

**Feasibility of an External Second Opinion before Major Amputation in People with Diabetic Foot Syndrome and first results.** Dirk Hochlenert<sup>1</sup>, Gerald Engels<sup>2</sup>, Stephan Hinzmann<sup>3</sup>, Payam Ardjomand<sup>4</sup>, Matthias Riedel<sup>5</sup>, Stephan Schneider<sup>2 1</sup>  
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**Introduction:** Amputations above the ankle (major amputations) are amongst the most severe complications of the Diabetic Foot Syndrome (DFS) and are thought to be used in Germany too often. Since 2010 the clinics of the network for treatment of people with DFS in Cologne and surrounding area agreed to ask for a second opinion before any major amputation is performed. This second opinion was given by a doctor, who was not employed by this hospital and in the following was also offered to hospitals not participating in the network. Accepted indications and the procedure itself were fixed in a contract. The effort was financed by the network. This paper is about the feasibility and first results of the external second opinion to validate the indication of major amputations. **Methods:** For the evaluation of this procedure parameters were prospectively collected: 8 concerning the basic conditions of the patient, one concerning the second opinion and one the result at the moment of discharge. This evaluation regards the second opinions expressed between 1.12.2010 and 1.12.2012. **Results:** 17 hospitals in Cologne, Leverkusen, Bergisch Gladbach and Frechen area conducted major amputations and were asked to participate, 10 signed the contract. 6 hospitals asked for second opinions for overall 22 patients. All of them had wounds based on polyneuropathy (PNP) and peripheral vascular disease (PVD). A Charcot Foot was not present in this sequence. The patients were between 65 and 83 years of age, Diabetes mellitus (always Type 2) was diagnosed 6 to 26 years before and the wounds existed for 4 weeks to 3 years. 68% were men. The most important underlying disease was in 11% the PNP, in 89% the PVD. The leading problem determining the planned major amputation was in 7 cases uncontrollable pain, in 11 cases sepsis and in 4 cases the leg caused a significant reduction in quality of life without any possibility to use it for deambulation anymore. For 6 patients (3 with pain and 3 with sepsis) revascularization was still possible, in one case waiting for the effect of antibiotic treatment and thereafter of the mummification was sufficient. In 2 cases amongst the 4 patients with reduced quality of life, palliative treatment instead of amputation could be chosen. In one case the inevitable death without prior amputation was recognized. In 12 cases the indication was confirmed, 2 of these patients died after major amputation before discharge. In each case the second opinion was accepted. **Conclusion:** The procedure was accepted by the Majority of the hospitals conducting Major amputations in xxx and the surrounding area, but less often applied. The external second opinion seemed to be an instrument to avoid major amputation. The most frequently used alternatives have been

revascularization and palliative care with persistent wounds. There has not been any situation indicating a negative effect due to the second opinion.