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How Diabetic Foot (DF) Clinics are really working?

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At the last DFSG meeting we conducted a survey to know how the DF clinics present at the meeting were working. For this purpose we asked our colleagues to fill in a questionnaire. 24 DF clinics answered, 23 hospital based and one private practice from Belgium (1), China (1), Czech Republic (1), Denmark (1), France (2), Germany (1), Greece (1), Italy (2), Norway (1), Portugal (1), Romania (1), Russia (3), Slovenia (1), Sweden (2), The Netherlands (1), Ukrainia (1), and UK (3). Professional qualification of each member of a team was listed as was the professional experience quoted as A: Training at a DF clinic for at least 3 months, B: At least 2 weeks of training in a DF clinic, C: No special training but personal experience with DF problems, D: No special experience in DF pathology. We also asked about the opening hours of the clinics, the techniques of care and the materials they are using, the way how emergency is managed and how the clinics are organised. Results and Discussion: The clinics represented at this meeting are very busy, open more than 2 days a week for the huge majority. Follow-up is provided in 12 clinics by an emergency service; 6 clinics have no special department for foot emergency but have a hotline. In 6 clinics only, patients cannot contact someone in an emergency. Most of these clinics are managed by or the team employs a diabetologist. Qualifications of the member of the team are high especially for the diabetologist, diabetic nurse or educator and podiatrist/chiropodist. Infectiologists are less involved whereas 2/3 of the centres perform bone biopsy! All the clinics are equipped with specialised material except for Dynamometer,Tiptherm and Pedobarographs whose usefulness remain debatable. TcPO2 or TBPI are very often measured, the choice depending on the country probably due to reimbursement differences; in some countries both techniques are used. Only 2/3 of the centres used an infrared thermometer: this is probably not good news regarding the diagnosis and management of the Charcot Foot. And last but not least, 80% of these centres reported using casting as an offloading technique. In conclusion, this survey shows that a great majority of DF are apparently working well and are well equipped on a professional and material point of view. But these data do not evidently reflect the general situation as the teams included in the study were particularly motivated to attend a meeting specialised in DF management. It should be interesting now to try to evaluate the results of their work!