
Professional Certificate in Wound Care Management

diabetic foot ulcer management

A

Amputation: The surgical removal of a limb or part of a limb due to diabetic foot complications such as infections or non-healing ulcers.

Antibiotic Therapy: Treatment with antibiotics to manage infections in diabetic foot ulcers.

Arterial Ulcer: Ulcers that occur due to poor blood circulation in the legs, often seen in patients with peripheral arterial disease.

B

Biofilm: A complex community of microorganisms that adhere to a surface and are often found in chronic wounds, including diabetic foot ulcers.

Debridement: The removal of dead or infected tissue from a wound to promote healing, often done through sharp, mechanical, enzymatic, or autolytic methods.

Bone Infection (Osteomyelitis): An infection that involves the bone and is a serious complication of diabetic foot ulcers.

C

Compression Therapy: The application of external pressure to the lower extremities to improve circulation and reduce swelling in patients with diabetic foot ulcers.

Culture and Sensitivity: Laboratory testing to identify the specific bacteria causing an infection in a diabetic foot ulcer and determine the most effective antibiotic treatment.

Charcot Foot: A condition in which the bones of the foot weaken and fracture, often seen in patients with diabetic neuropathy.

D

Diabetes: A chronic condition characterized by high levels of glucose in the blood, which can lead to complications such as diabetic foot ulcers.

Diabetic Foot Ulcer: A wound on the foot that occurs in patients with diabetes, often as a result of neuropathy, poor circulation, or pressure.

Debridement: The removal of dead or infected tissue from a wound to promote healing, often done through sharp, mechanical, enzymatic, or autolytic methods.

E

Exudate: Fluid that leaks out of blood vessels into the tissues, often seen in diabetic foot ulcers as a sign of inflammation.

Edema: Swelling caused by fluid retention in the tissues, commonly observed in patients with diabetic foot ulcers.

Electrical Stimulation: The use of electrical currents to promote wound healing in diabetic foot ulcers by stimulating cell growth and circulation.

F

Foot Care: Regular maintenance of the feet, including cleaning, moisturizing, and inspecting for any signs of injury or infection, crucial in preventing diabetic foot ulcers.

Foot Ulcer: A wound on the foot that can be caused by a variety of factors, including diabetes, poor circulation, or pressure.

Footwear: Shoes and socks that are specifically designed to protect the feet and reduce the risk of developing diabetic foot ulcers.

G

Gangrene: Tissue death caused by a lack of blood flow to a specific area, often seen in patients with advanced diabetic foot ulcers.

Granulation Tissue: New tissue that forms in a wound as part of the healing process, often seen in diabetic foot ulcers.

Glucose Monitoring: Regular testing of blood sugar levels to ensure they are within a healthy range, vital for managing diabetes and preventing complications like diabetic foot ulcers.

H

Hyperbaric Oxygen Therapy: Treatment that involves breathing pure oxygen in a pressurized room to promote wound healing in diabetic foot ulcers.

Hemoglobin A1c: A blood test that measures average blood sugar levels over the past two to three months, used to monitor diabetes control in patients with diabetic foot ulcers.

Heel Ulcer: A type of diabetic foot ulcer that forms on the back of the heel, often due to pressure or friction.

I

Infection: The invasion and multiplication of harmful microorganisms in the body, a common complication of diabetic foot ulcers.

Intermittent Claudication: Pain or cramping in the legs that occurs during physical activity and is often a symptom of peripheral arterial disease in patients with diabetic foot ulcers.

Immune System: The body's defense mechanism against infections and diseases, crucial for fighting off infections in diabetic foot ulcers.

J

Joints: The connections between bones that allow movement, often affected by diabetic foot ulcers if the infection spreads to the bone.

K

Ketosis: A condition in which the body burns fat for fuel instead of glucose, often seen in patients with uncontrolled diabetes and diabetic foot ulcers.

L

Lymphedema: Swelling caused by a buildup of lymph fluid in the tissues, a common complication of diabetic foot ulcers.

Laboratory Tests: Diagnostic tests such as blood work, cultures, and imaging studies used to assess the severity of infection and guide treatment in diabetic foot ulcers.

Leukocyte: White blood cells that play a crucial role in the immune response to infections in diabetic foot ulcers.

M

Monofilament Testing: A simple test that involves applying pressure to the foot with a nylon monofilament to assess sensation and detect neuropathy in patients with diabetic foot ulcers.

Maggot Therapy: The use of medical-grade maggots to clean and debride wounds, including diabetic foot ulcers, by consuming dead tissue and promoting healing.

Mechanical Offloading: The use of devices such as special shoes, braces, or casts to reduce pressure on the foot and promote healing in diabetic foot ulcers.

N

Neuropathy: Nerve damage that can cause loss of sensation or pain in the feet, often seen in patients with diabetes and diabetic foot ulcers.

Non-Healing Wound: A wound that fails to progress through the normal stages of healing, often seen in chronic conditions like diabetic foot ulcers.

Neovascularization: The formation of new blood vessels in response to tissue damage, essential for wound

healing in diabetic foot ulcers.

O

Offloading: Reducing pressure on the foot to promote healing in diabetic foot ulcers, often achieved through the use of special shoes or orthotic devices.

