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Renal Specialist Podiatry can improve foot health in patients with diabetes in a haemodialysis unit

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Introduction: Subjects on haemodialysis have a high incidence of foot problems due to coexistent peripheral vascular disease and diabetes. Literature shows that the incidence of non-traumatic lower extremity amputations in the End stage Renal disease (ESRD) patient is 2-3 per 100 patients per year and the rate among diabetic patients is 10 times greater than in general diabetic population. In order to address this a Renal Specialist Podiatrist (RSP) was appointed to the haemodialysis unit to attend patients twice a week on a trial basis for 12 months. **Aims:** The aim of this study was to analyse if there has been any improvement in the foot health of patients with ESRD who attend the haemodialysis unit following the appointment of a RSP. **Subjects and methods:** The foot health of all patients attending the haemodialysis unit of one tertiary renal unit was reviewed with special emphasis on patients with diabetes. Their case notes were studied and satisfaction score was measured both from patients and from staff on the haemodialysis unit. **Results:** On average 120 patients attended the dialysis unit every week. Out of this 35 had diabetes and 33 had their feet assessed. In this population 18 (54.5%) had a history of foot ulceration, 13 (39.4%) had active foot ulcers, 5 (15.2%) had minor amputations and 2 (6.1%) had major amputations. 11 patients were referred to the multi-disciplinary foot clinic for assessment but their follow up was done by the RSP during their haemodialysis appointments. During this period only one case (0.7%) required a minor amputation which is much lower than that reported in the literature. In addition there has been one case of MRSA colonisation which was eradicated with topical Octenisan. There were no cases of major amputations or that of MRSA bacteraemia. During the 12 month period 414 consultations (85 new 329 follow up) took place and a patient satisfaction survey showed that there was 100% satisfaction with the service. Similarly all haemodialysis unit staff were happy with the service provided by the RSP. **Conclusion:** Patients on haemodialysis are unlikely to attend regular foot screening or treatment in the community despite having high risk feet as they spend a significant amount of time in the haemodialysis unit. Therefore provision of RSP at a haemodialysis unit provides convenient access for their foot care. RSP is effective in improving foot health and is acceptable to both patients and haemodialysis staff. Our 12 months pilot project was successful and has been extended long term.