Putting feet first: Preventing avoidable amputations

iabetes-related amputations in England are now at an all-time high, with more than 8500 procedures being carried out each year. This is the equivalent of 23 procedures a day, or more than 160 a week (Singh et al, 2005).

It is clear this situation is not good enough. Not only do amputations have a devastating impact on a person's quality of life, they can also be life threatening. Up to 80% of people with diabetes will die within five years following their surgery (Diabetes UK, 2016). Yet despite this significant human cost, it is estimated that four out of every five amputations could be prevented with the correct care (NHS Digital, 2017). The fact that thousands of people are undergoing potentially avoidable amputations is nothing short of a national scandal. This is why as part of our *Putting Feet First* campaign (Diabetes UK, 2017a), we are calling for urgent improvements to community diabetes foot services.

At least £1 in every £140 of NHS spending goes towards footcare for people with diabetes (Diabetes UK, 2017b). While there has been some progress, and we have seen the beginnings of investment in improving these services in some parts of the country, the quality and availability of diabetes footcare services varies significantly across England. Nearly a quarter of hospitals in England, for example, still do not have a specialist diabetes footcare team, despite strong evidence that the services these teams provide can actively reduce amputations (NHS Digital, 2016).

People with diabetes are at high risk of developing problems with their feet. The damage caused by raised blood glucose can reduce circulation to, and sensation in, the feet. This means that cuts and blisters go unnoticed and, if left untreated, these can quickly lead to serious infections or ulcers. These foot problems can deteriorate very quickly in people with diabetes, and a matter of hours can make the difference between keeping and losing a limb. That is why it is essential that people with diabetes are able to access podiatrists and foot protection teams, who can

identify these problems early and treat them.

In addition to access to these specialist teams, it's equally important that we urgently improve the quality of foot checks at GP practices. Everyone with diabetes should be getting an annual foot check, which should identify their risk of foot problems, and document them in their care plan. Unfortunately, we know that these vital checks are not always being done sufficiently thoroughly and have heard of foot checks where the person is not even asked to take their shoes and socks off.

As with so much of diabetes management, self-care is incredibly important. Our *Putting Feet First* campaign is also working to make sure people with diabetes are aware of the seriousness of foot problems, and to help them recognise the key signs. A YouGov survey for Diabetes UK found that while 79% of people know that amputations are a major complication of diabetes, 36% of people did not know that foot ulcers are also a complication of the condition (Diabetes UK, 2017c). This is despite the fact that unhealed ulcers are responsible for as many as four-in-five diabetes-related amputations.

Healthcare professionals should help raise awareness of foot problems to their patients with diabetes. Nurses and GPs should regularly ask people with diabetes about their feet, and remind them that they should be checking them daily.

As part of the Diabetes UK campaign, we have launched a video guide to diabetes footcare. In it, we remind people to check their feet daily, and give them four simple steps for performing a daily foot check:

- 1. Take off your shoes and socks
- 2. Check your foot temperature
- 3. Visually inspect your feet for calluses, and changes in shape or colour
- 4. Check in-between your toes, and your toenails

Every preventable amputation is one too many, and by improving diabetes community foot services, and raising awareness we can greatly reduce the numbers of diabetes-related amputations.



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