

www.ankleandfootcenter.com

Juan J. Rivera, D.P.M



Training

D.P.M. - Scholl College of Podiatric Medicine in Chicago, 1992
Hospital Residency Training in Foot Surgery at Miami VA Medical Center, Miami, Florida
Wound Care physician course, Curative Technologies 1995
Wound Care physician course, National Healing Corporation 2005

Office Location

6331 State Rd 54, New Port Richey FL 34653
2835 W De Leon St Ste 101, Tampa, FL 33609

Accomplishments

Past-President of the Hillsborough County Podiatric Medical Association
Speaker - St. Joseph Hospital Diabetes Support Group
Past Speaker - Florida Association of Orthotists and Prosthetists annual conference
American College Foot and Ankle Surgeons spokesperson
Bilingual: English/Spanish

Diabetic Foot Ulcers

A diabetic foot ulcer is an open sore or wound that most commonly occurs on the bottom of the foot in approximately 15 percent of patients with diabetes. Diabetes is the leading cause of nontraumatic lower extremity amputations in the United States, and approximately 14 to 24 percent of patients with diabetes who develop a foot ulcer have an amputation.

Anyone who has diabetes can develop a foot ulcer. People who use insulin are at a higher risk, as are patients with diabetes-related kidney, eye, and heart disease. Being overweight and using alcohol and tobacco also play a role in the development of foot ulcers.

Ulcers form due to a combination of factors, such as lack of feeling in the foot, poor circulation, foot deformities, irritation, and trauma (ex. wearing tight shoes). Patients who have diabetes for many years can develop neuropathy, a reduced or complete lack of feeling in the feet due to nerve damage caused by elevated blood glucose levels over time. The nerve damage often can occur without pain and one may not even be aware of the problem.

The primary goal in treatment of foot ulcers is to obtain healing as soon as possible. The faster the healing, the less chance for an infection.

There are several key factors in the appropriate treatment of diabetic foot ulcer:

- * Prevention of infection
- * Taking the pressure off the area
- * Removing dead skin and tissue
- * Applying medication or dressing to the ulcer
- * Managing blood glucose and other health problems

There are several important factors to keep an ulcer from becoming infected:

- * Keep blood glucose levels under tight control
- * Keep the ulcer clean and bandaged
- * Cleanse the wound daily, using a wound dressing or bandage
- * Do not walk barefoot

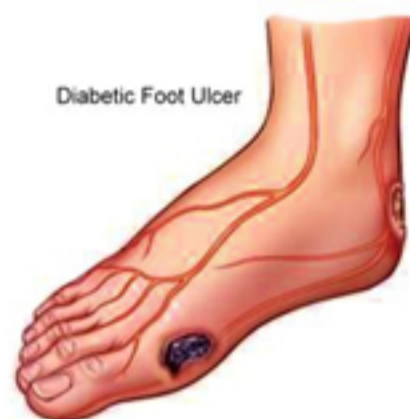
Healing time depends on a variety of factors, such as wound size and location, pressure on the wound from walking or standing, swelling, circulation, blood glucose levels, wound care, and what is being applied to the wound (we have advanced wound care modalities). Healing may occur within weeks or require several months.

The best way to treat a diabetic foot ulcer is to prevent its development in the first place. Recommended guidelines include seeing a podiatrist on a regular basis. He or she can determine if you are at high risk for developing a foot ulcer.

You are at high risk if you:

- * Have neuropathy
- * Have poor circulation
- * Have a foot deformity (i.e. bunion, hammer toe)
- * Wear inappropriate shoes
- * Have uncontrolled blood sugar

Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose are important in the prevention and treatment of diabetic foot ulcer. Wearing appropriate shoes and socks will go along way in reducing risks. Your podiatrist can provide guidance in selecting the proper shoes.



Never ignore foot or ankle pain. You can visit our website to learn more about the foot and ankle problems we treat. We have 10 locations, 12 doctors and over 25 years experience to serve your podiatry needs.

Find us on Facebook 