P36

The first experience with outpatients foot surgery in diabetic patients

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Background and aims: In recent years we have started a program of outpatient foot surgery in our foot clinic; the potential advantages of this approach can be lower discomfort and restriction for the patient, shortening of waiting times for surgery, avoiding the risk of nosocomial infection and lower cost. The aim of this study was to assess the experience of outpatient foot surgery in patients recruited from our diabetic foot clinic and indicated for surgery on the basis of our empirical criteria. **Patients and methods:** 26 consecutive patients (25M/1F, mean age 64±8 years, mean DM duration 24±11 years) treated at the diabetic foot clinic due to non-healing ulcer Wagner grade 3 or 4 who underwent elective foot surgery in outpatient setting during 6/2012 - 10/2013 were included into the retrospective study. Indication for surgery was dry gangrene or ulcers with underlying osteomyelitis (OM) in the forefoot or midfoot. Patients with critical limb ischemia (TcPO2 ≤ 30mmHg) and/or mild to moderate foot infection were excluded. Following additional criteria excluded patients from ambulatory procedure: serious comorbidities, resistant infection, poor social situation, non-compliance or if more complicated surgery expected. Proper offloading and microbiology guided antibiotic therapy were a part of comprehensive treatment. Perioperative complications, postoperative complications after one month and during the following 5 month were evaluated. **Results:** Of 26 procedures 12 patients (46%) underwent toe or hallux amputation, in 14 patients (54%) surgery procedures involving metatarsophalangeal (MTP) region (MTP joint resection, metatarsal resection, sequestrectomia) were performed. Related to surgery complications occurred in 2 (8%) patients (1 postoperative bleeding after incorrect self-administration of LMWH prior surgery and 1 surgical wound infection in patient with poorly controlled diabetes), in both short hospital stay was required. After one month no other complication related to surgery and requiring hospital admission occurred. During the further 5 month follow-up 4(15%) patients were admitted to hospital: 3 patients due to soft tissue infection related to non-healed surgical wound, one patient with previous history of PTA due to acute ischemia. Residual OM was observed in 6 (23%) patients and in 8 (31%) patients re-operation was necessary. **Conclusions:** Our study showed that if properly selected patients and comprehensive care provided, outpatient surgery is safe and does not increase perioperative and early postoperative complication. Our empirical criteria seem to be sufficient for patients selection; careful medical history –taking is important and diabetes control should be taken into account. *Supported by the project (Ministry of Health, Czech Republic) for development of research organization 00023001 (IKEM, Prague, Czech Republic) – Institutional support.*