

Objective of this Page

This opening page intends to catch the attention of the audience by providing relevant statistical information on the diabetic foot. It aims to open this education session by alarming the audience into finding out the different ways of avoiding an amputation due to diabetes.

Suggested Order of Discussion

1. Briefly introduce yourself and your work in the health center. If time and resources allow, be sure to ask each of the participants to introduce themselves or prepare name tags so that you can address the participants by their first names.
2. Briefly explain what this education session is all about and its estimated time frame.
3. Ask the audience if they know someone amputated due to diabetes, what they think are the reasons why that person was amputated and if they think that there is a possibility that they too are at risk of amputation.
4. Ask the participants what they know about the **diabetic foot**. Assure the participants that their questions will be answered in the succeeding discussions.
5. Present the relevant statistical information below. Include other information as you deem fit.
6. Ask the participants what they think about the data and encourage them to learn about proper foot care which is the content of this session.
7. State the key message and ask the participants to repeat after you.

Relevant Information

- People with diabetes are 25 times more likely to lose a leg than people without diabetes.
- Up to 70% of all leg amputations throughout the world happen to people with diabetes.
- More than 1 million people with diabetes lose a leg every year.
- Every 30 seconds a lower limb is lost due to diabetes somewhere in the world.

Key Message

TUNGOD KAY AKO ADUNAY DIABETES, DAKO ANG RISGO NGA AKO MAPUTLAN UG TIIL KUNG DILI NAKO KINI ATIMANON.

Because I have Diabetes, the risk of my foot being amputated is high if I do not take care of my feet.

NOTE: Say this out loud and ask the audience to repeat before proceeding to the next page. Do this with the rest of the key messages as well.

References

- Diabetes and Foot Care : Time to Act. International Diabetes Federation and the International Working Group on the Diabetic Foot. 2005



This foot care flipchart is intended for the education of patients enrolled in the CVD Program. This is administered by trained health care professionals. The flipchart provides an overview of the importance and different components of foot care. It encourages patients to practice basic foot care, wear proper footwear and to regularly have their feet checked at the health centers. This education session is most effective if demonstration is done on proper foot washing and self-inspection of the feet. The footwear of participants will be used as examples in the discussion on proper footwear. Foot and footwear models can also be used during the entire session.

25 KA BESES NGA MAS TAAS ANG PURUHAN SA TAONG ADUNAY

DIABETES

NGA **MAPUTLAN UG TIIL** IKUMPARA SA TAONG WALAY DIABETES



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Unsaon man nako paglikay niini?

People with Diabetes are 25 times more likely to lose a leg than people without the condition. How can I prevent this?

With financial support from



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Objective of this Page

This page aims to present common diabetic foot problems so that participants are able to determine if they or others they know may already have diabetic foot.

Suggested Order of Discussion

1. Present the definition of diabetic foot.
2. Present common examples of the diabetic foot.
3. Ask the participants if they or others they know have diabetic foot. Ask them to describe what they feel or what they saw. This is to provide more examples which are realities to the audience.
4. Assure the participants that their questions will be answered in the succeeding pages. Encourage them to stay until the end of the session to learn about preventing and managing diabetic foot.
5. State the key message and ask the participants to repeat after you.

Relevant Information

Common diabetic foot problems include:

- Dry skin resulting to skin fissures due to diminished sweating.
- Skin discoloration due to changes in blood flow to the affected foot.
- Foot deformities such as the claw toe, hammer toe, mallet toe which are due to distal muscle atrophy and weakening of the intrinsic foot muscles.
- Charcot Foot caused by progressive damage to the ligaments, cartilage and bones due to repeated trauma and injury.
- Foot ulcers due to trauma and reduced blood flow.

Key Message

IMPORTANTE NGA AKO MAKAHIBALO KUNG AKO ADUNAY DIABETIC FOOT. IMPORTANTE USAB NGA AKO MAKAHIBALO KUNG UNSAY AKONG BUHATON KUNG ADUNA KO NIINI.

It is important for me to recognize if I have diabetic foot problems. It is equally important for me to learn about what I should do if I have the condition.

References

- Manual for the Implementation of the Cardiovascular Disease Program. Handicap International. 2013
- International Consensus on the Diabetic Foot. International Working Group on the Diabetic Foot. 2011



Unsa man ang Diabetic foot?

What is a diabetic foot?



Diabetic foot ang tawag sa nagkadaiyang mga problema sa tiil tungod sa **diabetes**

Diabetic foot is a general term used to pertain to different foot problems due to diabetes

Objective of this Page

This section aims to explain in simple terms the pathophysiology of the diabetic foot. This basic knowledge will hopefully be the foundation for a thorough understanding of the importance of controlling blood sugar, preventive foot care and the management of diabetic foot problems.

