

INTRODUCTION

Prophylactic surgeries are reconstructive surgeries performed to reduce the risk of ulceration or re-ulceration to prevent an amputation in a neuropathic diabetic foot. More than 85% of amputations are due to neglected nonhealing diabetic foot ulcers (DFUs) getting infected at some point in time. Peripheral neuropathy and associated foot deformities set a perfect stage for developing diabetic foot ulceration. Every unprotected step is an accident for a person with diabetic foot. Disconnected from their feet due to loss of protective sensation, they are more prone to ulceration due to barefoot walking or improper footwear. Local offloading devices or therapeutic footwear may not prevent or heal DFUs with moderate or severe deformities. A total contact cast may heal the DFUs but recurrence is likely once normal activity is restored.

COMMON DEFORMITIES ENCOUNTERED AND THE PROPHYLACTIC SURGERIES

Mallet toe, hammer toe, hallux rigidus, equines deformity due to Achilles tendon contracture, prominent metatarsal head, midfoot exostosis in Charcot foot are the common deformities responsible for diabetic foot ulcers. Deformity correction is gaining popularity to heal and prevent diabetic foot ulcers. Percutaneous needle flexor tenotomy, Keller arthroplasty, Jones extensor hallucis longus (EHL) procedure, percutaneous tendo-Achilles lengthening procedure, metatarsal head resection, exostectomy, and flexor hallucis longus transfer are the common procedures performed to prevent diabetic foot ulcerations.