

# In Queensland: Diabetes related amputations on the decline

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PhD researcher Peter Lazzarini has found that co-ordinated foot care teams, protocols and focused research is reducing diabetic-related lower limb amputations in Queensland.

Fewer foot and leg amputations are being performed on people with diabetes in Queensland despite a rise in the national rate of diabetes amputations, new analysis has found.

The Australian Diabetes Society / Australian Diabetes Educators Annual Scientific Meeting has been told that a recent 18-22% reduction in [diabetes](#) related foot [hospitalisation](#) and amputation rates in Queensland appears to be due to a coordinated roll-out of clinical programs in more than 50 hospitals and community health sites across the state.

Australia has one of the highest rates of lower limb amputations in the

developed world with around 85 [diabetes patients](#) having a foot or part of their leg removed each week.

Foot disease affects more Australians than any other major diabetes complication, with the exception of cardiovascular disease.

International studies have shown that diabetes foot-related hospitalisations, amputations and related costs can be reduced by 50-85% when best practice strategies are implemented.

Peter Lazzarini, Senior Research Fellow at the Queensland University of Technology and Metro North Hospital and Health Service, who was an author of the study, explained that co-ordinated hospital and community-based foot care teams, protocols and research focused on diabetic foot health such as those in Queensland hold the key to reducing foot hospitalisation and [lower limb amputation](#) among all Australians with diabetes.

"While the results in Queensland are very encouraging, further nationally co-ordinated efforts are required to decrease diabetes related amputations to the low levels experienced in other countries," he said.

"Feet are often the forgotten complication of diabetes. Unlike [kidney disease](#), eye disease and cardiovascular disease, there are few national networks and protocols funded to oversee the foot health management of people with diabetes.

"Best practice strategies that focus on making sure doctors, nurses and podiatrists work together as multi-disciplinary foot teams and use the best treatment tools available significantly reduces diabetes foot-related hospitalisation, amputations and costs," said Peter Lazzarini.

"It's a simple proposition - ignore the feet and diabetes will continue to

be the leading cause of lower limb amputation and a leading cause of avoidable hospitalisation. By focusing on the feet of people with diabetes literally thousands of [amputations](#) and hospitalisations can be prevented."

The majority of lower [limb amputations](#) are performed on people who have had poorly controlled diabetes for more than 10 years which has led to nerve damage, poor circulation, foot ulcers and/or infection.

Peter Lazzarini explained that "the key to avoiding amputation in the first instance is blood sugar control. In addition, people should have an annual diabetes foot check-up to assess damage to the nerves and identify whether vascular disease has developed."

"For those who have developed nerve damage or vascular disease it is important that they see their doctor and podiatrist at least every few months and check their feet daily for signs of foot ulcers or infection. For those who develop a foot ulcer it is vitally important that they are managed by a multi-disciplinary foot team," he concluded.

Provided by Queensland University of Technology

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