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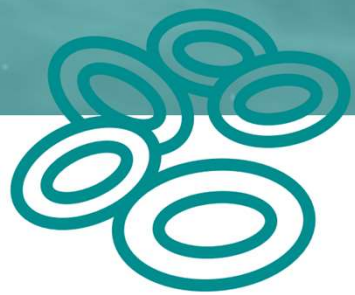
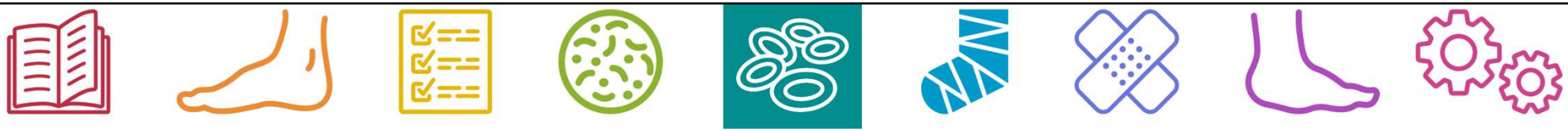
IWGDF Guidelines

www.iwgdfguidelines.org

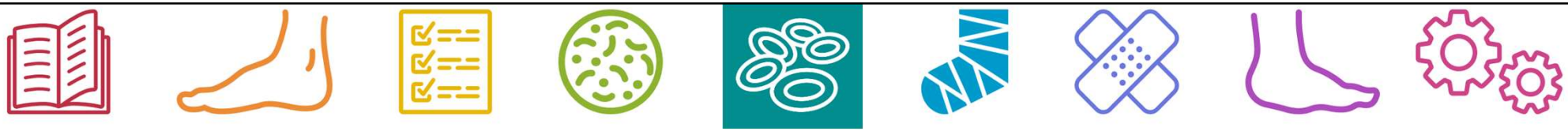
The intersocietal IWGDF, ESVS, SVS guidelines on the diagnosis, prognosis and management of peripheral artery disease in patients with diabetes mellitus





PAD guideline

- Aim is to have consistent suite of recommendations for PAD assessment and management in diabetes-related foot disease internationally
- Developed in collaboration with the 2 major international vascular societies (ESVS and SVS) – 6 working group members from each of 3 societies
- Working group expertise- vascular surgery, interventional radiology, angiology, podiatry, endocrinology
- External experts and patient representative involvement
- *Approved by IWGDF Editorial Board, ESVS and SVS*

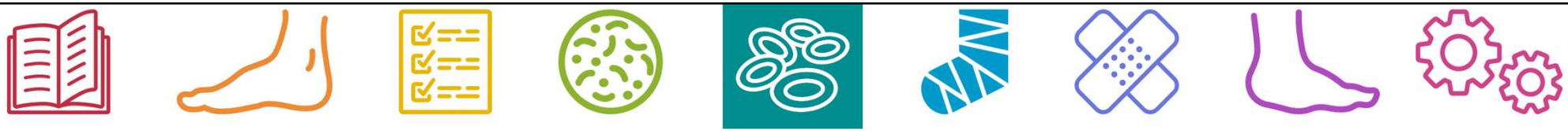


Guideline based on 3 systematic reviews:

1. Effectiveness of bedside investigations to diagnose PAD in people with diabetes mellitus (with or without a foot ulcer or gangrene)

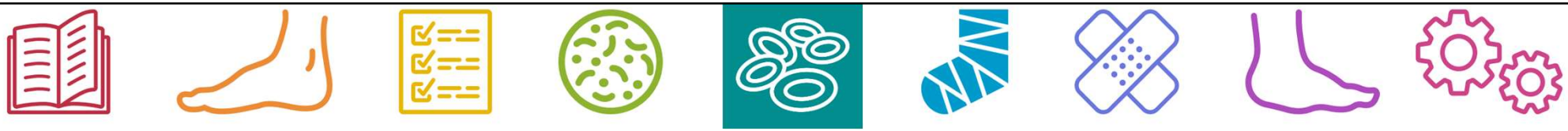
2. Performance of non-invasive bedside vascular testing for the prediction of wound healing or amputation among people with foot ulcers in diabetes

3. Effectiveness of revascularisation of the ulcerated foot in patients with diabetes and PAD



Recommendations

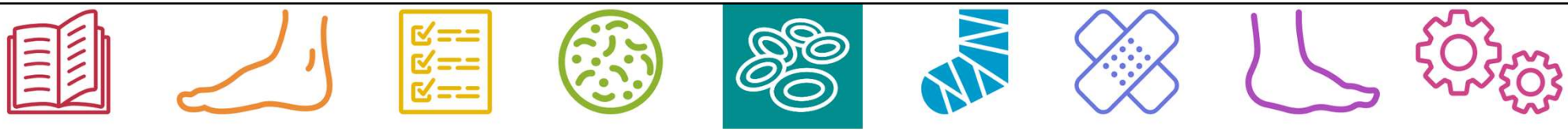
- Diagnosis: 5 recommendations (1 is a Best Practice Statement)
- Prognosis: 5 recommendations
- Treatment: 15 recommendations (14 are Best Practice Statements)
  - Includes recommendations on the principles of management of diabetes, lipids and antithrombotics



