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**A survey on use of the Texas Wound Classification System in subjects attending a hospital diabetic foot clinic.**

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**Introduction:** We use the Texas Wound Classification System (TWCS) to grade and monitor wounds in our diabetic foot clinics. This is recorded as part of the electronic patient record on Diabetas3. **Methods:** We reviewed the record of 180 diabetic patients (Age; Mean 70.3 years, SD 13.08, Range 33-96 years, HbA1c; Mean 8.57%, SD 2.12, Range 5.4-14.9%, Total Cholesterol; Mean 4.41 mmol/l, SD 1.13, Range 2.4-8.5 mmol/l, Creatinine; Mean 114.87  $\mu$ mol/l, SD 83.09, Range 39-552  $\mu$ mol/l, Vibration Perception Threshold; Mean 29.15 V, SD 13.50, Range 0-50 V) attending the clinic from March 2011 to April 2012, and the aim of the study was to evaluate the distribution of wound types in our clinic and to identify possible factors that may correlate with wound type or size. In patients who attended for more than one clinic visit, repeat visits were averaged for the purpose of the analysis. **Results:** Epithelialized (0) or superficial wounds (1) were present in 164/180 patients (91%) and deeper wounds (2, 3) were present in 16/180 subjects (9%). 18% had infection (B), 27% ischaemia (C) and 13% both infection and ischaemia (D). HbA1c, total cholesterol, creatinine, age and VPT (vibration perception threshold) are recorded on patients at the time of the clinic visit, but complete data for all variables was only present in 40 subjects. Spearman's Correlation coefficient was used to test relationships between the variables and either wound size (according to penetration) or wound type (B, C, D vs A). There was no significant difference between groups on either variable. Interestingly apart from a positive correlation with increasing age, there was no substantive correlation of wound type or severity with any of the above metabolic parameters, nor with VPT. **Conclusion:**

The small sample of complete cases in this study (n=40) inhibits conclusive multivariate modeling of the relationship between wound severity and these predictors, but it seems that metabolic factors or the severity of neuropathy have limited influence on wound type or severity in diabetic subjects, whereas increasing patient age seems to be a more important correlate. We feel that this is an important observation in the light of a rising elderly diabetic population, and emphasizes the importance of foot care prevention programmes for older diabetic patients in the community. Reassuringly, the majority of our patients present with foot ulceration of lower severity, reflecting a sound awareness on the importance of early recognition of foot problems by both patients and health care professionals, with prompt referral to our specialist clinics.