Suggested Order of Discussion

1. Before turning to this page, encourage a discussion on the pathophysiology of the diabetic foot by asking the participants: Why do you think persons with diabetes will possibly develop diabetic foot? **Ngano man nga ang taong adunay diabetes posibleng magka-diabetic foot?**
2. Optional: Based on the discussion slowly arrange the answers on a black/white board to come up with a flowchart similar to the Pathways to the Development of Foot Ulcers.
3. Present page 3 emphasizing blood vessel and nerve damage as the most important causes of the diabetic foot.
4. Explain in simple terms why the diabetic foot problems presented in page 2 are caused by blood vessel and nerve damage. (If step 2 is done, modify the flowchart during this part)
5. Highlight that if not prevented or managed properly, the ultimate result of diabetic foot problems is commonly the development of foot ulcer and consequent amputation.
6. State the key message and ask the participants to repeat after you.

Relevant Information

- Up to 50% of people with type 2 diabetes have neuropathy and at risk feet. Neuropathy leads to an insensitive and sometimes deformed foot, often with abnormal walking pattern.
- Up to 85% of amputations are preceded by an ulcer.
 - In people with neuropathy, minor trauma– caused by ill-fitting shoes, walking barefoot can precipitate a chronic ulcer. Loss of sensation, foot deformities, and limited joint mobility can result in abnormal biochemical loading of the foot. Thickened skin (callus) forms as a result leading to further increase of abnormal loading and often subcutaneous hemorrhage.
 - Peripheral vascular disease, usually in conjunction with minor trauma, may result in a painful, purely ischemic foot ulcer.
 - In patients with neuro-ischemic ulcers, symptoms maybe absent despite severe peripheral ischemia.

Key Message

ANG KANUNAY NGA TAAS NGA ASUKAR SA DUGO MAOY RASON SA PAGKADAUT SA KAUGATAN UG NERBYO. BUSA ANG PAGPAUBOS NGADTO SA NORMAL SA AKONG BLOOD SUGAR MAOY ISA SA PINAKAMAAYONG PAMAAGI SA PAGLIKAY UG PAG-ATIMAN SA DIABETIC FOOT.

Damage to blood vessels and nerves are due to consistently elevated blood sugar therefore controlling my blood sugar is one of the best ways to prevent and manage diabetic foot.

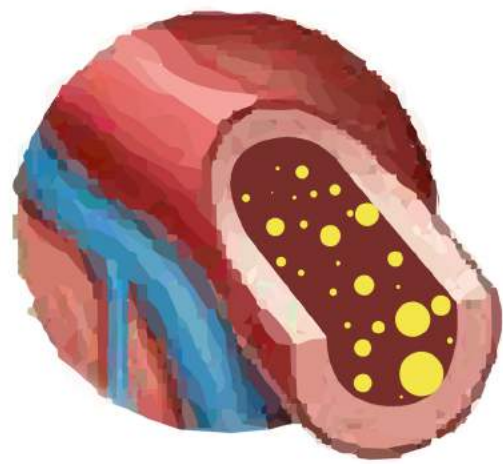
References

- Manual for the Implementation of the Cardiovascular Disease Program. Handicap International. 2013
- International Consensus on the Diabetic Foot. International Working Group on the Diabetic Foot. 2011



Nganong magkaproblema man sa tiil ang taong adunay diabetes?

Why do persons with diabetes develop diabetic foot problems?



Kanunay nga daghan ang asukar sa dugo

Consistently elevated blood sugar

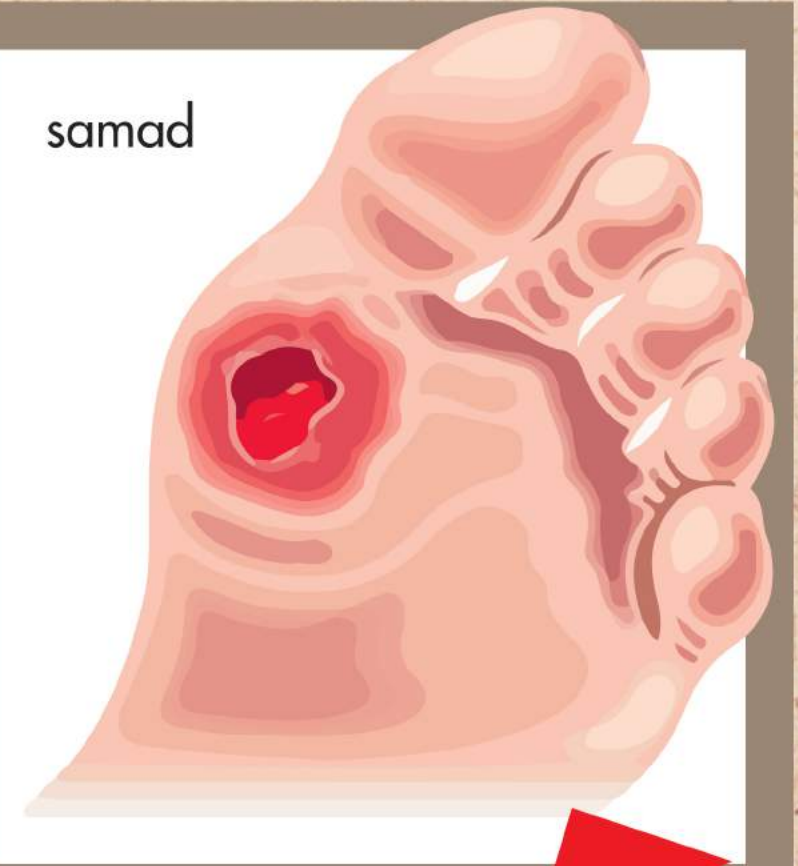
Pagkadaot sa mga kaugatan

Damage to blood vessels

Pagkadaot sa nerbyo

Damage to nerves

samad



Ulcer

Binhod

Pag-uga sa panit

Pagkahiwi sa tiil



Numbness, dry skin, foot deformity

Objective of this Page

This section aims to present the various symptoms of nerve damage and address common myths about these symptoms which may impact diabetes self-management.

