

Comparing the use of Soft Total Contact Cast and Hard Shield Total Contact Cast in the Management of Diabetic Foot Ulcer

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Introduction Results Results Diabetic foot ulcers (DFU) are still posing a challenge to physicians in producing an effective treatment plan. The total contact cast (TCC) is 'Sum of Volume-Initial visit', 'Average of 6th currently the standard of care for treatment of DFU's. However, total contact cast can themselves cause new wounds. Furthurmore week' by 'Code identifier' In our analysis, we limitations of TCCs including cost, complexity and time, commitment calculated a mean for application calls for an alternative option. No falls or new Of the 11 patients, 18% healing time of 3.5 infections were 5.84+6.2 weeks with a (2 patients) developed observed in any of the Objective p-value of 0.08. This is 3 new wounds. 3 comparable to 8.4 Primary Objective -To compare the healing rates of diabetic foot ulcers 2.5 weeks with TCCs. data of diabetic foot ulcers treated with total contact casts. treated 2 withsoft contact caststo national benchmark data of diabetic foot ulcers 1.5 treated with total contact casts. Secondary Objective(s) - To compare complication rates in patients with diabetic foot ulcers treated withsoft contact casts to national 0.5 Conclusion benchmark **Methods** W1 W10 W3 Our findings show no statistically significant difference (P=0.08) in mean healing times with TSCC compared to Code identifier TCC. We propose that treatment with TSCCs is Using Epic slicer dicer, 180 patients were Of the 180, 25 patients who were treated with selected within patients with DFUs that were soft contact cast were randomly selected. After comparable to the current standard of care (TCC) in Sum of Volume-Initial visit treated at our Mercy Hyperbaric and Wound reviewing the charts, 11 patients and 13 Average of 6th week Care clinic between 6/1/2022-12/31/2022. wounds are reviewed for our study. treatment of superficial DFUs with fewer complications. References 'Location of DFU': Left medial plantar and Left 'Time till complete wound healing' by '5th week' • Age \geq 18 years great toe have noticeably higher 'VolumeInitial Inclusion All genders 0.27 visit' Vierhout BP, Visser R, Hutting KH, El Moumni M, van Baal JG, de Vries JPM. • Patients with subcutaneous/superficialfoot Comparing a non-removable total contact cast with a non-removable softcast in criteria ulcers-defined as grade 0,1 of WagnerDiabetic diabetic foot ulcers: A retrospective study of a prospective database. Diabetes Left medial plantar foot ulcergrade classification Res Clin Pract. 2022 Sep;191:110036. doi: 10.1016/j.diabres.2022.110036. Epub 0.144 (blank) 2022 Aug 10. PMID: 35963371. 0 0 0 4 Right great toe Zhang P, Lu J, Jing Y, Tang S, Zhu D, Bi Y. Global epidemiology of diabetic foot ulceration: a systematic review and meta-analysis +. Ann Med. 2017 Left plantar • All ulcers of grade II, III, IV, V of Wagner's grading Exclusion Mar;49(2):106-116. doi: 10.1080/07853890.2016.1231932. Epub 2016 Nov 3. Dorsum Left fifth toe Underlying osteomyelitis PMID: 27585063. Ischemic ulcers criteria Noncompliance 0 0.5 1 1.5 2 2.5 3 3.5 25 30 Bus SA, Armstrong DG, Gooday C, Jarl G, Caravaggi C, Viswanathan V, Lazzarini Ulcers treated with total contact casts. PA. Guidelines on offloading foot ulcers in persons with diabetes (IWGDF 2019 Volume - Initial visit Time till complete wound healing

update). Diabetes Metab Res Rev. 2020;36.