Control your diabetic complications with intelligence

Complications with diabetes

*The diabetic foot*
- Vascular complications (PAD/CLI)
- Neuropathy
- Non-healing ulcers
- Amputations

Why is this a problem?
- 20 - 40% of the healthcare resources spent on diabetes are related to diabetic feet.

What can be done?
- Making the correct clinical decisions is important
  - Save legs
  - Optimize use of hospital resources
  - Reduce time and money spent per patient

Recommendations
- All diabetic patients with an ulceration should be evaluated for PAD using objective tests.
- Early referral and intervention are crucial for improvement of diabetic foot ulcer healing and prevention of amputation.

References
1. ESVS Guidelines for Critical Limb Ischaemia and Diabetic Feet, 2011
2. TASCII Eur J Vasc and Endovasc Surgery, Vol 33 suppl 1, 2007

Peripheral Arterial Disease (PAD)
PAD is a condition caused by obstruction of the peripheral arteries leading to an increased risk for cardiovascular events. The classical PAD symptom is intermittent claudication or walking pain, but notably two-thirds of all patients are asymptomatic. PAD is often more aggressive in diabetics, with a higher risk of major amputations. PAD should always be confirmed using objective vascular tests, and is an important predictor of the outcome of ulceration.

Critical Limb Ischemia (CLI)
CLI is a severe form of PAD with high incidence of amputation and mortality. The distal blood flow and microcirculatory function are severely compromised resulting in rest pain, ischemic ulcers and gangrene. CLI is a clinical diagnosis, but should be supported by objective tests.

For more information please contact Perimed AB
E-mail: mail@perimed-instruments.com | Website: www.perimed-instruments.com
The PeriFlux 6000 offers a unique combination of vascular tests to secure an accurate diagnosis in all patients, including the more complex diabetic patients.

- Accurate vascular assessment – Trust data and draw the correct conclusions
- Operator independent – Reliable results at any time
- User training included
- Compatible with Electronic Health Record Systems (HIPAA, HL7, DICOM)

**Objective vascular tests support clinical decisions**

**Confirm disease**

- ABI, toe pressure and tcpO₂

**Intervention**

- Assess severity
  - Toe pressure and tcpO₂

**Conservative**

- Follow up
  - ABI, toe pressure and tcpO₂

**Intervention**

- PTA
- Bypass surgery
- Amputation

**Follow up**

- ABI, toe pressure and tcpO₂

**Amputation level**

- Correct amputation with tcpO₂, avoiding re-amputations

**Toe pressure - TBI**

"Trust ABI when low but not when high." ¹ Toe pressures have proven to be an excellent option for the diagnosis of PAD in patients at risk for falsely elevated Ankle Brachial Index (ABI) values such as diabetics.

**Transcutaneous oxygen (tcpO₂)**

tcpO₂ is particularly important for the assessment of wounds and prediction of amputation levels in patients with CLI and/or diabetes as these patients commonly also have impaired microvascular function and falsely elevated ABI values.

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