Suggested Order of Discussion

1. Ask several participants to describe one symptom they see in the picture.
2. Reinforce or confirm that their answers are right and summarize the symptoms.
3. Ask the participants if they too feel these symptoms. Allow them to describe what they feel and how they managed the symptoms. This is to further engage the participants into the education session.
4. Discuss the common myths (**Mga mali nga pagtuo**) below.
5. Point out the foot stepping on a tack as an example of myth # 2.
6. State the key message and ask the participants to repeat after you.

Relevant Information

Common myths about the symptoms of diabetic neuropathy include:

1. **Myth:** There's nothing to help the pain in my feet. **Truth:** There are several ways to reduce diabetic foot pain including medication, relaxation techniques and foot exercises.
2. **Myth:** My feet are not hurting so there is nothing wrong with my feet. **Truth:** Peripheral neuropathy causes pain or loss of sensation in the hands and feet. Peripheral neuropathy usually begins in the longest nerves, such as the ones that reach the toes. Sensory information relayed through the nerves doesn't get transmitted. Such a loss of feeling make the hands and feet less sensitive to pain, heat and cold. Thus, you can have a foot injury and not know it.

Loss of protective sensation is a major component of nearly all diabetic foot ulcers. It is associated with a **seven-fold increase** in risk of ulceration.

Key Message

ANG RISGO SA PAGKASAMAD UG POSIBLENG PAGKAPUTOL MOTAAS UG PITO KA BESES SA DIHANG MAGBANHOD O MAWALA NA ANG PAGBATI NGA MAO UNTAY PROTEKSYON SA ATONG MGA TIIL.

Loss of protective sensation is associated with a seven-fold increase in risk of ulceration and possible amputation.

References

- 50 Diabetes Myths That Can Ruin Your Life and the 50 Diabetes Truths That Can Save It. Riva Greenberg, De Capo Press 2009.
- Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers. Wounds International. 2013.

