

[P32] MULTIDISCIPLINARY TREATMENT OF DIABETIC FOOT ULCERS; A PROSPECTIVE STUDY

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Aim: In the western world, the diabetic foot becomes an ever increasing problem. At the moment international guidelines such as the International Working Group on the Diabetic Foot (IWGDF) plea that a multifactorial approach is the way to go, given the fact that the diabetic foot is a combination of different causes such as polyneuropathy and peripheral arterial occlusive disease (PAOD). Since 2013, our Hospital implemented this multifactorial approach according to the latest standards. Therefore, our aim was to investigate the outcome of our renewed multidisciplinary treatment on the amputation rate and healing over the last years.

Method: A prospective study was conducted in 210 patients, involving new diabetic Diabetic foot ulcers in 2014 and 2015. These patients were treated conform the latest Multidisciplinary standards. As a reference we retrospectively used the records of 46 patients with new diabetic foot ulcers in 2012. Included in the approach for 2014 en 2015 was evaluation of a new referred patient within 1 week. Combined evaluation of new patients was conducted by vascular surgery, internist, rehabilitation specialist, wound nurse, podiatrist and cast master. Depending on the diagnoses of the diabetic foot ulcer, a treatment plan was created and followed by one of the doctors of this team. As a standard, renewed multidisciplinary evaluation of the patient was performed after 4-6 weeks and treatment plan adjusted when needed. Acute diabetic foot patients were reviewed by the vascular surgeon as soon as needed. In 2012, patients with diabetic foot ulcers were evaluated by vascular Surgery, Internist/podiatrist or rehabilitation specialist alone. After this first consultation, multidisciplinary approach was only organized when needed. From these cohorts, data concerning AGE, gender, Type of Diabetes, Smoking history, hypertension, time to cure the ulcer, Texas classification, Amputations (minor and major amputations combined), duration of admission and vascular interventions were recorded. Data was collected and analyzed in SPSS 22.

Results/Discussion: At baseline no significant differences in Type of Diabetes, Gender, Age, Smoking history and hypertension were observed between the 2012 and 2014/2015 cohorts. There was an increase in new patients over the observed years (46 (2012), 95 (2014) and 115 (2015)). No differences between the cohorts were observed in Vascular interventions, time to cure and admission days in hospital. The recorded Texas classification was distributed equally among the groups. There was a significant correlation with the Classification and amputation rate (minor and major). Amputation rate was increasing with severity of Texas classification ($p < 0.05$). There was a significant difference observed between the amputation rate in 2012 and 2014/2015. In 2012; 37% (17/46) amputations were observed versus 20% (19/95) in 2014 and 15% (17/115) in 2015 ($p < 0.05$).

Conclusion: A renewed multidisciplinary approach for diabetic foot ulcers seems to be effective in our clinic to reduce the rate of minor and major amputations. However, healing time, admission time and percentage of vascular interventions did not differ. In contrast it is difficult to judge quality of care based on amputation rate. Especially minor amputations are sometimes needed to control the disease.