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## Preface

*All progress has resulted from people who took unpopular positions.*

Adlai Stevenson (1954)

According to the *National Center for Health Statistics*, in 1900 the life expectancy in the United States approached 47 years. Of the ten most common causes leading to death in 1900, six were due to infectious diseases with strokes, accidents, cancer, and senility contributing to the final four reasons that someone died. By 1949, the life expectancy had increased to 68 years, and diabetes mellitus was identified as the tenth most common cause leading to death. By 2013, the life expectancy increased to almost 79 years with diabetes then listed as the seventh most common cause leading to someone's death. This indicates that diabetes is certainly a disease of the late twentieth and early twenty-first centuries. In fact, a report from the *World Health Organization* recognizes diabetes as a growing epidemic affecting almost 350 million people worldwide. What does this mean to us, as physicians who treat and manage diseases of the musculoskeletal system? It means that because people are living longer, we can expect to see more patients present with chronic conditions or injuries that are specifically caused or affected by their diabetes.

Foot and ankle problems produce serious long-term complications, and any anatomical abnormality can progress to an ulceration, infection, or gangrene. These problems are often caused by a combination of such factors as peripheral neuropathy, vascular disease, immobile joints, an impaired ability to heal or fight infections, poor management of their diabetes, or outright denial of their medical problems. That these problems are costly to manage is implied because these patients often require lengthy and expensive hospitalizations, which may lead to an amputation.

When a diabetic patient presents with a significant foot or ankle problem, there are still many physicians who continue to offer only conservative care or amputation as option. In fact, this approach has not significantly changed over the last 30–40 years, even though it can ultimately lead to a poor outcome. There are a few reasons for this. First, the literature is replete with studies discussing higher rates and more significant complications in diabetics than in the control population. Second, most treating physicians rarely see these patients and thus have little experience in managing these problems. Third, there may be a significant hesitancy in offering a surgery, which can

lead to a bad outcome and potential medicolegal issues. Fourth, physicians often fail to understand that the patients' associated comorbidities need to be preoperatively assessed and managed in order to avoid greater problems. Lastly, for a lot of surgeons their surgical approach that is used to manage a diabetic patient is similar to techniques used to care for a nondiabetic patient, often leading to failure of fixation and producing higher rates of morbidity and mortality. Given these reasons, it is understandable that physicians are tentative about managing these patients surgically.

This text has been put together to act as a reference guide, with up-to-date chapter references for the problems associated with the diabetic foot and ankle. It is also intended to function as a primer with the most current concepts of epidemiology, pathophysiology, workups needed, and treatments available for the diabetic who presents with abnormalities or injuries to their foot and ankle. In addition, a glossary has been provided so that the reader can understand some of the terms used throughout the text. A major strength of this book is that authors who were solicited are recognized as leading authorities when it comes to managing problems of the foot and ankle. This has been demonstrated in some of the treatment chapters with the authors providing their preferred step-by-step approach for the management of some of the more commonly encountered foot and ankle problems. By providing a better understanding of diabetes, and offering improved techniques for managing these patients, we should be able to demonstrate improved outcomes. This can produce happier patients and families, lower hospital usage, and decreased overall medical expenses, and it may also allow patients to maintain more active lifestyles and potentially return them into the workforce. As we advance through this century, it is hoped that the information provided in this text will help all healthcare professionals tasked with caring for the diabetic patient who presents with problems to their foot and ankle.

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