

[P70] 6-YEAR RESULTS OF A DIABETIC FOOT UNIT: A TOE-FLOW MODEL

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Aim: In recent years, there has been a growing interest in multidisciplinary units to treating Diabetic Foot Disease. In 2009 our group created a unit based on the “toe and flow” model to treat these patients. We present the results of our Diabetic Foot Unit from November 2009 to September 2015.

Method: From November 2009 to September 2015 all diabetic patients with or without active ulcer were included. Along with physical examination, neuropathy and Charcot neuroarthropathy was assessed. Vascular assessment was done by mean of ABI, TcPO₂ and Vascular Duplex scan. A biomechanical study was done in all patients. On the follow-up we evaluated the healing rate, location and depth of the ulcers, re-ulceration rate, limb salvage, and survival rate. Data are described in absolute and relative frequencies for qualitative variables and mean, standard deviation or quartiles for quantitative variables. Method of Kaplan-Meier was used for the survival analysis. For statistical analysis package SPSS 15.0 for Windows was used.

Results/Discussion: 593 patients were included, with a mean age of 68.3±12.3 y, 71% of them were male, 58.8% were insulin-dependent and 42.5% had a bad metabolic control. 42,5% of them had had previous ulcers and 17,2% had a previous amputation. The median duration of diabetes was 14 years (IQR:7-24). On initial visit, 72.9% had neurologic impairment and 57,9% of the patients were classified as ischemic. We treated a total of 1244 ulcers in 597 limbs belonging to 432 patients. 58.4% of the ulcers were at digital level, 24,8% at metatarsal, 5.6% at midfoot and 11,3% at rearfoot. According to Texas classification, 8.9% were grade B, 49.4% grade C and 15,4%, grade D. According to depth, 62.6% of ulcers were grade I, 20.6 % were grade II and 17.2 % grade III. A total of 1244 ulcers were treated, and wound healing was obtained in 78.8% of them, in 8.1 weeks on average. The major amputation rate was 7.5% with a limb salvage rate of 94%, 91% and 88% at 6, 12 and 36 months respectively. The mortality rate was 6.9 %, with a overall survival rate of 94%, 86% and 71% at 1, 3 and 5 years respectively. The re-ulceration rate was 30.8% (184 limbs) over the study period.

Conclusions: The results obtained in our Diabetic Foot Unit are comparable to those described in the literature, especially if we consider the higher number of ischemic patients with a high level of comorbidity. These results justify the creation of units based in the “toe and flow” model.