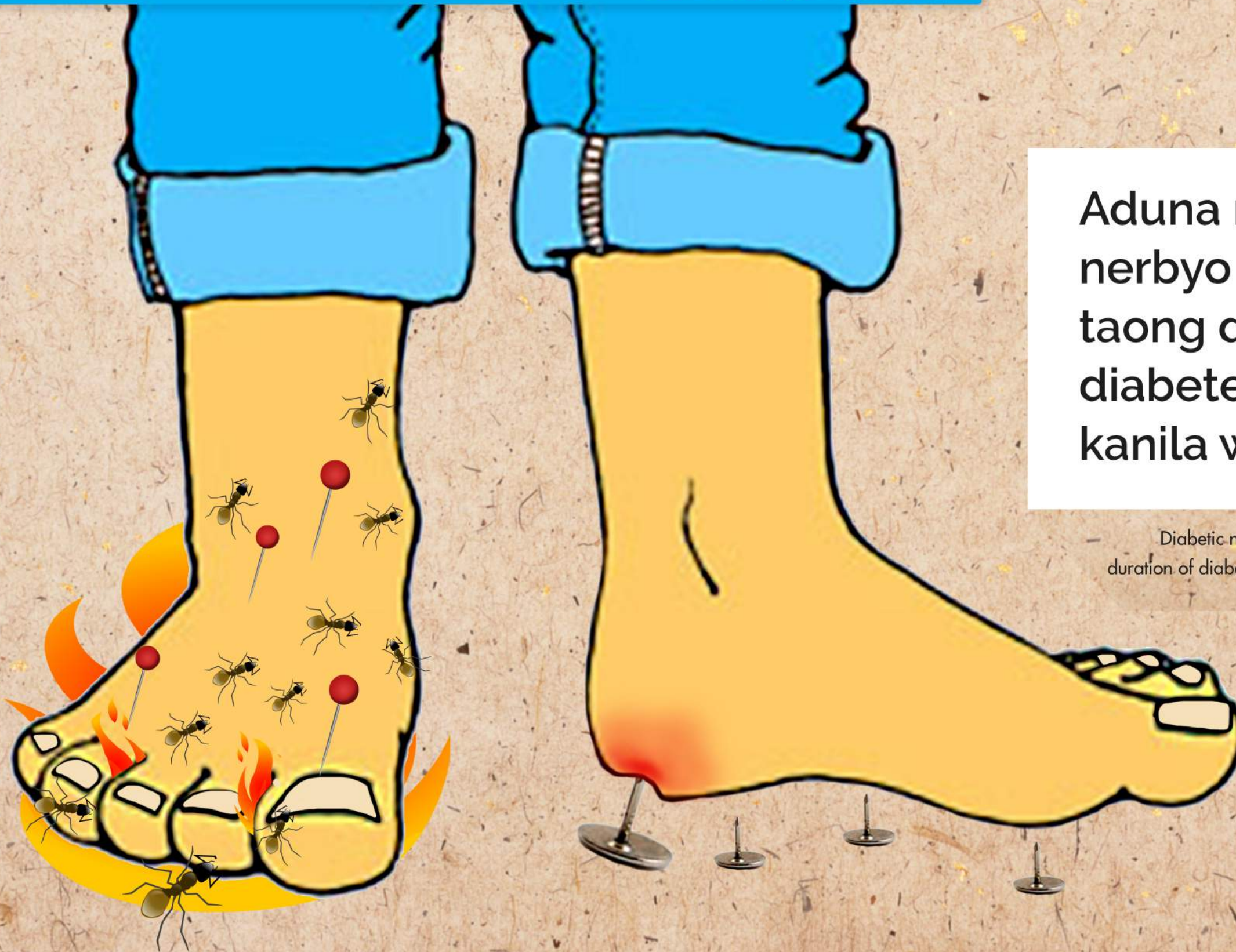


Unsa man ang akong bati-on kung nadaot ang akong mga nerbyo?

What will I feel if my nerves get damaged?

Aduna nay pagkadaut sa nerbyo sa 50% sa mga taong dugay nang nagka-diabetes. Ang katunga kanila walay sintomas.

Diabetic neuropathy is present in up to 50% of patients with long duration of diabetes. Up to 50% of these patients may be asymptomatic.



Objective of this Page

This section presents an overview of the different measures of preventing the diabetic foot relevant to persons with diabetes aside from blood sugar control so that participants will realize that all these measures are parts of a whole and are equally important.

Suggested Order of Discussion

1. Reinforce that the first thing to do to prevent diabetic foot is to control blood sugar.
2. Ask 4 participants to each read out loud 1 prevention measure.
3. Point out the white oval background and emphasize that these 4 measures are parts of a whole and are therefore equally important.
4. Assure participants that each of the components will be discussed in detail in the next sections.
5. State the key message and ask the participants to repeat after you.

Relevant Information

- The 5 Cornerstones of Foot Management which are directly relevant to health service providers are:
 1. Education for patients, family and health care providers.
 2. Appropriate footwear.
 3. Inspection of the at-risk foot.
 4. Regular inspection and examination of the at-risk foot.
 5. Treat of non-ulcerative pathology.

For people with diabetes, learning and practicing the 4 basic prevention measures presented on page 5 will enable them to gain better control of their health. This is the reason why these measures are formulated as action statements.

Key Message

KINAHANGLAN NAKONG BUHATON ANG TANANG PAMAAGI SA PAGLIKAY SA DIABETIC FOOT, DILI LAMANG ISA, ARON AKONG MALIKAYAN ANG PAGKASAMAD UG PAGKAPUTOL SA TIIL.

I should be able to practice all measures to prevent diabetic foot, not just 1, in order to successfully prevent foot ulcers and amputations.

References

- Diabetes and Foot Care : Time to Act; International Diabetes Federation and the International Working Group on the Diabetic Foot, 2005.
- Practical Guidelines on the Management of the Diabetic Foot; International Working Group on the Diabetic Foot Consultative Section of the IDF, 2007.



Unsaon man nako aron dili ko magka-diabetic foot?

How can I avoid having a diabetic foot?

Atimanon ko ang akong tiil

I will take care of my feet



Dili ko manigarilyo

I will not smoke



Magsuot ko ug tamang sapatos o tsinelas

I will wear proper footwear.



Magpaexamine ko ug tiil kanunay sa health center

I will have my feet examined regularly in the health center.



Objective of this Page

This section presents basic foot care “dos” as recommended by the International Working Group on Diabetic Foot. Participants should be able to do these self-care practices at home after this session.

Suggested Order of Discussion

1. Discuss each of the foot care dos. It is better if the health service provider is able to demonstrate how each of the foot care dos are done using a foot care kit consisting of a mirror, wash basin, mild soap, mild lotion, clean towel and nail cutter. Ideally each participant should have their own foot care kits especially the nail cutter and towel.
2. Make sure that all relevant information below are covered in the discussion.
3. State the key message and ask the participants to do the same.
4. Encourage the participants to start practicing foot care at home after the session. Point out that it is indeed easy to prevent ulcers and amputations through proper foot care.

Relevant Information

Foot Care Do's:

1. **Inspect feet daily, including areas between the toes.** Examine the soles of the feet with a mirror. Should the people with diabetes be unable to do so (eg. if vision is impaired), people with diabetes should not attempt their own foot care. There is a need for other persons with skills to inspect feet.
2. **Wash feet regularly with careful drying, especially between the toes.** Always check water temperature before immersing feet. Temperature should be below 37 °C.
3. **Use lubricating oils, lotions or creams for dry skin but not between the toes.**
4. **Cut nails straight across.**
5. **Notify the health care provider** at once if a blister, cut, scratch or sore has developed.

Key Message

SAYON LAMANG BUHATON AND TAMANG PAG-ATIMAN SA TIIL. MAGSUGOD NAKO NIINI PAG-ULI NAKO SA AMONG PANIMALAY.

