

# Hyperbaric oxygen therapy no benefit for diabetic foot ulcers

12 January 2016



Twenty-two and 20 percent of patients in the sham and HBOT groups, respectively, were healed (odds ratio, 0.90; 95 percent confidence interval, 0.35 to 2.31). There were no significant differences in other indices of wound healing.

"HBOT does not offer an additional advantage to comprehensive wound care in reducing the indication for amputation or facilitating wound healing in [patients](#) with chronic DFUs," the authors write.

**More information:** [Abstract](#)

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(HealthDay)—For patients with diabetes and chronic diabetic foot ulcers (DFUs), hyperbaric oxygen therapy (HBOT) does not reduce indications for amputation, according to a study published online Jan. 6 in *Diabetes Care*.

Ludwik Fedorko, M.D., Ph.D., from the University Health Network in Toronto, and colleagues examined the efficacy of HBOT in reducing the need for major amputation and improving [wound healing](#) in patients with diabetes and chronic DFUs. One hundred seven patients with diabetes and foot lesions of at least a four-week duration were randomized to 30 daily sessions of 90 minutes of HBOT (breathing oxygen at 244 kPa) or sham (breathing air at 125 kPa) in addition to comprehensive wound care. End point adjudication was available for 103 patients.

The researchers found that 13 of 54 patients in the sham group and 11 of 49 in the HBOT group met the criteria for major amputation (odds ratio, 0.91; 95 percent confidence interval, 0.37 to 2.28).

APA citation: Hyperbaric oxygen therapy no benefit for diabetic foot ulcers (2016, January 12) retrieved 20 June 2021 from <https://medicalxpress.com/news/2016-01-hyperbaric-oxygen-therapy-benefit-diabetic.html>

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