

**Why is using the TCC (Total Contact Cast) so complicated in German outpatient clinics?**

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**Introduction:** The TCC is the gold standard in the therapy of diabetic foot ulcers (DFS), but why isn't it so in Germany? The purpose of our study was to show that it is possible for a German diabetic foot outpatient clinic (ZAFE) to implement the total contact cast (TCC) in the daily process of treatment of diabetic neuropathic plantar foot ulcers. A further object was to find out why the TCC is used so rarely and also to compare the TCC overall costs to those caused by use of a removable Cast Walker (RCW). **Methods:** At the beginning we started by sending a small questionnaire to all ZAFE in Westphalia. We wanted to know how often a TCC was used in the daily process and what the reasons were against using a TCC. All our patients with plantar ulcers and no contraindication got a TCC. We measured the plaster and removal time, calculated the costs and compared all results with a RCW device. **Results:** Of 59 (100%) diabetic foot ambulances, 29 (53%) answered. 13 (44,8%) had used a TCC. In the last 12 months the median of TCC usage was 4, the minimum lay by 0 and the maximum by 91 TCC. The TCC plaster time was between 15min to 60min with a median of 40min. Most need 2 persons (median) for a TCC. The maximum was 3 people. Reasons against the TCC: time (10 / 62,5%), lack of practical knowledge (6 / 37,5%), too expensive (6 / 37,5%), plaster too long ago (4 / 25%), orthopedic shoemaker plaster (4 / 20%) or too difficult (3 / 18,8%). Plastercost: TCC 240,08€, RCW 318,70€. Removalcost: TCC 33,46€, RCW 2,35€. Income 13,97€ per treatment (TCC and RCW), unique special digits DFS (TCC and RCW) and unique 180,00€ for the TCC. Initial cost TCC 439,50€, RCW none. Our TCC: First time 80min and 3 people. Now: 40min and 2 people. RCA: 20min. **Conclusion:** The RCW may be faster to place, easier to use and less expensive for the health insurances than the TCC. The time may be the biggest reason against the TCC in a ZAFE. But our results show a good learning curve, which speaks in its favor. The TCC is possible to implement and to use in a ZAFE. Also with a benefit in income for the ZAFE after 5 TCC.