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Diabetes is a serious metabolic disease that usually affects your feet. The disease affects the way your body uses sugar and how it produces insulin. Today medicine has advanced significantly in treating the dangerous effects of abnormal blood sugar like hyperglycemia, ketoacidotic coma, infection and premature death. This is both good and bad news. The good news is that people with diabetes are living longer, healthier lives. The bad news is that diabetes still causes secondary indirect complications that affect the feet, eyes and kidneys. Diabetic foot disease is primarily caused by two complications of the disease called neuropathy and atherosclerosis (poor circulation).

Neuropathy is nerve damage of the foot causing numbness and loss of sensation. This loss of sensation makes it difficult for the patient to distinguish between hot and cold or to realize when the foot has been cut or bruised. In a way your feet become "unprotected" because of the neuropathy. Ulcers, cuts, scraps, burns and other trauma to your feet can go unnoticed until it's too late to avoid serious problems like infection or gangrene.

Atherosclerosis causes a diabetic to have poor circulation, which adversely affects the legs and feet. Additionally, white blood cells which fight infection do not perform effectively when blood sugar levels are higher than normal. This can seriously compound any foot problems because the body's defenses may be unable to prevent the development of cellulites (infection of the skin), abscess (infection of soft tissue under the skin) or osteomyelitis (infection in your bone). This can result in foot ulcers (that won't heal), gangrene and even amputations. **IT IS IMPORTANT TO REMEMBER THAT THESE ARE DIRECT COMPLICATIONS OF THE DISEASE.** While statistics show that early, conservative, preventive, management of diabetic foot disease can effectively reduce or delay these bad results, there is no cure for diabetes and bad results may be unavoidable even with the best care. Unfortunately, that is the nature of your disease.

A daily foot care instruction sheet will be given to you by our office and you should follow these instructions and the specific instructions we give you upon examination. It is VERY important that you keep your blood sugar under good control. It is YOUR RESPONSIBILITY to see your internist and family doctor for management of your disease. If you fail to do so it will adversely affect our treatment of your feet.

We wish you the best of health and will work very hard with you to keep your feet in the best condition your disease will allow.

Sincerely,  
Robert A. Lucas, D.P.M.

I have read and understand this letter and I agree to have diabetic foot care by Dr. Lucas including: trimming of corns, calluses, nails, care of ulcers and routine foot care as needed.

Patient \_\_\_\_\_ Date \_\_\_\_\_

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