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Diabetic foot salvage by limited access dressing (LAD)

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Neuropathy, angiopathy and infection are major reasons for non-healing nature of ulcers and tissue destruction in diabetic patients. Forty five percent of all lower limb amputations (LEA) are performed on patients with diabetes. Diabetes-related amputation rates increase with age and are higher in males. Overall, diabetic persons have a 15 times higher risk of LEA than non-diabetic individuals. Negative pressure wound therapy has been shown to be a safe and effective treatment for complex diabetic foot wounds. Limited Access Dressing (LAD) has been designed to reduce the pain and discomfort of conventional dressings, to reduce the frequency of dressing, to reduce the chances of wound infection and to improve the results obtained by negative pressure dressing. LAD combines the principles of moist wound healing and NPWT, along with a provision of an additional port (12-14Fr tube), for instilling anti-microbial solution of choice and alter the wound environment without any need to change the dressing. LAD utilizes definite intermittent negative pressure schedule (30 minutes of negative suction and $3\frac{1}{2}$ hours of rest period; minimum -30mm of negative pressure). Intermittent negative pressure controls SIRS (Systemic Inflammatory Response Syndrome). Limited access dressing retains all the advantages of moist wound healing and negative pressure dressings. Additional advantages are better wound visibility, early physiotherapy. Due to autolytic debridement by tissue enzymes and mechanical debridement by negative pressure and LAD wash, it produces ultraconservative debridement to conserve viable tissue maximally. Intra LAD tissue expansion is possible to facilitate further reconstruction by expanding existing viable tissue.

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