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Time to revascularisation or amputation in inpatients with diabetic foot ulcers

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Aims: To determine the outcomes of inpatients with diabetic foot ulceration and the impact of primary revascularisation or amputation time delays on these outcomes.

Methods: A retrospective review of a prospectively collected database of consecutive patients assessed by the diabetic foot team (DFT) between April 2011 and February 2013 was performed. Survival and survival-free-from-amputation rates as well as amputation level were analysed. Time to revascularisation and/or amputation was assessed within an 8 months follow-up period. **Results:** 127 patients (103 men, mean (range) age 69 (23-99) years) were assessed and underwent treatment to 146 limbs - 25 (17%) revascularisations, 31 (21%) amputations, 18 (12%) minor operations, 72 (49%) conservative treatments - with a 30-day mortality rate of 8%. Time delays mean (range) days, were 7 (0-33) for arterial imaging, 9.5 (0-72) for review by DFT, 15.7 (1-49) for attempted and 19 (4-49) for successful revascularisation and 11.2 (0-61) for time until first surgery. These delays did not correlate with survival-free-from-amputation rates ($p>0.05$) or amputation level ($p>0.05$) at 8 months follow up. Survival rates were lower and amputation levels higher in patients who required vascular review. **Conclusions:** These novel data demonstrate 1) patients with diabetic foot ulceration requiring hospital treatment are at high risk of significant morbidity and death despite review by a multidisciplinary DFT, 2) time delay until index procedure does not appear to significantly influence inpatient outcomes, 3) patients requiring vascular review represent a higher risk group within this patient population for both major amputation and death.