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Ability to Self-Service after Diabetic Foot Surgical Treatment

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Background - Patients who had undergone surgical treatment of complicated DF syndromes have physical and psychosocial limitations in day - to day activity. Most of patients are disabled before the start of DF and we should take into account major of simple activity they perform at home. Purpose of evaluation - to evaluate impact of different factors had been done on suitable activity and ability to self-service 142 patients after 1-3 years after surgical treatment of severe DF in surgical infections departments of Central State Hospital №1, Yekaterinburg. Materials and methods - All patients had 2 - 3 stage DFU of PEDIS classification. 33 patients (23%) were undergone amputations above metatarsal level, 109 (77%) - was operated below this level. The average age of the patients has made 63 ± 12 , 5 years, 56 % male, and 44 % female. Only 25 % were working before DF.

Prospective evaluation of QOL and Ability to Self -Services (S-S) with questionnaires in which 6 questions were about simple activities at home - using bathroom, walking inside home, putting on socks and shoes, boarding inside and drop-off a car, sitting during 1 hour, turns in bed. Was offered 4 variations of answer for each questions and next answers were estimated using gradual scale - the disability to perform was 0 and absents difficulties with performing was 4. When total score was less than 12 from 24 it signifies - patients can't to be independent at home. The answers to letters with questionnaire were received from 95 patients (67%). 41,6% patients from group after above metatarsal amputations and 30,6% from group after operations below metatarsal level have total score less then 12, that means disability at home ($p > 0,1$). This measure has strong correlation with diabetes durations ($r=0,78$) and middle correlation with DF durations ($r=0,39$). The S-S total score was significantly low from patients with heart insufficiency (12, 4 vs. 16, 6, $p=0,009$), decreasing of visual acuity (14, 0 vs. 18, 5 $p=0,008$). We've found strong correlation between body mass index (BMI) and S-S score ($r=0,78$). Patients with obesities (BMI > 30) have total S-S score less than those with BMI < 30 (13, 0 vs. 17, 6 $p=0,003$). The history of stroke and cardiac infarction had not affected on ability to Self-Service at home.

Conclusions - we should take into account ability to perform simple activity at home and take attention to dietary recommendations for patients after DF surgical treatment.