

ABSTRACT

Acute foot complications remain the most common reason for admission to hospital for patients with diabetes. The aims of this study were: to establish the numbers of patients requiring admission to an inner city public hospital for diabetes related acute foot complications between 01.07.99 and 30.06.00; to determine the causative factors for each admission: and to review management and outcome. The in-patient records of 50 patients were reviewed retrospectively. Total admission episodes was 69 (44 males, 25 females). Mean age was 64 years (range 35-89 years) and mean diabetes duration was 10.5 years (range <1 - 47 years). The most common reasons for admission were ulceration with cellulitis [n=40 (58%)], dry gangrene [n=23 (33%)] and ischaemic ulceration [n=22 (32%)], with the majority of patients presenting with a combination of factors. Fifty-one patients (74%) were treated with intravenous antibiotics, 14 (28%) underwent excision of infected bone (osteomyelitis) and 13 (19%) underwent some form of vascular intervention. Minor amputation was performed in 25 (36%) cases and major amputation in eight (11%). Mean length of stay was 16.8 days (range 1 - 75 days). This study demonstrates great variation in the assessment, investigation and management of diabetes related foot complications. Documentation, interdisciplinary referral and discharge planning also vary across hospital units. Diabetes related foot complications are a burden on the health system and the individual and greater emphasis must be placed on reducing their impact.

Key words: diabetes, ulceration, infection, foot

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