

New Perspectives in Diabetic Limb Preservation:

Addressing a Serious Problem Together

The Problem

According to Diabetes Canada data, 11 million people live with diabetes and pre-diabetes in Canada.¹ Individuals with diabetes are 15 to 40 times more likely to require lower-leg amputation than those in the general population.

Approximately 85% of amputations are preceded by the development of a neuropathic foot ulcer,² and the lifetime risk of ulcer development is 15 to 25%.³ The annual cost to Canadian health-care systems of treatment for diabetic foot ulcers is \$547 million (based on 2011 Canadian dollars). The average cost per case is \$21,371.⁴

Following a lower-limb amputation, people with diabetes not only suffer the clinical and psychological consequences of limb loss, but also have a five-year mortality rate of 50%.⁵ This mortality rate is higher than that seen in breast cancer in females, prostate cancer in males, or lymphoma. In addition, amputations often take people out of the workforce and create significant negative lifestyle changes, not only for the patients but for their families.

The cost of amputation alone, not including rehab costs, prostheses and loss of income, is \$75,081.⁶

The effects of a diabetes-related amputation are devastating, yet most of these amputations are preventable.

Catching Up to Other Countries: Save a Limb, Save a Life

Though Canada has managed to reduce the number of myocardial infarctions and strokes in the diabetic population, amputation continues to be on the rise—despite major advances in the medical field—and compares poorly with many other developed countries. Amputation remains one of the most feared complications in the lives of people with diabetes. Diabetes-related foot ulcers are one of the leading causes of hospitalization and amputation and are among the highest costs in our health-care system.

Unfortunately, care delivered is inconsistent. According to Kayssi et al., “There is variability in the delivery of lower-extremity amputations and postoperative hospital discharges among surgical specialists and regions across Canada.”⁷

Canadians deserve diabetes-related foot care that aligns with international standards.

To address these problems, Wounds Canada created the New Perspectives in Diabetic Limb Preservation symposium, a day-long event to raise awareness about the issue and promote cost-effective strategies to reduce the prevalence of diabetes-related amputations.

A joint venture between the leading national wound care organization, Wounds Canada, and the Canadian Podiatric Medical Association, the symposium was endorsed by the Division of Vascular Surgery at the University of Toronto and the Canadian Society for Vascular Surgery.

Attendees included all types of primary care professionals and specialists such as surgeons, family physicians, pharmacists, nurse practitioners, chiropodists, surgical podiatrists and nurses. Health-care policy makers also attended.

The event brought together national and international experts and clinicians with expertise and interest in managing the diabetic foot to discuss tried-and-true strategies as well as the latest innovations in the field. Their presentations, which



shared knowledge and implementation strategies, were designed to offer health-care providers and decision-makers the tools needed to prevent amputations, optimize healing outcomes, and help patients with diabetes who may, now or in future, be struggling with the challenges of foot health.

Beyond the Symposium

The broader strategy, of which this symposium was a part, involves multiple organizations working together on research, practice strategies and raising awareness. Examples of recent initiatives include:

- A national diabetic foot task force, comprising representatives from numerous provincial and national organizations, has been working to create national standards and pathways. Their work will be publicized and disseminated so all Canadians—including patients, health-

care practitioners and policy makers—become aware of the minimum levels of care they should expect from their health-care systems.

- A research community of practice has recently been formed (see page 11). The work undertaken by this group will underpin the ongoing development of practice standards and a patient bills of rights related to diabetic foot management.
- Alliances of multiple organizations at the regional, provincial and national levels, and incorporating different stakeholder groups, will continue to work toward advancing change in this area so that care meets internationally recognized standards, and the public is aware of the standards.

Multi-group alliances will continue to raise awareness about evidence-based strategies and promote cost-effective methods to reduce the prevalence of diabetes-related amputations.





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- The opportunity to become involved as a regional representative and/or board member
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