

Distal and transmetatarsal amputation

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In patients with small-vessel disease, typically caused by DM, gangrene of the toes may occur with relatively good blood supply to the surrounding tissues. In such circumstances local amputation of the digits can result in healing. However, if the metatarsophalangeal joint region is involved, a ray excision is required, taking part of the corresponding metatarsal bone and cutting tendons back. Most surgeons leave the wound open. Early mobility aids drainage, provided that cellulitis is not present. For less extensive gangrene, if amputation is taken through a joint, healing is improved by removing the cartilage from the joint surface. A transmetatarsal amputation may be required when several toes are affected but the proximal circulation is adequate. The wound may be closed with a viable long plantar flap or left open (Figure 61.36).

Figure 61.36 Transmetatarsal amputation for diabetic gangrene of the toes.

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