Proper foot care is easy to do. I will start practicing them as soon as I get home.

References

- Practical Guidelines on the Management and Prevention of the Diabetic Foot; International Working Group on Diabetic Foot, 2011.

Atimanon ko ang akong tiil.

I will take care of my feet.



Susihon ang mga tiil kada adlaw.

Examine feet daily



Hugasan ang mga tiil paghuman sa adlaw

Wash feet at the end of the day



Ipabilin nga humok ug dili uga ang panit

Keep skin soft and moisturized



Ipabilin nga limpyo ug maayong pagkaputol ang mga kuko

Keep toenails clean and neatly trimmed

Proper Improper

Page 6

Atimananon ko ang akong tiil.

I will take care of my feet.



**Susihon
ang mga tiil
kada adlaw.**

Examine feet daily



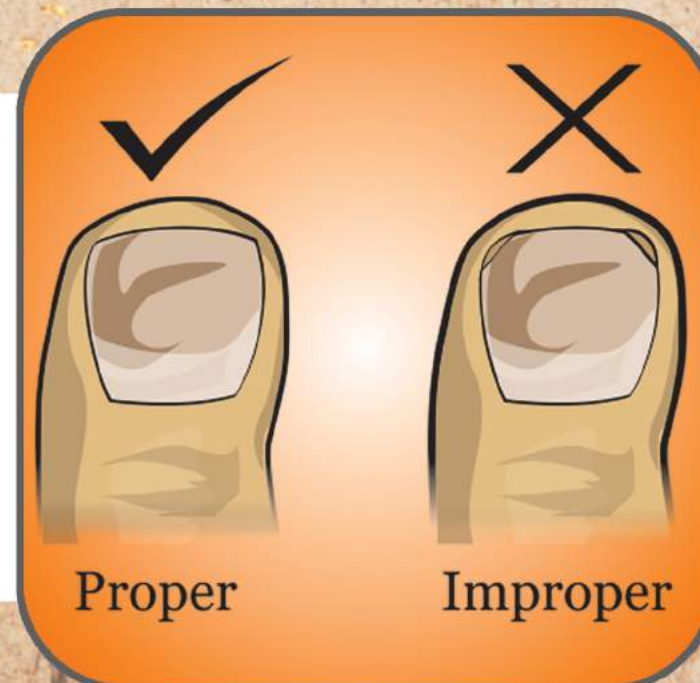
**Hugasan
ang mga tiil
paghuman
sa adlaw**

Wash feet at the end of the day



**Ipabilin
nga humok
ug dili uga
ang panit**

Keep skin soft and moisturized



**Ipabilin
nga limpyo ug
maayong
pagkaputol
ang mga kuko**

Keep toenails clean and neatly trimmed

Objective of this Page

This section presents basic foot care “do nots” as recommended by the International Working Group on Diabetic Foot. Participants should be able to avoid doing these practices at home after this session.

Suggested Order of Discussion

1. Discuss each of the foot care “do nots”. Engage the audience by asking the reasons why these practices should be avoided.
2. Make sure that all relevant information below are covered in the discussion.
3. State the key message and ask the participants to do the same.
4. Encourage the participants to start practicing foot care at home after the session. Point out that it is indeed easy to prevent ulcers and amputations through proper foot care.

Relevant Information

Foot Care Do Nots:

1. **Do not attempt to remove your calluses and corns on your own.** Chemical agents or plasters to remove corns and calluses should not be used. These should be cut by a health care provider.
2. **Avoid having pedicures.**
3. **Avoid walking barefoot** indoors or outdoors.
4. **Do not use a heater or hot-water bottle** to warm your feet.
5. **On socks:**
 - Avoid wearing shoes without socks.
 - Never wear tight or knee-high socks.
 - Wear stockings with seams inside out or preferably without seams.
 - Change socks daily.

Key Message

SAYON LAMANG BUHATON AND TAMANG PAG-ATIMAN SA TIIL MAO NGA MAGSUGOD NAKO NIINI PAG-ULI NAKO SA AMONG PANIMALAY.

Proper foot care is easy to do so I will start practicing them as soon as I get home.

