

Oral Abstracts

Key Session 8

[O84] THE MANAGEMENT OF DIABETIC FOOT CHRONIC OSTEOMYELITIS WITH FLAPS

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The treatment of diabetic foot ulceration is complex with multiple factors involved and it may often lead to limb amputation. Hence a multidisciplinary approach is warranted to cover the spectrum of treatment for diabetic foot but in complex wounds surgical treatment is inevitable. Only after good wound management controlling blood sugar level, nutrition and infection, the next step to reconstruction can take place. Surgery may involve the decision to preserve the limb by reconstruction or to amputate it. Reconstruction involves preserving the limb with secure coverage. Local flaps usually are able to provide sufficient coverage for small or moderate sized wound but for larger wounds soft tissue coverage involves flaps that are distantly located from the wound. Reconstruction of distant flap usually involves microsurgery and now further innovative methods such as supermicrosurgery have further given complex wounds a better chance to be reconstructed and limbs salvaged. The reconstructed flaps on the clinically clean wound will increase the blood flow and circulation to the defect and the infected bone thus helping the antibiotics to be delivered to this region of defect. This presentation reviews the role of microsurgery involved in reconstruction against diabetic foot chronic osteomyelitis and introduces the new method of supermicrosurgery.