

## Our Diabetic Foot Center (InDiZ)

In Germany alone over 50,000 amputations are conducted every year as a result of diabetic foot syndrome. Therefore a diabetic foot requires special treatment – preferably at an interdisciplinary center, such as the one which has been in operation at the Klinikum Stuttgart since 2009.

A team of diabetologists, vascular and foot surgeons as well as interventional radiologists work together at the Interdisciplinary Diabetic Foot Center – with the aim of preserving the foot. Furthermore, cooperations exist with the Clinic's microbiologists as well as a podologist and an orthopaedic shoemaker.

Patients with diabetic foot syndrome are initially received in Clinic for Endocrinology, Diabetology and Geriatrics of the Katharinenhospital. This is where a basic diagnosis is conducted and an attempt is made to preserve the foot through a conservative approach. This takes place by means of intensive wound healing and treatment of concurrent infections. Interventional procedures by radiologists are also carried out during this phase.

### Klinikum Stuttgart – InDiZ

Spokesperson: **Prof. Dr. Ralf Lobmann**

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Klinikum Stuttgart



## For Maintaining Mobility

InDiZ – Interdisciplinary Diabetic Foot Center (certified by the German Diabetes Society)

STUTTGART



## Diabetes – a global problem

Diabetes is an increasing problem throughout the world. In Germany alone, approximately 10 million people suffer from diabetes. However, the estimated number of unrecorded cases is high, since diabetes is often diagnosed at a very late stage, so that currently a mere eight million diabetics have undergone diagnosis.

“Every year more than 50,000 amputations are carried out in Germany due to diabetic foot syndrome”, says Prof. Ralf Lobmann and adds: “This is clearly too many.”

Type 2 diabetics are particularly affected by diabetic foot syndrome. Small wounds which fail to heal and develop into skin ulcers are the starting point. These wounds may have really trivial causes – an inconspicuous injury on the lower leg or a minor bump of the foot already suffices.

Diabetics usually also suffer from circulatory disorders in the extremities, which contributes to diminished wound healing. Therefore skin ulcers can spread into the body and lead to damaged joint capsules, tendons and bones. The final stage comprises limited areas of necrosis in the forefoot and heel and finally necrosis of the entire foot.



1. Initial diagnosis  
2. Follow-up results after 6 months

Furthermore, if the wound is infected with bacteria and the blood vessels become involved, there is a high risk of blood poisoning, so that the amputation of individual toes or parts of the foot (minor amputations) or the lower leg or even the thigh (major amputation) becomes inevitable.

**But in a large number of cases, major amputations in particular can be avoided – if the treatment is carried out in time and in a certified foot/vascular center.**



Prof. Dr. Ralf Lobmann, Medical Director of the Clinic for Endocrinology, Diabetology and Geriatrics of the Katharinenhospital is committed to interdisciplinary care of diabetic feet.



Whereas the long-term average of the risk of amputation in patients with a diabetic foot is 15 percent, the amputation rate at the Interdisciplinary Diabetic Foot Center (InDiZ) is less than five percent. “Even though we primarily treat serious cases”, says Prof. Lobmann. The Head Physician sums it up by saying “Approximately half of all amputations are unnecessary”.