene gel, iodine solution and medical wound honey. Your doctor may also recommend surgery when the diabetic ulcer is out of control. They can be removed by scattering, removing dead tissue. Surgery will help relieve the pressure around the ulcer by scraping infected tissue from the bone or by removing deformities from the foot that have formed, such as bursitis or hammer fingers. Surgery is the last decision before the foot amputation and although it seems very invasive, sometimes it is necessary not to lose the whole limb. How to prevent diabetic foot? Between 10% and 20% of people with diabetic ulcers end up amputated. Strict glucose care is listed as one of the most important preventions because most diabetes complications are avoided by controlling blood sugar levels. Other equally valuable preventive measures include washing your feet frequently, keeping your nails clean and cut, but not flush, keeping your feet moist and dry, and changing socks frequently. Add: Check your feet daily Wearing specialized shoes Often help orthopedist diabetic ulcers can heal and reappear over time, so that preventive measures will not be left. Read our step-by-step guide to the care of diabetic leg Concluding Diabetic ulcers are curable when detected on time. If they neglect or do not care in a timely manner, it may require a leg amputation. Necrosis and infection ulcers can spread and lead to death in some cases. As one of the most common complications of diabetes, everyone with the disease should pay close attention to the care and health of the feet. If you liked this article share it with your friends on social networks, so do you too everything you need to know about diabetic leg. 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