The length of hospital stay for a diabetic patient with an infected DFU surpasses that of myocardial infarctions and stroke patients.
DPM’s and Diabetes

On a daily basis, we in the podiatric community have seen the importance of podiatric care among our diabetic patient population. The role that a podiatrist serves in the diabetic community is undoubtedly a great responsibility. Research has shown and proven that podiatric care not only reduces the risk of one having an amputation, but also dramatically impacts the decreased rate of hospitalization and subsequent rate of re-ulceration. Podiatric medical communities have started to research and develop diabetic foot algorithms and put teams together with the main goal of healing and preventing DFUs, thus reducing the rate of higher-level amputations. These communities have enlisted the specialized talents of many well-trained individuals in the fields of podiatric surgery, vascular surgery, plastics, orthopedics, infectious diseases, endocrinology, and many others.

Support teams such as nurse practitioners, wound care nurses, and medical assistants also play a vital role in the successful treatment of these patients. By forming these teams, physicians and wound care centers have found by creating a clinical environment that incorporates a community of medical knowledge, one can get closer to achieving this goal.

Podiatry and Vascular Surgery

One of the most important relationships over the last few years is the relationship has become increasingly important in implementing an algorithm of care in the pathway for early detection and prevention of a DFU. In 2010, an independent study out of Duke University found that patients with severe lower extremity complications who only saw a podiatrist experienced a lower risk of amputation compared with those patients who did not seek podiatric care. The Duke study also concluded that a multidisciplinary approach most effectively prevents complications from diabetes and reduces the risk of amputations. The World Health Organization estimates that 85% of amputations are preventable through a team approach to care. A retrospective study from Sweden also showed a 78% decrease in major amputation rates after the implementation of a multidisciplinary program for the management of the diabetic foot. All across the country, one between podiatry and vascular surgery. The SVS and APMA have worked tirelessly to integrate care and implement protocols for the treatment and management of the diabetic foot. This relationship has proven to be a key part of achieving success with DFUs and amputation prevention.

A prospective study of a United States population showed that podiatric and vascular surgery collaboration resulted in a decrease of 83% in higher-level amputations at five years. The increased use of percutaneous endovascular revascularization techniques has further broadened the spectrum of revascularization options for diabetic patients with critical leg ischemia. Quick action by the vascular surgery team with aggressive and effective revascularization are crucial in limb salvage.

The Multidisciplinary Team

Early assessment, aggressive treatment protocols and extensive patient education by multidisciplinary teams represent the best approach to manage high-risk patients with diabetes.

Research has shown and proven that podiatric care not only reduces the risk of one having an amputation, but also dramatically impacts the decreased rate of hospitalization and subsequent rate of re-ulceration.
For those practitioners already involved with limb salvage, it is easy to see the benefits of the team approach. By being able to centralize all necessary specialties and group them into one team, those caring for and treating these patients are now better able to fight diabetic foot disease together, seeing better outcomes with a reduced risk of morbidity and mortality. PM

References