Impact of a new multidisciplinary diabetic foot clinic on hospital admissions, limb salvage and amputation on the North West Surrey population, United Kingdom

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Introduction: According to Diabetes UK, up to 80 per cent of diabetic patients die within five years of having an amputation or a foot ulcer. At our centre we have found, in accordance with published evidence, that providing an integrated foot care pathway, with trained staff in foot protection services in the community and speedy access to multidisciplinary specialist teams, considerably lowers the risk of amputation. It is now a requirement in the UK to commission a multidisciplinary (MDT) foot clinic with the following objectives: To reduce the number of minor and major amputations arising from a ‘foot attack’; to reduce unnecessary admissions to hospital in the event of a ‘foot attack’ and to provide a seamless care pathway with the Foot Protection Team in the community.

Aim: The aim of this study is to assess the efficacy of running a MDT foot clinic on the early detection of diabetes related foot complications, hospital admissions, limb salvage and the rate of amputation.

Method: We set up a MDT Diabetic Foot Clinic in July 2015. Our multi-disciplinary team consists of the following specialists: Diabetic physician, vascular surgeon, orthopaedic surgeon, interventional radiologist, plastic surgeon, vascular scientist, podiatrists, Diabetic Nurse, Surgical appliances team. This is a one stop clinic, providing care and most of investigations on the same day. We retrospectively collected all patients admitted with diabetes prior to the set-up of the clinic and prospectively collected data from the commencement of the clinic. We gathered data on demographics, risk factors, level of interventions, limb salvage, amputation and mortality. We compared the results of hospital admissions, limb salvage and amputation a year prior to our MDT foot clinic being set up and then again a year after.

Results: We noted that since the introduction of our MDT foot clinic, there has been a reduction in hospital admissions in diabetes related foot complications (12%), there has also been an increase in limb salvage due to increased endovascular interventions [a rise in angioplasty (57%) and bypass operation (8%)]. In addition, there has been a decrease in the rate of minor amputation (7%). However, major amputations increased by 8%. There was no mortality in the later period. Despite the increase in limb salvage, there has been an increase in the major amputation rate which is distressing. Further review of the major amputation patients revealed that 20% of major amputees are known to us and they underwent major amputations due to progression of the disease or due to non reconstructable disease. However, 80% of the major amputees were unknown to the vascular or MDT teams and presented late with Diabetic foot sepsis.

Conclusion: In summary, since the establishment of our MDT diabetic foot clinic we have been able to identify diabetic foot complications at an early stage and intervene and optimise the diabetes and its complications thanks to the expertise within our multidisciplinary team. Our team is very much in its infancy and we are confident we shall be able to improve these figures with careful management and observation. However, more education and increased input into primary care is needed to prevent late referrals and a reduction in the amputation rate.

Conclusions: For patients who were previously diagnosed with BD according to clinical criteria, CTA demonstrated high sensitivity to verify intracranial circulatory arrest. The current evidence that supports the use of CTA in BD diagnosis is comparable to other methods applied worldwide. Considering the importance of this subject, high quality studies are currently missing and needed.

Biography
Barun Majumder is appointed as Consultant Vascular and Endovascular Surgeon at Ashford and St. Peter’s Hospital, Chertsey, UK in 2014 and graduated in 1988 from Calcutta National Medical College, India and trained as Vascular and Endovascular Surgeon in the West of Scotland. His special interest includes endovascular repair of aortic aneurysm especially using Intra Vascular Ultrasound (IVUS) in treating aneurysm and in peripheral angioplasty. He also gained a wide experience in open aortic, carotid, mesenteric ischaemia, lower limb reconstructive surgery for claudication and critical limb ischaemia, minimally invasive vein treatment, diabetic limb salvage and re-do vascular surgery. He is also experienced in treating upper limb ischaemia and vasculitis disease. He has also attended the Royal College Training the trainer course. He is a tutor for ‘Basic Surgical Skills course’ & ‘MRCS course’ at the Royal College of Physicians and Surgeons of Glasgow (RCPSG). He is an interview panelist for selection of Core Higher Surgical Trainee for Kent, Surrey and Sussex Deanery. He has been involved in various research projects and audits. He is well versed with research methodology both in Clinical as well as laboratory based molecular research. He spent 18 months as a Surgical Research Fellow at Aberdeen University leading to MD. His research results are published in peer review journals. He also presented his research and audits at various regional, national and international meetings.

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