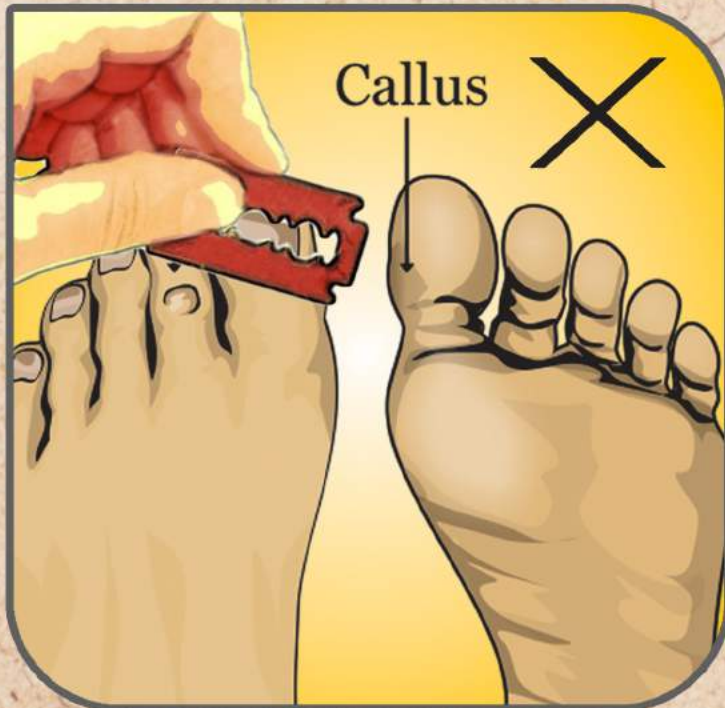
References

- Practical Guidelines on the Management and Prevention of the Diabetic Foot; International Working Group on Diabetic Foot, 2011.



Atimanan ko ang akong tiil.

I will take care of my feet.



Dili magpasagad
ug kuha sa mga
kubal ug kalyo

Do not cut calluses or corns



Dili magpa
pedicure

Avoid having pedicures



Dili magti-niil

Do not walk barefoot



Dili magsuot
ug guot ug
taga tuhod
nga medyas

Avoid using tight or knee-high socks

Objective of this Page

This page highlights the major role of tobacco use in the development of Peripheral Vascular Disease and the increase in the risk of amputation. It also provides an opportunity to encourage people who smoke to avail of smoking cessation services offered by health centers.

Suggested Order of Discussion

1. Ask your audience what they know about the harmful effects of smoking. Reinforce or confirm if their answers are correct.
2. Inform the audience that the section is about the harmful effects of smoking to the feet especially to people who have diabetes.
3. Present the relevant information. Explain how gangrene develops.
4. State the key message.
5. Encourage people who smoke to visit the smoking cessation clinic. Provide the clinic schedule and clinic hotline number.

Relevant Information

- Tobacco use in any form is the single most important modifiable cause of Peripheral Vascular Disease (PVD). Smokers have up to tenfold increase in relative risk for PVD in a dose related effect.
- Persons with diabetes who smoke underwent more amputations, as well as more proximal amputations than those who did not smoke. The higher amount of smoking in pack years followed an increasing trend of more proximal amputations as well.
- The most common symptoms of PVD is intermittent claudication, which is experienced as pain or cramp in the lower leg and less commonly in the thighs or feet. Often this pain will come on after walking or exercise and will disappear within a few minutes of stopping.
- In people without diabetes, cessation of smoking has been shown to decrease the risk of developing intermittent claudication and decrease the subsequent risk of amputation. Moreover patency rates of vascular reconstruction are higher, and the risk of death is lower.

Key Message

ANG DIABETES UG ANG PAGPANIGARILYO LABAW NA MAKADAUT NGA KOMBINASYON. ARON MAATIMAN ANG AKONG DIABETES UG MALIKAYAN ANG PAGKAPUTOL SA TIIL KINAHANGLAN NAKO NGA LIKAYAN O UNDANGON ANG PAGPANIGARILYO.

Diabetes and smoking is a lethal combination. To be able to manage diabetes and prevent amputation, I should make it a point to avoid or quit smoking.

References

- International Consensus on the Diabetic Foot; International Working Group on the Diabetic Foot, 2007.
- ASH Report: Smoking and Peripheral Arterial Disease; Action on Smoking and Health, 2014.
- A Comparison of Diabetic Smokers and Non-Smokers who Undergo Lower Extremity Amputation: A Retrospective Review of 112 Patients; J. Joseph Anderson Et al. , 2012.



Dili ko manigarilyo

I will not smoke



Ang pagpanigarilyo
maoy kasagarang rason
sa pagkadaut sa mga
kaugatan sa mga tiil.

Cigarette smoking is the biggest cause of the disease of the arteries of the feet and legs



Objective of this Page

This section highlights the importance of proper footwear to prevent ulcers and subsequent amputation. It aims to encourage the participants to start wearing appropriate footwear.

Suggested Order of Discussion

1. Ask the audience why proper footwear is important for people with diabetes and discuss.
2. Discuss and point out the features of a proper footwear for persons with diabetes. Use the audience' footwear or footwear models as examples. Dispel the myth that people with diabetes have to wear special shoes.
3. Present the footwear "dos" and "do not"s in the relevant information below.
4. State the key message and ask the audience to repeat after you.

Relevant Information

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. **Shoe trauma**, in concert with loss of protective sensation and concomitant foot deformity, is the leading event precipitating foot ulceration in persons with diabetes.

1. Inspect and palpate the inside of the shoes daily before wearing.
2. Do not wear tight shoes or shoes with rough edges or uneven seams.
3. Patients without loss of protective sensation can select off-the-shelf footwear by themselves. In patients with neuropathy and/or ischemia, extra care must be taken when fitting footwear—particularly when foot deformities are also present. The shoe should not be too tight or too loose.
 - The inside of the shoe should be **1-2 cm** longer than the foot itself.
 - The internal width should be equal to the width of the foot at the site of the metatarsal phalangeal joints.
 - The height should allow enough room for the toes.
 - Fit should be evaluated with the patient in standing position, preferably at the end of the day / in the afternoon.
4. If the fit is too tight due to deformities or if there are signs of abnormal loading of the foot (e.g. hyperaemia, callus, ulceration), patients should be referred for special footwear (advice and/or construction), including insoles and orthoses.

