

2012 guideline for diabetic foot infections released

Foot infections in patients with diabetes usually start in a wound, most often a neuropathic ulceration. So clinicians can better manage diabetic foot infections, the **Infectious Diseases Society of America (IDSA)** published “**2012 Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections**” in the June 15 *Clinical Infectious Diseases*.

The guideline updates IDSA’s 2004 diabetic foot infections guideline. It focuses on appropriate therapy, including debridement of dead tissue, appropriate antibiotic therapy, removing pressure on the wound, and assessing (and potentially improving) blood flow to the foot. The guideline also provides suggestions regarding when and how long antibiotics should be administered for soft-tissue and bone infections.

When diagnosing a diabetic patient with foot infection, the guideline recommends clinicians evaluate the patient at three levels—the patient as a whole, the affected foot or limb, and the infected wound. The guideline also provides advice on when and how to culture diabetic foot wounds.

Access a **podcast** on the guideline, which is available in a smartphone format and as a pocket-size quick-reference edition.

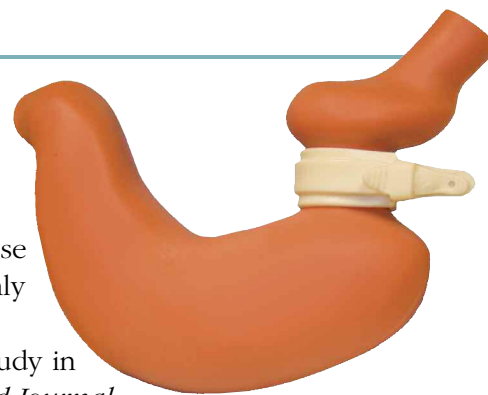
Combining bariatric surgery with medical therapy improves glycemic control

In obese patients with uncontrolled type 2 diabetes, bariatric surgery and 12 months of medical therapy significantly improved

glycemic control compared to those who received only medical therapy, according to a study in *The New England Journal of Medicine*. “**Bariatric surgery versus intensive medical therapy in obese patients with diabetes**”

was a randomized, nonblinded, single-center trial that included 150 patients in three groups: medical therapy only, medical therapy and Roux-en-Y gastric bypass, and medical therapy and sleeve gastrectomy.

Although glycemic control improved for all three groups, those who received bariatric surgery had better control. Use of drugs to lower glucose, lipid, and blood-pressure levels decreased significantly after both surgical procedures but increased in patients receiving medical therapy only. No deaths or life-threatening complications occurred.



HHS launches web-based tool for tracking healthcare performance

The U.S. Department of Health and Human Services (HHS) has **launched a web-based tool** for monitoring the performance of the healthcare system. The **Health System Measurement Project** gives providers and the public the ability to examine datasets from across the federal government that span specific topic areas, such as access to care,

vulnerable populations, prevention, and quality. Users can also view indicators by population characteristics, such as age, sex, income level, insurance coverage, and geography.

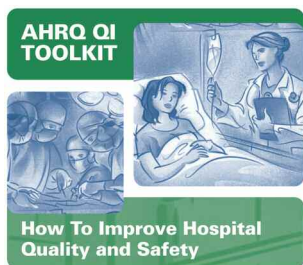
PEG tubes may increase risk of new pressure ulcers

According to a study published in *Archives of Internal Medicine*, percutaneous endoscopic gastrostomy (PEG) tubes may increase the risk of pressure ulcers in nursing home patients with advanced cognitive impairment.

Researchers found that hospitalized patients who receive a PEG tube were 2.27 times more likely to develop a new pressure ulcer and those with a pressure ulcer were less likely to have it heal when they had a PEG tube. “Our findings regarding the risk of developing new stage 2 or higher pressure ulcers suggest that PEG feeding tubes are not beneficial, but in fact they may potentially harm patients,” conclude the researchers in “**Feeding tubes and the prevention or healing of pressure ulcers.**”

AHRQ provides QI toolkit for hospitals

The Agency for Healthcare Research and Quality (AHRQ) offers a toolkit designed to help hospitals understand AHRQ’s quality indicators (QIs). “**AHRQ Quality Indicators™ Toolkit for Hospitals**” includes steps for improvement, how to sustain change, and different tools for different audiences. Clinicians can also access **audio interviews** that provide informa-



tion on how to use the tools and engage stakeholders and staff in QI efforts, and a **recording of a webinar** on the toolkit.



Source: Tufts

Silk fibers may be future resource for bone and tissue repair

Researchers at Tufts University have developed **the first all-polymeric bone scaffold material** that is fully biodegradable and capable of providing significant mechanical support during repair. The material could improve the way bones and tissues are repaired after an accident or following disease effects.

The new technology uses micron-size silk fibers to reinforce a silk matrix, much as steel rebar reinforces concrete. The study, “**High-strength silk protein scaffolds for bone repair,**” published in *Proceedings of the National Academy of Sciences*, found that the scaffold material is significantly less strong than normal bone, but it may play a role as a temporary biodegradable support for the patient’s cells to grow.

International guidelines for silver dressings in wounds released

June’s *Wounds International* includes “**International consensus: Appropriate use of silver dressings in wounds.**”

A meeting of an international group of experts, convened by *Wounds International*, met in December 2011 to compile the consensus guidelines, which describe the patients who are most likely to benefit from silver dressings and how to use the dressings appropriately.

The guidelines recommend that silver dressings be used “in the context of accepted standard wound care for infected wounds or wounds that are at high risk of infection or reinfection.” Another recommendation is to use silver dressings for 2 weeks, then evaluate the wound, patient, and management approach before deciding whether to continue using the dressing or if a more aggressive intervention such as antibiotics would be better.

Cell therapy may benefit patients with lower extremity CLI

Injections of ixmyelocel-T in patients with lower extremity critical limb ischemia (CLI) who aren't candidates for revascularization can prolong the time until treatment failure, according to a **study** in *Molecular Therapy*. Time to treatment failure was defined as major amputation, all-cause mortality, doubling of total wound surface area from baseline, or de novo gangrene. The double-blind, placebo-controlled RESTORE-CLI trial found that the adverse event rates were similar in the two groups.

New skin patch destroys skin cancer cells

A new skin patch destroyed facial basal cell carcinoma cells in 80% of patients, according to a **study** reported at the Society of Nuclear Medicine's 2012 Annual Meeting.

Each of the 10 patients with facial basal

cell carcinoma received a custom-made and fully sealed phosphorus-32 skin patch, a radiation spot-treatment in the form of a patch. Each patient was treated for 3 hours on the first day; the patches were reapplied on the fourth and seventh days after the first treatment for another 3 hours each. Three years after treatment, 8 of 10 patients were cancer-free.

The patients had lesions near the eyes, the nose, and forehead—areas more difficult to operate on, especially if skin grafting is needed later.



Small study links lymphedema to obesity

The average body-mass index (BMI) in obese patients with lymphedema was significantly greater than BMIs of obese patients without lymphedema, according to correspondence in *The New England Journal of Medicine*. The authors conclude, “Our findings suggest that obesity...may be a cause of lower-extremity lymphedema.”

“**Lower-Extremity Lymphedema and Elevated Body-Mass Index**” included 15 obese patients with bilateral lower-extremity enlargement who were referred to the authors' center. Of the 15, five were diagnosed with lymphedema by lymphoscintigraphy. ■