

New campaign aims to slash amputation rates



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Diabetes UK is launching a foot campaign to “put feet first” and is urging nurses to work with their patients to make this a success.

The Putting Feet First campaign is in response to unacceptably high rates of amputation in people with diabetes. There are currently 100 amputations a week (Yorkshire and Humber Public Health Observatory, 2011) and this number is expected to rise. People with diabetes are 30 times more likely to have an amputation compared with the general population (National Diabetes Support Team, 2006) and yet it is estimated that 80% of amputations are potentially preventable (International Diabetes Federation, 2005).

The aim of the campaign is to reduce amputations in people with diabetes by 50% over the next 5 years, and in doing so improve the quality of life for people living with diabetes and increase their life expectancy.

As part of the campaign Diabetes UK is highlighting the devastation that foot disease can cause. The majority of amputations in people living with diabetes are caused by a foot ulcer (International Diabetes Federation, 2005) and if a person has had foot disease they have a 40% risk of a second episode within 12 months (NHS Diabetes, 2010). Shockingly, half of people who have amputations die within 5 years (Boyko et al, 1996), which is higher than for colon, prostate or breast cancer (Moulik et al, 2003; Office for National Statistics, 2010).

Diabetes UK wants nurses to be aware of the importance of foot checks – both in clinics and on the ward. The charity has highlighted the importance of making sure nurses do thorough foot checks and has emphasised that if people with diabetes are not asked to remove their shoes and socks then it is not a proper check.

Nurses should look closely for any wounds, infections or signs of ulceration that could result in further infection and deterioration. Following the check, nurses should advise the person on their current risk status of developing foot disease and document their findings, as recommended by NICE (2004).

If nurses notice anything of concern they should refer patients to a diabetes footcare specialist. It only takes a few hours for a foot ulcer to deteriorate, so swift action is vital. If a foot is ulcerated, the patient should be seen by a specialist within 24 hours as this could mean the difference between them losing or keeping a foot or lower limb.

Nurses are vital in ensuring good foot care in people with diabetes. So Diabetes UK is asking nurses to talk to people with diabetes about their feet – whether within the consultation or during an inpatient stay – so that any problems can be identified early. They are ideally placed to ensure that all people with diabetes are having the foot checks that they should have access to. Furthermore, they can encourage patients to look after their feet and explain how to avoid potential complications. By doing this nurses can help reduce the number of amputations and play a pivotal role in helping people with diabetes to maintain their quality of life and independence.

To find out more about the work of Diabetes UK and about the Putting Feet First campaign, visit www.diabetes.org.uk/putting-feet-first. ■

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