

## Saving Diabetic Feet in Africa: Cape Town Action Declaration 2016

### *Saving Limbs Saves Lives*

Diabetes is the major cause for lower limb amputations in the world. Africa has the highest percentage of undiagnosed diabetes worldwide.<sup>1</sup> Persons with diabetes in Africa also have the lowest chance of high risk diabetic foot screening. Undetected diabetic foot complications, including preventable loss of limbs and lives<sup>22</sup>, are due to the lack of gold standard care.

We, the combined voices of WoundPedia, International Interprofessional Wound Care Course, World Council of Enterostomal Therapists, the Pan-African Diabetic Foot Study Group, Santé Diabète, T1International<sup>3</sup>, Wound Healing Association of Southern Africa, and the International Interprofessional Wound Care Group gathered together in Cape Town, South Africa, call for the implementation of evidence informed interprofessional diabetic foot care.

We endorse and recommend the 5 S's and VIPS of diabetic foot care for all of Africa. This is an extraordinary challenge and achievable goal with millions of lives at stake.

We call for all to endorse this declaration.

Prevention	Treatment
<p><b><u>S</u>ystemic blood glucose control</b> Screening for undiagnosed diabetes must be increased. Insulin must be provided for all (#insulin4all)<sup>3</sup> who need it. Ministries of Health must prioritize diabetes care.</p> <p><b><u>S</u>creening for the high risk foot</b> Education and application of foot screens e.g. Simplified 60 Second Screening Tool<sup>4</sup></p> <p><b><u>S</u>moking cessation</b></p> <p><b><u>S</u>hoes and socks</b> Foot wear and pressure offloading devices must be made available to people with high risk feet so ulcers are prevented</p> <p><b><u>S</u>kin temperature</b> Monitoring skin temperature should be available at diabetes centers to facilitate early deep inflammation and infection</p>	<p><b><u>V</u>ascular supply</b> For quick assessment of adequate blood supply to heal assess foot pulses</p> <p><b><u>I</u>nfection</b> Early diagnoses and treatment of surface critical colonization (treat topically) or deep and surrounding infection (treat systemically)</p> <p><b><u>P</u>lantar pressure redistribution</b> Plantar pressure redistribution devices (e.g. deep toed shoes and orthotics) are required with loss of protective sensation. Callus indicates pressure, blisters indicate friction and/or shear Regular callus removal is needed for healing</p> <p><b><u>S</u>harp or surgical debridement</b> On a regular basis when needed to accelerate healing provided there is adequate blood supply to heal and the cause has been corrected</p>

<sup>1</sup> International Diabetes Federation, World Diabetes Atlas, 7th Ed. 2015. [www.diabetesatlas.org](http://www.diabetesatlas.org)

<sup>2</sup> Abbas ZG, Archibald LK. Challenges for management of the diabetic foot in Africa: doing more with less. Int Wound J. 2007

<sup>3</sup> T1International. #Insulin4all. [www.t1international.com](http://www.t1international.com)

<sup>4</sup> Woodbury MG, Sibbald RG, Ostrow B, Persaud R, Lowe JM. Tool for Rapid & Easy Identification of High Risk Diabetic Foot: Validation & Clinical Pilot of the Simplified 60 Second Diabetic Foot Screening Tool. PLoS One.

