

Diabetes mellitus is a disease that affects a large segment of the population and is thus one of the major health problems of our society.

Diabetes mellitus presents a serious obstacle to any kind of operation. A wound in an affected patient will probably not heal while tissue appear to offer the most favourable soil for the development of putrefaction and pyogenic bacteria (Alberti & Thomas,1979) .

Diabetic undergoing surgery tend to be high risk group three quarters or more of surgical diabetics are likely to be over the age of 50 (Galloway and Shuman , 1963).

In this age group, obsity is common and there is an increasing prevalence of myocardial and peripheral vascular affections as well as renal impairment in comparison with non diabetics.

Well controlled diabetes mellitus probably does not increase operative risks (Forshan, 1977).

However the uncontrolled diabetics must be probably treated and controlled before elective surgery (Schawartz, 1979). In emergency situation, constant vigilance is

necessary to prevent complication (Davis, 1977).

In all major surgical procedures, the patient must be under constant care to prevent ketosis or hypoglycaemic reactions (Arnaout, 1963).

The surgical complications of diabetes mellitus are many such as vascular complications, diabetic foot and trophic ulcers.

The aim of this work is to throw light on problems that face diabetic patients. Special attention will be given to aetiology and clinical picture of diabetes, its various surgical complications. The new trends in surgical treatment of diabetes and the various methods of treatment of its surgical complications.