

A new model to treat the “diabetic foot attack” by urgent admission to hospital and fast track arterial bypass M Edmonds¹, J Tremlett¹, V Morris¹, E Pendry¹, I Maharaj², H Slim², H Rashid², ¹Diabetic Foot Clinic, ²Department of Vascular Surgery, King’s College Hospital, London, UK

The natural history of the diabetic ischaemic foot is characterised by a rapid and devastating progression to tissue necrosis and we have come to regard this as a “diabetic foot attack” similar to the heart and brain attacks of the coronary and cerebrovascular systems. **The aim** of this study was to develop a model of care to provide rapid and appropriate treatment for such a “foot attack”. The Diabetic Foot Clinic acted as a Foot Attack Centre to which 92 diabetic patients presented as emergencies in 2011 and 2012 with severe ischaemia associated with tissue loss and wet or dry necrosis. Mean age was 69±10 (Mean±SD) years. The majority were admitted to hospital the same day. The mean number of days to admission was 1.5± 3.8 days. The patients had Duplex angiography within 24 hours and then were fast tracked to revascularisation. The mean number of days between the emergency visit to the clinic and surgical revascularisation was 6.5±7.2 days. Surgery comprised the following bypasses: femoral-popliteal (40), femoral -distal (27), popliteal-dorsalis pedis (19), popliteal-posterior tibial (11), popliteal - anterior tibial (8), popliteal -peroneal (3,)popliteal-plantar (5) distal jump bypasses (2) axillo-bifemoral(2), axillo-profunda(2) femoral-femoral crossover (4),ileo-femoral (5) as well as common femoral endarterectomy (10) and superficial femoral endarterectomy(14). In the operating theatre, stenting of the iliacs was carried out in 3 cases and angioplasty of iliac arteries in 2 cases. Also, at the same time, 9 patients had surgical debridement and 9 patients had minor amputations. In the presence of infection, mainly presenting as wet necrosis, intravenous antibiotics were also given. In 2011 (the first year of the study), 57 patients presented and the 12 months limb survival could be calculated as 96%. In **conclusion**, we have developed a fast track model including surgical revascularisation which successfully treats the “diabetic foot attack”.