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Low Major Amputation rate and low Recurrence in Networks for Treatment of the DFSD. Hochlenert¹, G. Engels² Practice, Cologne, Germany; ²St. Vinzenz-Hospital, Cologne, Germany

Background A network for the treatment of patients affected by a diabetic foot syndrome (DFS) coordinates delivery of care, public awareness campaigns and the education of patients, relatives and health care professionals. Networks have been implemented since 2003 in several, mostly urban regions of Germany with 14.850.000 inhabitants. Contracts with insurance companies provide sufficient and quality-related payment, mainly for outpatient care. The collected data provide a register for patients with DFS, their baseline conditions, treatment and outcome. **Methods** Treatment of DFS was documented in two processes, one for the treatment of acute disease and one for the preventive treatment. 15 parameters were documented at the start of the process, at its end and, in case of lengthy duration, an intermediate result. This evaluation considers treatments started in the first 6 years of the contract for integrated care (15.4.2005 - 31.3.2011). Patients were followed up for at least 9 months. **Results** In this 6 years of the contract for integrated care (15.4.2005 - 31.3.2011) an increasing number of medical institutions in an increasing area delivered care for patients with DFS, in the end 88 institutions in the whole region of North Rhine (9.551.000 inhabitants), in Hamburg and Berlin. 11959 prophylactic and 13161 acute treatments were started in 8696 and 8753 patients respectively. New episodes of acute DFS occurred in 5257 cases of prophylactic treatment, average after 9.8 months, 3674 within one year (30.72%). Healing occurred in 11239 (85.39%) cases after an average of 4.6 months, 760 (5.77%) were still unhealed until 31.12.2011, 933 (7%) died before healing after 9.8 months average and 229 (1.73%) were lost to follow up after average 15 months. In 255 (1.94%) amputations above the ankle were necessary. **Conclusions** People affected by DFS are treated in networks with low major amputation rates and low frequency of recurrence.