Chapter Six gives a description of the classification of diabetic foot ulcers and foot infections.

Chapter Seven focuses on pharmacologic management of the diabetic foot, namely antibiotics and topical adjunctive therapy. This chapter also embraces plantar pressure reduction and management of co-morbidities as potential means of improving healing of ulcers.

Chapter Eight outlines the indications for surgical intervention of diabetic wounds and causes of poor wound healing.

Chapter Nine gives an overview of wound dressings in the management of diabetic wounds.

Chapter Ten is a comprehensive narrative of measures to prevent the occurrence of the diabetic foot.

Chapter Eleven focuses on the role of physiotherapy in the management of the diabetic foot.
Executive Summary

This Guideline intends to address the early detection of the foot at risk for ulceration in persons with diabetes mellitus/management of diabetic foot ulceration as well as prevention of the development of diabetic foot ulceration.

The burden of diabetes mellitus (DM) is on an exponential increase with foot complications (DFU) being one of the prominent complications. Local data indicate that DM remains a leading cause of amputation of the lower limbs.

Chapter One of this document focuses on the burden of DFU in the Nigeria setting. The burden of DFU in this context is highlighted by the prevalence rates of DFU as well as the amputation and case fatality rates.

Chapter Two is a narrative of the risk factors of DFU with emphasis on peripheral neuropathy and vasculopathy-two of the commonly documented risk factors.

Chapter Three describes the evaluation of neuropathy and peripheral vascular disease via easy to use and readily accessible equipment.

Chapter Four addresses the management of peripheral vascular disease and diabetic peripheral neuropathy-the two commonly documented risk factors for diabetic foot ulceration.

Chapter Five is a summary of investigative techniques employed in the management of the person with diabetic foot ulceration.
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