

P32

Diabetic Foot Surgery Performed by Diabetologist in a Third-Level Centre: Results of Ten Years of Activity

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Aim of the Study: - To evaluate the outcomes of a surgical activity for diabetic foot (DF), directly performed by diabetologists in a third level centre. **Patients and Methods:** - We retrospectively searched and cross-checked all the patients who underwent to DF surgery from 2000 to 2009 in our Department (Group A) from three different databases (DB): the patients' record files for the demographic, clinical and laboratory findings; the OR registry for the details of interventions and the DF clinic DB for the follow-up data; they were compared to a group of diabetic patients admitted in the same department with diagnosis of DF but treated with medical therapy only (Group B). All patients retrieved (88.8% in Group A and 94.1% in Group B), in the period from April to June 2010 underwent to a telephonic structured interview, to verify if they were still alive, if they got any amputation or new lesion and/or other relevant information since the last recorded visit. We evaluated both clinical results after dismissal (healing rate, healing time) and at follow-up (cumulative mortality, cumulative rate of major amputations, rate of recurrences and time free from ulceration). **Results:** - 794 Group A patients [age 64.4 ± 12.5 yrs, Duration of Diabetes (DD) 18.5 ± 11.4 yrs, HbA1c $8.3 \pm 2.1\%$,] underwent to 1200 surgical interventions (1.5 interv/pt) over 10 years. 91.0% Group A and 57.1% Group B patients healed after dismissal ($p < 0.001$), with a healing time of 171.2 ± 71.4 days in Group A vs 293.6 ± 130.1 days in Group B ($p < 0.001$). Over a follow-up of 49.6 ± 29.4 (range 6 - 120) months, 24.1% Group A and 11.7% Group B patients died ($p < 0.01$); 1.9% Group A and 2.4% Group B patients underwent to a major amputation (n.s.), while 40.5% in Group A had recurrences vs 73.7% in Group B ($p < 0.001$); time free from lesion was 437.1 ± 204.9 days in Group A vs 291.7 ± 120.7 days in Group B ($p < 0.05$). **Conclusions:** - DF Surgery directly performed by diabetologists proved to be as safe but more effective than medical treatment to heal lesions and prevent recurrences in a third level centre.