

considered a failure of the initiative but the best option for this individual. In a young, active patient who is employed and has chronic recurring ulcerations involving the toes or distal metatarsal heads, a decision to proceed with a balanced transmetatarsal amputation with more rapid return to work and a durable residual foot may represent the best option. Similarly, for a patient with a Charcot neuroarthropathy deformity of the midfoot or hindfoot that has failed bracing and similar care, and who cannot adhere to the lengthy requirements necessary for a reconstruction, a primary amputation at the foot or below-knee level may be the most humane approach. Daily wound care combined with pain and limited mobility is simply not the correct long-term option. Maybe there should be a time limit on how long a diabetic foot ulcer should be properly treated before removing the ulceration and deformity with a “limb-sparing” amputation. It is well known that the longer a diabetic foot ulcer is present, the more likely it is that the patient will develop chronic osteomyelitis or present with an acute infection and require a semi-emergent or emergent major amputation. These data suggest that prolonged chronic wound care is not the best option in most patients.

With the increasing number of patients with diabetes in our population and the risk for loss of lower extremity function, it is important to have initiatives to maintain and/or restore function. This is not the same as an initiative aimed purely at preventing any type of amputation in the patient. It is very important that we define terms and goals. It is also important that the goals are patient specific. Initiatives should include early evaluation of function, as well as maintaining and/or maximizing function. This is different from initiatives aimed purely at preventing ulceration or amputation.

The new question is: how do we maintain and/or restore lower limb function in the patient with diabetes? “Functional limb preservation” may be the appropriate terminology and focus. This is the initiative that I have been working to develop with the foot

and ankle surgeons, our vascular surgery colleagues, and the multidisciplinary “team” we have here at the Madigan Army Medical Center. If our initial efforts are an indication of what lies ahead, then I know we are on the correct “functional limb preservation” initiative pathway.

*Col (Ret.) Charles A. Andersen, MD, FACS
Chief, Vascular Surgery Service Director, Wound Care Clinic
Department of Surgery Madigan Army Medical Center
Tacoma, Washington*

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Book Review

Surgical Reconstruction of the Diabetic Foot and Ankle

Lippincott Williams & Wilkins, Philadelphia, 2009
Edited by Thomas Zgonis, DPM, FACFAS
448 pages, illustrated, ISBN 978-0-7817-8458-0

One editor and 52 very experienced surgeons have produced this magnificent textbook on surgical techniques related to foot and ankle reconstruction of the patient with diabetes. The color photographs total more than 800 and are simply beautiful. These photographs are very informative and show, in step-by-step fashion, the individual chapter author’s surgical technique for performing the procedures currently used for surgical reconstruction of the foot and ankle in patients with diabetes.

The textbook comprises 29 individual chapters dealing essentially with every common problem related to patients with diabetes that can manifest itself in the foot and ankle and require surgical reconstruction. Each chapter is written by a single author or several authors from around the world and review of electronic search engines reveals that most authors have previously published material on the topic they have been assigned. All of the

chapters have a reference list and in the vast majority the latest references are included, which is impressive given the long delays between submission and publication of most textbooks.

The chapters flow in a uniform pattern with easy-to-follow text and gorgeous photographs and illustrations that make digestion of the specific pathology or surgical technique discussed very simple, easy, and quick to accomplish. The mere fact that most of the feet and lower limbs shown in this textbook appeared unsalvageable and yet have apparent long-term follow-up pictures demonstrating functional healed soft tissue integument and stable osseous segments is truly amazing. This textbook contains a wealth of highly specialized knowledge and is a gold mine for any surgeon specializing in reconstruction of the foot and ankle in patients with diabetes. I strongly recommend it to all surgical groups treating patients with diabetes and the untoward manifestations unleashed on these individuals’ feet and lower limbs.

*Thomas S. Roukis, DPM, PhD, FACFAS
Chief, Limb Preservation Service
Vascular/Endovascular Surgery Service
Department of Surgery
Madigan Army Medical Center
Tacoma, WA*