Key Message

ANG PAGPUHUNAN SA TAMANG SAPATOS O TSINELAS MAS GAAN LAMANG GAYUD IKUMPURA SA PAGPATAMBAL UG SAMAD O DI KAHA SA PAGPUTOL UG TIIL. MAGSUOT NAKO SA TAMANG SAPATOS O TSINELAS SA SULOD UG GAWAS SA BALAY SUGOD KARON.

Investing in proper footwear is far less a burden compared to treating an ulcer or having an amputation. I will wear proper footwear inside and outside our house starting today.

References

- Practical Guidelines on the Management and Prevention of the Diabetic Foot; International Working Group on Diabetic Foot, 2011.
- Diabetes mellitus: percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 months; <http://www.qualitymeasures.ahrq.gov/content.aspx?id=26751>

Magsuot ko ug tamang sapatos o tsinelas

I will wear appropriate shoes or slippers.



Ang pagkabun-og tungod sa sapatos maoy kasagarang rason sa pagka-samad sa tiil

Shoe related trauma is the most frequent event precipitating an ulcer Page 9



Magsuot ko ug tamang sapatos o tsinelas

I will wear appropriate shoes or slippers.



Ang pagkabun-og tungod sa sapatos maoy kasagarang rason sa pagka-samad sa tiil

Objective of this Page

This section presents the importance and procedure of foot screening or foot risk assessment. It is also an opportunity to encourage the audience to regularly visit the health center for foot risk assessment and inspection as well as other services for persons with diabetes.

Suggested Order of Discussion

1. Inform the audience that this section is about how to identify an at-risk foot.
2. State Relevant Information #1.
3. Inform the audience that risk screening is done in health centers as part of a package of services for people with diabetes.
4. Describe how the foot examination and risk assessment is done. If time allows it is better if a quick demonstration is done with 1 person from the audience, present the result and the recommendations.
5. State Relevant Information #2.
6. Encourage the audience to visit the health center regularly for these valuable services.
7. State the key message and ask the audience to repeat after you.

Relevant Information

1. **Identification of the at-risk foot :** People with high risk for future ulceration can be identified with simple foot examination. Following examination of the feet, each patient can be assigned a risk category which should guide subsequent management. People with high risk for future ulceration can be identified with simple foot risk assessment tools like the 10g Semmes-Weinstein Monofilament and tuning fork.
2. **Regular Inspection and Examination:** All people with diabetes should be examined once a year for potential foot problems. Patients with demonstrated risk factors should be examined more often (every 1-6 months). The feet should be examined by health care providers during every visit to the health center for early detection of wounds. The patient's feet should be examined lying down and standing up, and their shoes and socks should also be inspected. This regular inspection should also be done at home.

Key Message

ANG REGULAR NGA PAG-INSPECTION UG PAG-SUSI SA RISGO SA TIIL SIMPLE UG SAYON LAMANG BUHATON UG DILI KABAYRAN AND MGA BENEPISYO NIINI. KANUNAY NA AKONG MAGPA-EKSAMEN SA AKONG TIIL SA HEALTH CENTER SUGOD KARON.

Regular foot inspection and risk assessment are very simple and easy to do and the benefits are priceless. I will regularly avail of these services in the health center starting today.

References

- International Consensus and Practical Guidelines on the Management of the Diabetic Foot; International Working Group on Diabetic Foot, 2011.

Magpa-examine ko ug tiil kanunay sa health center.

I will have my feet checked regularly at the health center.