What's New? – New recommendations

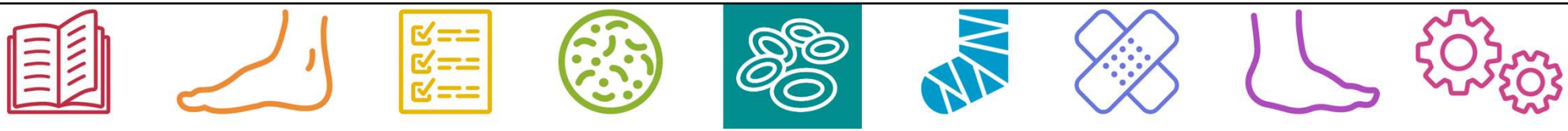
- In a person with diabetes **without** a foot ulcer in whom a non-emergent invasive foot procedure is being considered, PAD should be excluded by performing assessment of pedal Doppler waveforms in combination with ankle-brachial index (ABI) and toe-brachial index (TBI). (Best Practice Statement)

- In a person with diabetes and a foot ulcer or gangrene we suggest the presence of PAD and other causes of poor healing should always be assessed. Diabetes-related microangiopathy should not be considered the primary cause of foot ulceration, gangrene or poor wound healing without excluding other causes. (Conditional, low)



New Recommendations

- In a person with diabetes, PAD and a foot ulcer or gangrene who has an adequate single segment saphenous vein and in whom infrainguinal revascularisation is indicated ***and who are suitable for either approach***, consider bypass in preference to endovascular therapy (Conditional, moderate)
- A person with diabetes, PAD and a foot ulcer or gangrene, should be treated in centres with expertise in, or rapid access to, endovascular and surgical bypass revascularisation.
- Make treatment decisions based on patient risk and preference, limb threat severity, anatomic distribution of PAD, and the availability of autogenous vein



Person with diabetes and an ulcer or gangrene

Wound care and offloading as recommended by IWGDF

Palpate pulses and examine for signs of ischaemia

Assess for presence of infection and manage as recommended by IWGDF

Evaluate pedal doppler waveforms, perform ABI and TBI to diagnose/exclude PAD

Use WIfI to stratify healing likelihood and amputation risk

Absent pulses or ankle pressure <100mm Hg or TP <60mm Hg, or monophasic/absent pedal doppler waveforms

PAD, ulcer with infection or gangrene

ABI 0.90-1.3,TBI ≥0.70, triphasic or biphasic pedal doppler waveforms, persist with wound care and treatment of infection as needed

ABI <0.4, ankle pressure <50mm Hg, TP <30mm Hg or $TcPO_2$ <30mm Hg or monophasic/absent pedal Doppler waveforms

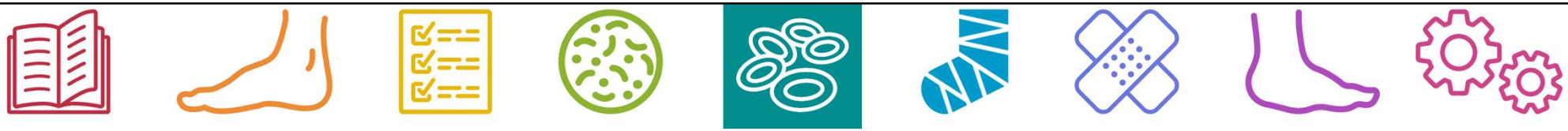
Consult vascular specialist unless urgent amputation indicated

Urgent consultation by vascular specialist

Reassess perfusion if there is lack of healing progress at 4 weeks

Urgent revascularisation procedure should be considered, consult vascular specialist

Yellow: conditional recommendation
Green: strong recommendation
Orange: best practice statement



Person with diabetes, PAD and an ulcer, gangrene in whom revascularisation is indicated

Image arterial system from aorta to pedal arch using;
- Arterial colour duplex ultrasound
- CT Angiography
- MR Angiography
- or DS Angiography

Patient deemed unfit for bypass or arterial lesion considered suitable for straightforward endovascular procedure

DS angiography ± intervention

Ideally target artery supplying angiosome associated with ulcer or gangrene

Assess GSV for suitability for bypass if open bypass or endovascular intervention likely indicated

Patient suitable for bypass or endovascular procedure

Suitable single segment GSV

Consider bypass

Single segment GSV suitable for bypass not available

Endovascular procedure or bypass

Yellow: conditional recommendation
Orange: best practice recommendation