Saving Diabetic Feet in Africa: Cape Town Action Declaration 2016

**Saving Limbs Saves Lives**

Diabetes is the major cause of lower limb amputations in the world. Africa has the highest percentage of undiagnosed diabetes worldwide. 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,² 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,³ Wound Healing Association of Southern Africa, and the International Interprofessional Wound Care Group gathered together in Cape Town, South Africa, to 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.

**References**

3. T1International. #Insulin4all. www.t1international.com

---

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systemic blood glucose control</strong></td>
<td><strong>Vascular supply</strong></td>
</tr>
<tr>
<td>Screening for undiagnosed diabetes must be increased. Insulin must be provided for all (#insulin4all)² who need it. Ministries of Health must prioritize diabetes care.</td>
<td>For quick assessment of adequate blood supply to heal assess foot pulses.</td>
</tr>
<tr>
<td><strong>Screening for the high risk foot</strong></td>
<td><strong>Infection</strong></td>
</tr>
<tr>
<td>Education and application of foot screens e.g. Simplified 60 Second Screening Tool.⁴</td>
<td>Early diagnoses and treatment of surface critical colonization (treat topically) or deep and surrounding infection (treat systemically).</td>
</tr>
<tr>
<td><strong>Smoking cessation</strong></td>
<td><strong>Plantar pressure redistribution</strong></td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Shoes and socks</strong></td>
<td><strong>Sharp or surgical debridement</strong></td>
</tr>
<tr>
<td>Foot wear and pressure offloading devices must be made available to people with high risk feet so ulcers are prevented.</td>
<td>On a regular basis when needed to accelerate healing provided there is adequate blood supply to heal and the cause has been corrected.</td>
</tr>
<tr>
<td><strong>Skin temperature</strong></td>
<td></td>
</tr>
</tbody>
</table>
Saving Diabetic Feet in Africa: Cape Town Declaration of Action 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. 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, 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, 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

- **Systemic blood glucose control**: Screening for undiagnosed diabetes must be increased. Insulin must be provided for all (diabetes at all) who need it. Ministries of Health must prioritize diabetes care.
- **Screening for the high risk foot**: Education and application of foot screens e.g. Simplified 60 Second Screening Tool.
- **Smoking cessation**: Smoking cessation.
- **Shoes and socks**: Foot wear and pressure offloading devices must be made available to people with high risk feet so ulcers are prevented.
- **Skin temperature**: Monitoring skin temperature should be available at diabetes centers to facilitate early deep inflammation and infection.

Treatment

- **Vascular supply**: For quick assessment of adequate blood supply to heal assess foot pulses.
- **Infection**: Early diagnosis and treatment of surface critical colonization (treat topically) or deep and surrounding infection (treat systematically).
- **Plantar pressure redistribution**: Plantar pressure redistribution devices (e.g. deep toed shoes and orthotics) are required with loss of protective sensation. Callus indicates pressure, Milieu indicates friction and/or shear. Regular callus removal is needed for healing.

Sharp or surgical debridement

On a regular basis when needed to accelerate healing provided there is adequate blood supply to heal and the cause has been corrected.

---

3. T1International. www.t1international.com