AMPUTATIONS OF DIABETIC FOOT
THERAPEUTIC EVALUATION
ABOUT 180 CASES

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Amputation is still lived like drama for patient and failure by medicine.

However, this operation saves patients' lives and restores their autonomy missed.

Amputation to get a stump cicatrised, painless, to get a best leg prosthesis.
Every 30s, it was estimated that a leg is lost to diabetes in world. [1]

5-10% of diabetes will have a foot amputate 85% of all amputation in diabetes should be preventable [1]

Aim: to estimate the results of amputation of lower limbs in a foot diabetic patients
MATERIALS AND METHODS 1

460 patients were treated for diabetic foot.

Have been excluded decease before amputation (n= 23), conconservative treatment (n = 250) and those who refused amputation (n = 18).

Retrospective study 169 patients  180 amputations period: january 2000 to december 2011
112 Males / 57 Females, Sex ratio= 1,9

Average age = 58,5 years (range: 18 to 86 years)

Diabetic type 2 (n=162…. 95,8%)

Glycaemia was high 160 patients > 2g/l

Low socio-economic level (n=92)

Average term of the diabetes was 8,5 years
All the diabetics feet classed Wagner[2] IV or V and 3C-3D (Texas)[3]

Ultrasonography was performed for (n=106) 58.8%

Standard X-ray were performed in 145 patients (87.7%)
70 patients got swabs

In 99 cases the diabetic foot was (on the right foot, and in 70 cases on the left, in 11 cases wounds were bilaterales Majors amputations were decided by medical and surgeon teams
Wagner stade V
Wagner stade V
MATERIALS AND METHODS

Table I: Amputations levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Toes</th>
<th>Leg</th>
<th>Thigh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>12</td>
<td>158</td>
<td>10</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>6,6</td>
<td>87,7</td>
<td>5,5</td>
</tr>
</tbody>
</table>
MATERIALS AND METHODS

Leg amputation (technique)

- realized in safe area;

- Incision with a long posterior valve

- Appreciate the quality of the muscles (capacity to bleed, consistence, color, contractility)

- blood vessels are ligated

- Nerves are severed after traction
MATERIALS AND METHODS

Leg amputation (technique)

- Retractor is contraindicated

- Bone section

- Suture with separate points (150 cases)

- Open wounds (30 cases)
MATERIALS AND METHODS

Leg amputation (technique)

- Dressing untensioned

- Knee in extension
MATERIALS AND METHODS

- All the patients were treated in functional readaptation;

- All the patients were oriented toward handicap international;

- Average follow was eight months.
RESULTS 1

Average stay in hospital was 23 (8-90) days

Average delay of cicatrisation was 35 days

In 2 cases amputation was simultaneous and bilaterale (gangrène)

In 9 cases: amputation of second leg average delay 5 years

X-rays showed an osteitis(n=65), trail of gas (n=46), bacteriological culture revealed enterococcus:10%
Ultrasonography showed severe stenosis(n=7), unilateral and bilateral arteriopathy
RESULTS 2

Wounds varieties were vascular (63 cases), infection (73 cases), neurological (36 cases) mixed on 1/3 cases.

Infection of stump (30%) → Local dressing

Secondary necrosis stump (40 cases) → 2nd amputation

Releasing of suture points (20%) → secondary sutures

90% of amputation interesting leg → (kips knee and hips)
RESULTS

Postoperative complications

Releasing of suture points

Secondary necrosis of the stump
RESULTS 3

Syndrome of ghost member = 35 cases

Depressive syndrome = 41 cases

Rate of mortality was 7,6% (n = 18)

Global results were satisfyind in 90%

Stump were cicatrised, indolent and prothesis
DISCUSSION 1

Considered like «secondary» surgery, amputation was abandoned to junior surgeons.

Major surgery ➔ fragiles patients

Amputation level ➔ Sometime very difficult choice[4]. It most be be based on clinical wounds.

Ultrasonography was performed only 58.8% cases that is why their where many post-op complications.
DISCUSSION 2

90% of amputation were in middle legs because:

• Diabetics wounds were in the ankles, in 1/3 distal leg
• This area (middle foot) is very vascularized rich in muscle [4]
• Prosthesis in this level gives best results.

Our rate amputation is 39.1%, Traore [5] 36.9%, these rates are relatively high but Sano [6] found 45%, Nahimana [7] 60.4%.
DISCUSSION 3

Lately consultation interference of traditional practicers [8,9,10]

Sié [8] and Nwankwo [9] think that they are responsible of more than 50% of amputation

Traditional practicers must be educated about this fact
DISCUSSION 4

Risks factors

– Low social and economical level
– Long delay of consultation
– Disregard of diabetic condition

Rate mortality 7.2% renal insufficiency, septicaemia, slip syndrome

CONCLUSION

Reduction in the number of amputations

- therapeutic priority
- early care and holistic healing
- multidisciplinary team

Prevention remains the safest and least expensive training of all health professionals
THANK YOU