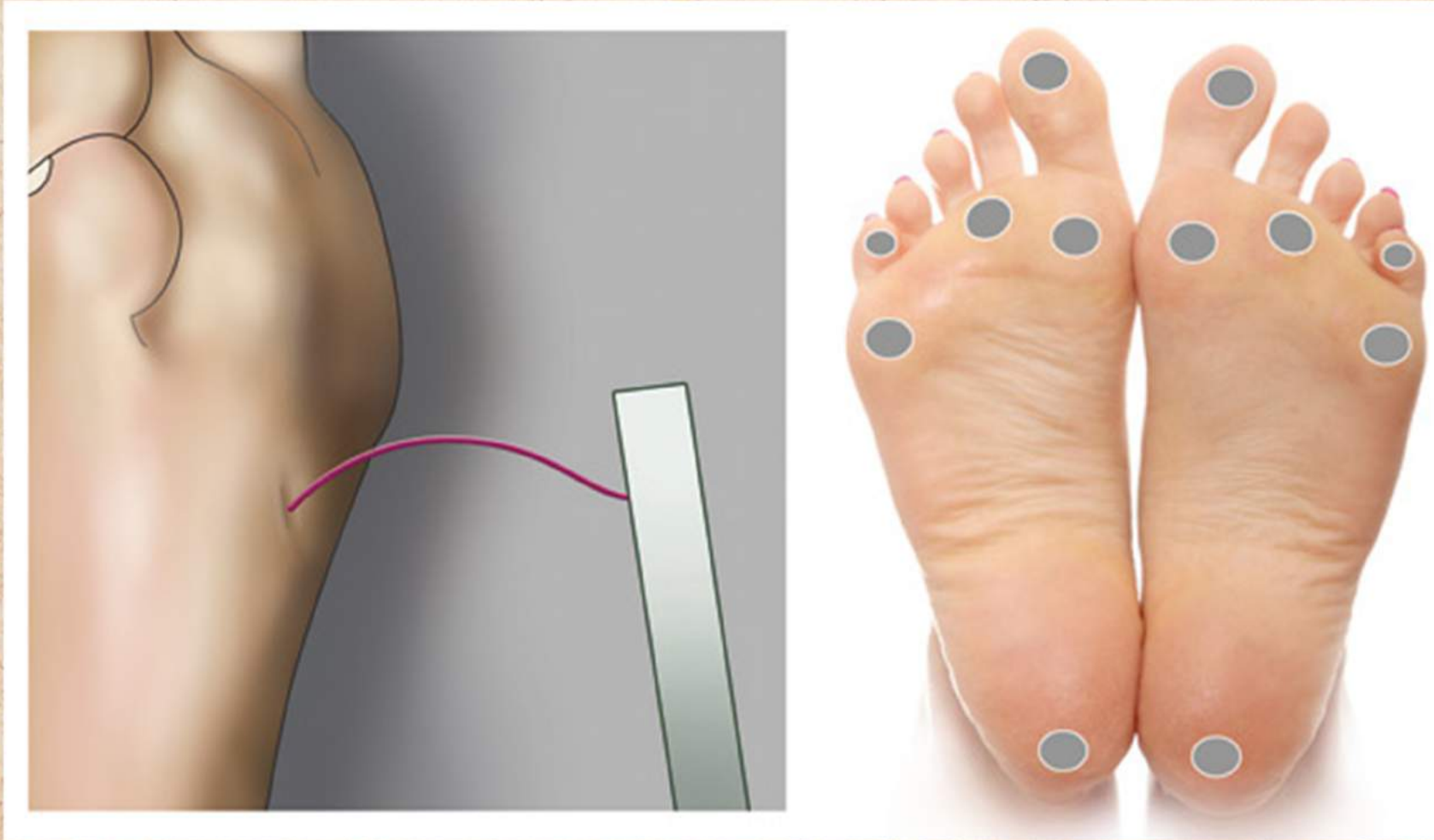
Monofilament Test

Tuning Fork Test

Page 10

Magpa-examine ko ug tiil kanunay sa health center.

I will have my feet checked regularly at the health center.



Monofilament Test



Tuning Fork Test

Objective of this Page

This closing page aims to summarize what has been discussed in the entire session and challenge the audience to practice the 4 measures in preventing the diabetic foot.

Suggested Order of Discussion

1. Ask several participants what they learned from the session especially on how to prevent diabetic foot, ulcers and amputation. Include as well their realizations.
2. Summarize their answers.
3. **If a person with diabetes who is amputated is part of the audience** take some time to congratulate him/her for attending this education session and for taking care of him/herself better. Encourage him/her to continue attending education sessions and visiting the health center regularly. Point out the picture of the man at the center and tell him/her that he/she can still “stand up” and move on with life with the help of family, friends, other people with diabetes and the health care team.
4. Ask the audience to read together the words in the topmost part of the last page. Read it out loud first for the benefit of those who are visually impaired. Reinforce that preventing amputation is not hard to do.
5. State the key message and ask the audience to repeat after you.

Relevant Information

- Up to 85% of diabetes-related lower extremity amputations are preceded by an ulcer and can therefore be prevented.
- Many foot ulcers can be prevented with suitable health care and suitable self-care.
- **Myth:** Most people who have diabetes eventually lose their feet. **Truth:** Actually, the chances of losing a foot are very small if you take care of your feet, and your diabetes.
- Amputation is often more costly than limb salvage.

Key Message

AKONG MALIKAYAN ANG PAGKAPUTOL SA AKONG MGA TIIL KUNG AKONG TABANGAN ANG AKONG KAUGALINGON UG AKONG DAWATON ANG TABANG SA AKONG PAMILYA, MGA HIGALA UG ANG MGA NAGA-ATIMAN KANAKO SA HEALTH CENTER.

AKONG GI-PALAKPAKAN ANG AKONG KAUGALINGON SA AKONG PAGSUGOD KARON.

I can prevent my feet from amputation if I help myself and accept the help of my family, friends and health care team. I congratulate myself for taking the first step today.

References

- Factsheet: Diabetes and the Foot; International Diabetes Federation and the International Working Group on the Diabetic Foot.
- 50 Diabetes Myths That Can Ruin Your Life and the 50 Diabetes Truths That Can Save It. Riva Greenberg, De Capo Press 2009.



HANGTUD 85% SA PAGKAPUTOL SA TIIL TUNGOD SA DIABETES MAMAHIMONG MALIKAYAN

Up to 85% of diabetic foot amputations can be prevented.



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Ampingi ang imong tiil sugod karon.

Take care of your feet starting today.

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