Orthotic Devices: Inserts or braces worn inside shoes to support the feet and reduce pressure on specific areas, beneficial for patients with diabetic foot ulcers.

Osteomyelitis: Bone infection that can occur as a complication of diabetic foot ulcers, requiring aggressive treatment to prevent further complications.

P

Peripheral Arterial Disease: A condition in which narrowed arteries reduce blood flow to the extremities, increasing the risk of complications such as diabetic foot ulcers.

Pressure Ulcer: A type of wound that develops when pressure on the skin reduces blood flow to the area, often seen in patients with limited mobility or sensation, including those with diabetic foot ulcers.

Patient Education: Providing information and guidance to patients with diabetic foot ulcers on self-care, prevention, and treatment strategies to improve outcomes and reduce complications.

Q

Quality of Life: The overall well-being and satisfaction of an individual, often impacted by chronic conditions like diabetes and diabetic foot ulcers.

Quadrant Assessment: Dividing the wound bed into four sections to assess characteristics such as size, depth, and exudate in diabetic foot ulcers.

Quantitative Cultures: Laboratory tests that measure the number of bacteria in a wound to guide antibiotic therapy in diabetic foot ulcers.

R

Revascularization: Restoring blood flow to the affected area through procedures such as angioplasty or bypass surgery, beneficial for patients with diabetic foot ulcers and peripheral arterial disease.

Recurrent Ulcer: A wound that reappears in the same location after healing, often due to underlying factors such as neuropathy or pressure in diabetic foot ulcers.

Referral: Directing a patient with diabetic foot ulcers to a specialist or multidisciplinary team for comprehensive evaluation and management.

S

Sharp Debridement: The surgical removal of dead or infected tissue using a scalpel or scissors, often performed by trained healthcare professionals to promote healing in diabetic foot ulcers.

Sensory Neuropathy: Nerve damage that affects the ability to feel pain, temperature, or touch in the feet, a common complication of diabetes and diabetic foot ulcers.

Secondary Infection: A bacterial infection that occurs in a wound that is already healing, often due to compromised immune function in patients with diabetic foot ulcers.

T

Topical Therapy: Treatment applied directly to the skin or wound surface, including antibiotics, dressings, or growth factors, to manage infections and promote healing in diabetic foot ulcers.

Temperature: Monitoring skin temperature around diabetic foot ulcers to detect signs of infection or inflammation, which can impact wound healing.

Toe Ulcer: A wound that forms on the toes or between the toes, often due to pressure, friction, or poor circulation in patients with diabetes and diabetic foot ulcers.

U

Ulcer Classification: Categorizing diabetic foot ulcers based on characteristics such as location, depth, size, and presence of infection to guide treatment decisions and monitor healing progress.

Ulcer Bed: The base of a wound where new tissue forms during the healing process, crucial for assessing the stage of healing in diabetic foot ulcers.

Ulcer Care Plan: A personalized strategy outlining the goals, interventions, and follow-up for managing diabetic foot ulcers, tailored to the individual patient's needs.

V

Vascular Assessment: Evaluating blood flow and circulation in the lower extremities to identify vascular complications that can impact wound healing in patients with diabetic foot ulcers.

Visual Inspection: Regular examination of the feet for any signs of redness, swelling, blisters, or other abnormalities that may indicate the presence of diabetic foot ulcers.

Vacuum-Assisted Closure (VAC) Therapy: A wound healing technique that uses negative pressure to promote granulation tissue formation and reduce edema in diabetic foot ulcers.

W

Wound Assessment: Evaluating diabetic foot ulcers for characteristics such as size, depth, drainage, and tissue type to determine the stage of healing and guide treatment decisions.

Wound Healing: The process of tissue repair and regeneration that occurs in response to injury, crucial for closing diabetic foot ulcers and preventing complications.

Wound Infection: The invasion of harmful microorganisms in a wound, often characterized by redness, swelling, warmth, and purulent drainage in diabetic foot ulcers.

X

Xerosis: Dry, cracked skin that can increase the risk of developing diabetic foot ulcers, often managed with moisturizing creams and proper foot care routines.

X-ray: Imaging studies used to assess the bones and soft tissues of the feet for signs of infection, fractures, or other complications in diabetic foot ulcers.

Xanthoma: Fatty deposits that can form on the skin around diabetic foot ulcers, often seen in patients with uncontrolled diabetes or high cholesterol levels.

Y

Yeast Infection: A fungal infection that can occur in the skin folds or between the toes of patients with diabetic foot ulcers, often treated with antifungal medications.

Yarnell Scoring System: A classification system that assigns a score based on the characteristics of a wound, including size, depth, and presence of infection, to guide treatment in diabetic foot ulcers.

Yeast Infection: A fungal infection that can occur in the skin folds or between the toes of patients with diabetic foot ulcers, often treated with antifungal medications.

Z

Zinc: A mineral essential for wound healing and immune function, often used in topical formulations to promote skin integrity and prevent infections in diabetic foot ulcers.

Zosteriform Ulcer: A linear ulcer that follows the path of a nerve, often seen in patients with diabetic neuropathy and recurrent foot ulcers.