Delay In Treatment
With Diabetic Foot Ulcers With Ischemia
Has A Big Negative Impact On Outcomes:
What To do About It

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Referral – Revascularization
Delay > 2 weeks

Revascularization
Decision
Anesthesiologist
Internist

Current practise in Helsinki

ABI, TP – Vascular surgeon – MRA – Decision
< 1-2 weeks

No Disclosures

449 LIMBS WITH TISSUE LOSS, 273 DFUS

Referral – Revascularization
Delay > 2 weeks

449 LIMBS WITH TISSUE LOSS, 273 DFUS

Non-DM
DM
p=0.001
OR 3.1,
95% CI 1.4-6.9

449 LIMBS WITH TISSUE LOSS, 273 DFUS

9 Days
[Q1-Q3] 5-17
11 Days
[Q1-Q3] 3-18
4 Days
[Q1-Q3] 1-7

What to do about it?

449 LIMBS WITH TISSUE LOSS, 273 DFUS

28 DFUs
18 Days
[Q1-Q3] 12-22
22 Urgent

2 Patients/Day

What about Prehospital Delay?

Barriers to foot care in patients with diabetes as identified by healthcare professionals in the UK: Lack of awareness of the need for referral, Lack of education, Difficulties in the referral pathway, Lack of access to multidisciplinary care.

Factors contributing to delay and amputations:

425 health care professionals in the UK.

International Working Group for Diabetic Foot when the ulcer does not improve within 6 weeks.

Consider imaging and revascularization urgently if TP is < 30 mmHg or TcPO2 < 25 mmHg.

Conclusions

In hospital - delay can be shortened by institutional changes.

Education needed at the patient and the GP level.

International guidelines addressing delay are required.

Update on the IWGDF guidance documents coming next year...