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Multidisciplinary Team Approach on the Management of High Risk Diabetic Foot - Podiatrist as a gate keeper

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Introduction

Up to 85% of all amputations are preceded by an ulcer. Multidisciplinary team approach is known to be the best practice to manage DMF disease. According to the Diabetes U.K. data, up to 80% of amputations are potentially preventable and it is cannot be achieved without the contribution from different specialties. In November 2009, the integrated diabetic foot clinic (IDFC) has been re-organised in KWH. This monthly multi-disciplinary team clinic has orthopaedic surgeon, diabetologist and podiatrists provide jointed consultation and treatment to the IDFC patients. Other specialists include vascular surgeon, renal physician, microbiologist are contributed on an ac hoc basis. The role of podiatrists in our setting is gate keeper for this group of high risk DMF patients. Podiatrists intervention include wound debridement and management, offloading, regular follows up and assessment, foot care education, provide a contact point for urgent consultation and refer to the appropriate specialists for further intervention promptly when necessary. Patients suffer from chronic or severe DMF foot ulcerations or Charcot foot will be referred to the IDFC for consultation.

Objectives

To review the outcome of the IDFC and the role of podiatrist as gate keeper on the management of high risk DMF patients.

Methodology

The project is a retrospective study. Patients with diabetes mellitus and treated in IDFC during Oct 2011 to Feb 2013 at Podiatry KWH were included.

Result

60 patients were recruited to IDFC. Age 34 to 103 years old (mean age 62.9). All subjects were categorized as high risk or ulcerated DMF. 5 patients diagnosed with Charcot foot and 53 patients suffered from 74 DMF ulcers (Wagner grade 1 to 5). There were 93 IDFC attendances. 67.7% of the consultations required doctor interventions including diabetes control, prescription of antibiotic, ordering of radiological examinations etc. In result, 31 (43%) DMF ulcers had been healed. 1.6% (1 patient) required amputation. 6.7% (4 patients) required emergency admission. According to literatures, the amputation rate in high risk DMF group can be up to 18.9%, our study data of 1.6% amputation rate is markedly lower. This has shown the setting with orthopaedic surgeon, diabetologist, vascular surgeon and podiatrist as the key members of the DMF team and podiatrist as gate keeper is a successful team approach model in a regional acute hospital.