

Recommended Reading

Diabetic foot problems during the COVID-19 pandemic in a tertiary care center: The emergency among the emergencies.

Read it: <https://care.diabetesjournals.org/content/diacare/43/10/e123.full.pdf>.

The interruption of preventative education, early treatment and early diagnosis caused by the COVID-19 lockdown may have led to increased hospitalization of patients with severe DFUs who are at high risk of amputation. Caruso et al. report an increased proportion of patients being admitted for emergency care and a decreased proportion of patients in regular, outpatient care among those admitted after the restrictive measures of the pandemic began. The increased risk for amputation during COVID-19 lockdown supports the need for appropriate and timely management of patients with DFUs to prevent reduced quality of life and increased morbidity and mortality.

Caruso P, Longo M, Signoriello S, Gicchino M, Maiorino MI, Bellastella G, et al. Diabetic foot problems during the COVID-19 pandemic in a tertiary care center: The emergency among the emergencies. Diabetes Care. 2020;43(10):e123–e124.

Reviewer: Maryse Beaumier, RN, PhD

Impact of the COVID-19 lockdown strategy on vascular surgery practice: More major amputations than usual.

Read it: www.ncbi.nlm.nih.gov/pmc/articles/PMC7402273/pdf/main.pdf.

This study suggests that the lockdown during the COVID-19 pandemic has resulted in a significant increase in the number of major amputations, which may have a large impact on functional outcomes of care and patient quality of life. Patients with limb ischemia are a vulnerable group of patients whose outcomes are negatively affected if the standard of care is compromised. It is important that during future pandemics, regular medical care should continue for these patients, with referrals in time for revascularization.

Schuijvens PM, Buijs M, Boonman-de Winter L, Veen EJ, de Groot HG, Buimer TG, et al. Impact of the COVID-19 lockdown strategy on vascular surgery practice: More major amputations than usual. Annals of Vascular Surgery. 2020;69:74–79.

Reviewer: Maryse Beaumier, RN, PhD

Building a scalable diabetic limb preservation program: Four steps to success.

Read it: www.ncbi.nlm.nih.gov/pmc/articles/PMC5912709/pdf/zdfa-9-1452513.pdf.

This article outlines and describes four key components for developing a successful limb preservation program: 1) establishing a “hot foot line” for urgent referral; 2) developing a wound-healing clinic to address outpatient care; 3) delivering diabetic foot care for patients in remission to maximize ulcer-free days; 4) implementing screening clinics to identify and triage patients for appropriate therapeutic and surveillance programs for prevention, healing and remission.

Khan T, Shin L, Woelfel S, Rowe V, Wilson BL, Armstrong DG. Building a scalable diabetic limb preservation program: Four steps to success. Diabetic Foot & Ankle. 2018;9(1):1452513.

Reviewer: Tom Weisz, BA, DCh, IIWCC





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- **Corey Heerschap, MScCH, BScN, RN, NSWOC, WOCC(C), IIWCC;**
- **Dot Weir, RN, CWON, CWS (USA)**
- **Julia Bresnai-Harris, BN, RN, NSWOC, TVN (England)**

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- **Brenda Moodie, BScN, RN, NSWOC;**
- **Heather Wright, MCI(WH), BScN, RN, NSWOC, WOCC(C)**

Enterocutaneous/Enteratmospheric Fistula Seminar

- **Lina Martins, MScN, BScN, RN, NSWOC, WOCC(C);**
- **Karen Edwards, MSS, BSN, RN, CWOCN (USA)**

Pilonidal Disease: Bascom & GIPS Procedure

- **Dr. Luigi Basso, General Surgeon/Proctologist (Italy)**

The Great Commonwealth Debate: UK & Canada Infection Control in Wound Management Panel

- **Jillian Brooke, MCISc(WH), BSc(hons), RN, NSWOC, WOCC(C);**
- **Madeleine Ashcroft, MHS, BScN, RN, CIC, FAPIC;**
- **Vayla Weston, Lead Infection Control Nurse, Alder Hey Children's NHS Foundation Trust (England)**

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- **Nicholas Joachimides, MN, RN, NSWOC, WOCC(C);**
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- **Misty Stephens, BScN, RN, NSWOC,**
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