Aims: The aim of this study is to investigate the effects of diabetic nephropathy on foot ulcer healing in diabetic Turkish population. Methods and Material: Besides the demographical information age, onset age of diabetes, HbA1c levels, fasting blood glucose levels, lipid profile, serum creatinin levels, erythrocyte sedimentation rate (ESR), complete blood counts (CBC), microalbumine levels on 24 hour collected urine samples, dilated fundus examination and monofilament test results of the patients are recorded. Bilateral lower extremity arterial doppler ultrasonography results of all patients are reviewed to detect the peripheric vascular disease. Patients with diabetic foot involved in the study are divided into two as patients with or without nephropathy. All patients are followed-up in outpatient clinic and neccessary interventions including surgical debridement and woundcare, culture antibiograms and appropriate antibiotherapy and load recovery treatments are administered Statistical analysis of the data were done with SPSS 15.0 for Windows under 95% confidence. Chi-Square and Chi-Square trend analysis were used to compare the groups for categorical data and Mann Whitney U statistical analysis was used to compare the groups for age, duration of diabetes and longevity of ulcer healing. p < 0.005 was accepted as statistical significance. Results: Ulcer healing time for stage 2 ulcers was found statistically longer in patients with nephropathy (p<0.05; Table 4). No statistical significance was noted between the groups for other variables ( p>0.05). Conclusions: Patients with diabetic nephropathy should be monitored for other microvascular complications and followed up for diabetic foot ulcer development due to increased risk.