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Low amputation rates are achievable even in high risk patients when managed in a multidisciplinary diabetes team (MDT) foot clinic

L Turner, R Jogia, R Berrington, D Modha, S Jackson, K Nisal, M-F Kong

Department of Diabetes, University Hospitals of Leicester NHS Trust, Leicester, UK

50% of all amputations occur in people who have diabetes and it is estimated that up to 80% of diabetes-related amputations may be preventable. **Objective:** To look at the 3 year outcome in new patients referred to our tertiary care centre which covers a population of approximately 22,000 patients with diabetes. **Methods:** We performed a retrospective study of new patient referrals to our MDT foot clinic in 2009 to assess healing, re-ulceration rates and amputation and looked at their outcome in 2012.

Results: 124 patients were referred with ulceration - 72% male, 85% had type 2 diabetes, median age 70 years. 40 patients (32%) had a history of previous ulceration and 17 (14%) had amputations in the past - 8 major and 9 minor amputations.

Hypertension and cardiovascular disease were common and 10 patients (8%) were on renal replacement therapy. **Outcome:** During the course of follow-up, 21 patients (17%) required admission for IV antibiotics and/or surgical input. 13 patients (10%) had revascularisation. Only 1 patient (0.8%) required a major amputation, 14 (11.3%) had minor amputations. Patients were discharged after an average of 5 clinic visits (range 1-41 visits). **Discussion:** The patient group attending our clinic are at high risk for complications and often have multiple co-morbidities. Despite this, our study confirms a low amputation rate when managed in a MDT clinic setting . We postulate that this is as a result of prompt assessment and regular reviews by appropriate health care professionals until resolution. However, regardless of the low amputation rate in our clinic, diabetic foot disease remains a marker of poor prognosis with 44 patients (35%) having since returned with new problems and 52 patients (42%) having died 3 years later.