

### Foot clinics in Czech Republic

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**Aim:** We present data from survey of 33 registered foot clinics in Czech Republic.

**Methods:** We sent the questionnaire to all 33 foot clinics registered in Czech Republic. Only 1 clinic didn't answer, 2 clinics don't run (due to insurance reasons), so we evaluated data from 30 foot clinics. **Results:** 1/ The podiatric clinics work app. 19,3 hours weekly (from 3 to 40 hours/week), give medical treatment to app. 29,4 patients with foot ulceration (from 1 to 100/week) and app. 6,47 Charcot patients monthly (from 1 to 25/month). 2/ The preventive podiatric screening (at risk patients) made by physician is provided only in 24 clinics and the preventive podiatric care made by the podiatric nurse is provided only in 22 clinics. 3/ 29 clinics provide the screening for neuropathy in patient with newly developed diabetic ulceration (tuning fork or neurothesiometer and monofilaments). 4/ Very important information is that 2 clinics don't screen for diabetic angiopathy in patient with newly presented diabetic ulceration and next 4 provide this screening only using the foot palpation. The rest of foot clinics provide measurement of ankle brachial indexes. Only in 13 clinics the examination of toe brachial indexes and/or tcpO<sub>2</sub> is available. All clinics are allowed to indicate angiography and/or alternative methods (CT, MR angiography). 5/ In all clinics MRI of the foot or/and the bone scan are available. 6/ The mean interval between two visits in the foot clinic is app. 2,3 week in patient with diabetic ulcerations (from 1 do 4 weeks). 7/ According to the ulcer care: 28 clinics provide sharp debridement, 1 does not provide any debridement and 1 clinic does not take care after patients with diabetic ulcerations (provides only preventive examination, all patients with ulcers are sent to the surgical department). 17 clinics use the maggot therapy and 12 use the V.A.C therapy. **Conclusion:** We obtained information about the actual work of foot clinics in Czech Republic and we could try to improve it. The major imperfection seems to be the lack of angiopathy screening (palpation and ABI could be insufficient in diabetic patients), short working hours in some clinics and the lack of preventive examination and preventive care in some of them.