



For the management of Diabetic Foot Ulcers

"Every twenty seconds a lower limb or part of a lower limb is lost somewhere in the world as a consequence of diabetes"¹

David Armstrong MD, PhD et al. 2017

Diabetic foot is defined as "infection, ulceration or destruction of tissues of the foot associated with neuropathy and/or peripheral arterial disease in the lower extremity of a person with (a history of) diabetes mellitus"²

Aetiology or causes of diabetic foot ulcers

NEUROPATHY

Sensory - reduced or absent pain and temperature perception
Motor - Muscle wastage and weakness leading to foot deformity and increased pressure areas
Autonomic - Reduction or absence of sweating leading to dry and fragile skin

PERIPHERAL ARTERIAL DISEASE (PAD)

Atherosclerosis - in lower limb vessels lead to reduced blood flow to the foot

REDUCED JOINT MOBILITY

Restriction of movement - abnormal walking patterns increase the pressure in certain areas of the foot

Diabetic Foot Ulcers and Infection

- Infection is common in diabetic foot ulcers
- It can go unrecognised due to the lack of usual signs such as redness and pain if PAD and/or neuropathy are present
- It can develop and deteriorate rapidly leading to amputation
- Urgent action is required in the form of antibiotics based on local guidelines

References:

1. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. N. Engl. J. Med. 2017; 376: 2367-75.
2. Definitions and criteria for diabetic foot disease. IWGDF Guidelines 2019

Flaminal® for every stage of the wound healing process in diabetic foot ulceration

Cleanse the ulcer regularly as per local guidelines

Carry out sharp debridement if possible and necessary

How wet is the wound?

Light to moderate exudate

Moderate to heavy exudate

FLAMINAL® HYDRO
3.5% Alginate

FLAMINAL® FORTE
5.5% Alginate

Apply Flaminal®
Cover the wound bed with a thick layer (4-5mm)



Apply with a nozzle



Apply with a spatula



Apply with a syringe



Direct from the tube

Cover with your choice of dressing. This depends on the amount of exudate.

Change the dressing if exudate strikes through and check the status of the ulcer regularly for deterioration which may indicate infection or worsening blood supply. Flaminal® can remain in place as long as the gel structure is intact (1 to 4 days).

Example DFU case study | Full healing achieved in 16 weeks | L. Bloomer, W. Walker et al. Russells Hall Hospital, Dudley, West Midlands.



25 year-old female patient with sensory neuropathy. Picture: DFU on admission to hospital



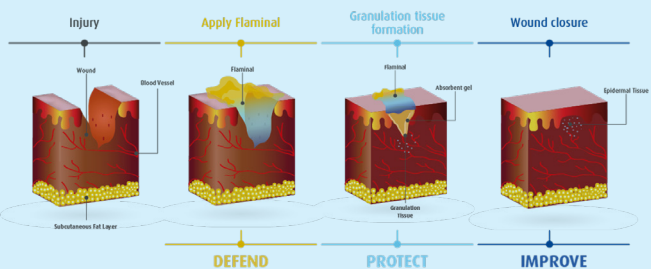
DFU following surgical debridement with excision and drainage



DFU at week 6
Treatment: Flaminal® Forte with a super absorbent dressing



DFU at week 13
Treatment: Flaminal® Hydro and a super absorbent dressing



Flaminal hydro

LOWER ALGINATE CONTENT
Indicated for *low to moderately*-exuding wounds

PACK SIZE	PIP CODE	NHS CAT NO.
5 X 15g tubes	324-2971	ELG021
1 X 50g tubes	344-9600	ELG025
500g tub	-	ELG209

Flaminal forte

HIGHER ALGINATE CONTENT
Indicated for *moderate to high*-exuding wounds

PACK SIZE	PIP CODE	NHS CAT NO.
5 X 15g tubes	324-2963	ELG022
1 X 50g tubes	344-9592	ELG023
500g tub	-	ELG028



Find out more about
Diabetic Foot Ulcers

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advanced skin healing

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