

A retrospective service evaluation of the observed venous thromboembolism (VTE) incidence rate in below knee total contact casting for the management of active neuropathic foot disease

Campey, J. Sanger, D. White, J. Gandhi, R. Greig, M. Tesfaye, S. Hunt, L. Selvarajah, D. Heyes, S. Sloan, G. Goonoo, M.S. Hill, S. • Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK • *Abstract ID: EP13*



INTRODUCTION & BACKGROUND

- . Total contact casting is gold-standard management of diabetic foot disease¹.
- . VTE incidence rate is reported to be ~1-2 (0.2%) events per 1000 people annually² with anecdotal evidence in diabetic foot disease³.
- . Risk factors of VTE in casting include DM, HTN, obesity, CV disease, cancer, CKD and aged 35+ years⁴.
- . VTE risk in neuropathic populations may be reduced by weightbearing and calf pump activity,⁵ and arteriovenous shunting⁶.

Aim: To investigate the VTE (deep vein thrombosis or pulmonary embolism) incidence rate in patients who had total contact casting (TCC +/- Böhler walker) applied for the management of neuropathic foot disease, including foot ulceration and Charcot neuroarthropathy, either during the casting episode or 3-months post-casting.

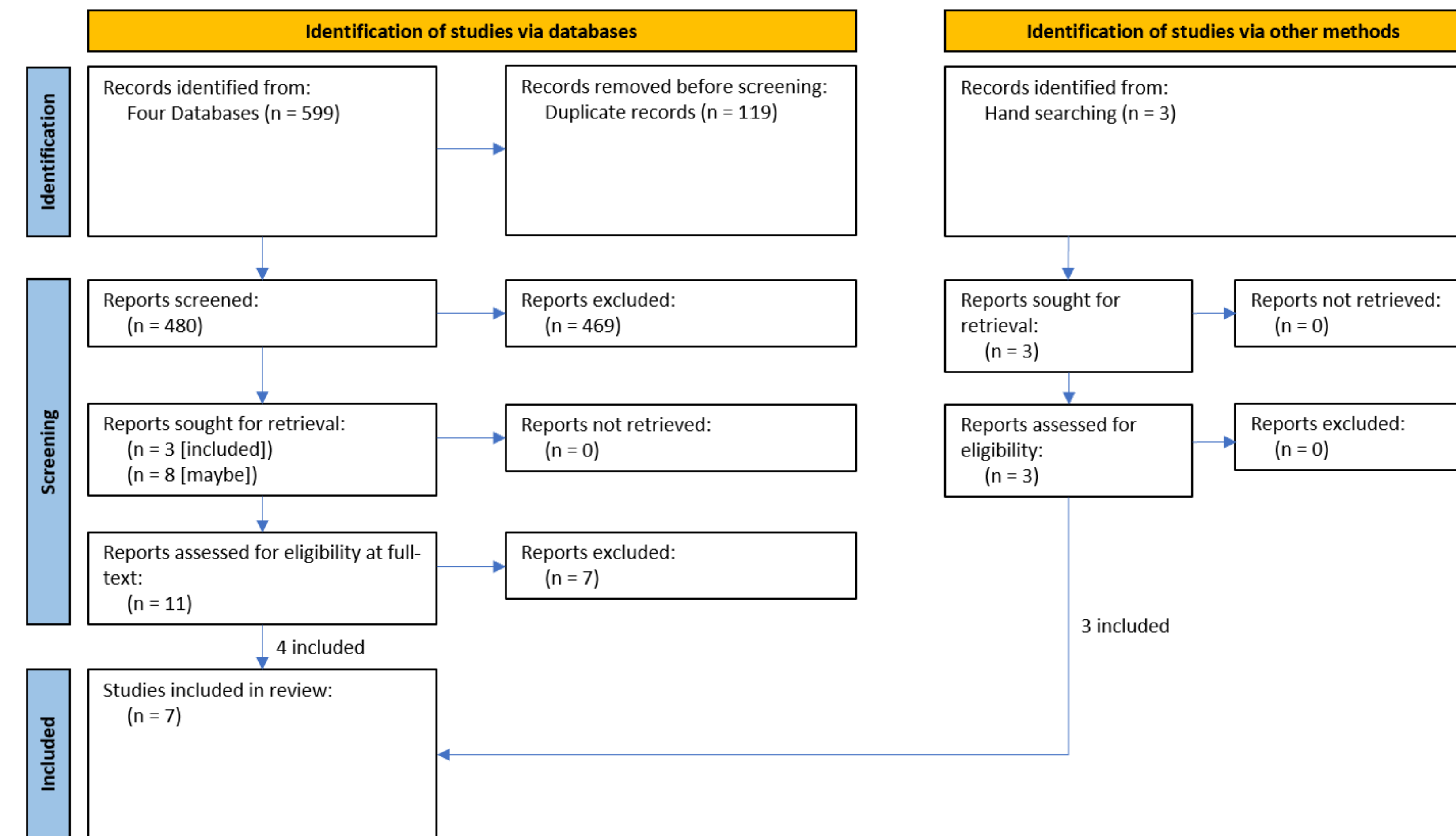
STUDY OUTCOMES

- . **Outcome 1** The reported incidence rate of VTE events during the casting episode or 3-months post-casting.
- . **Outcome 2** The rate of VTE incidence confirmed on radiological imaging.

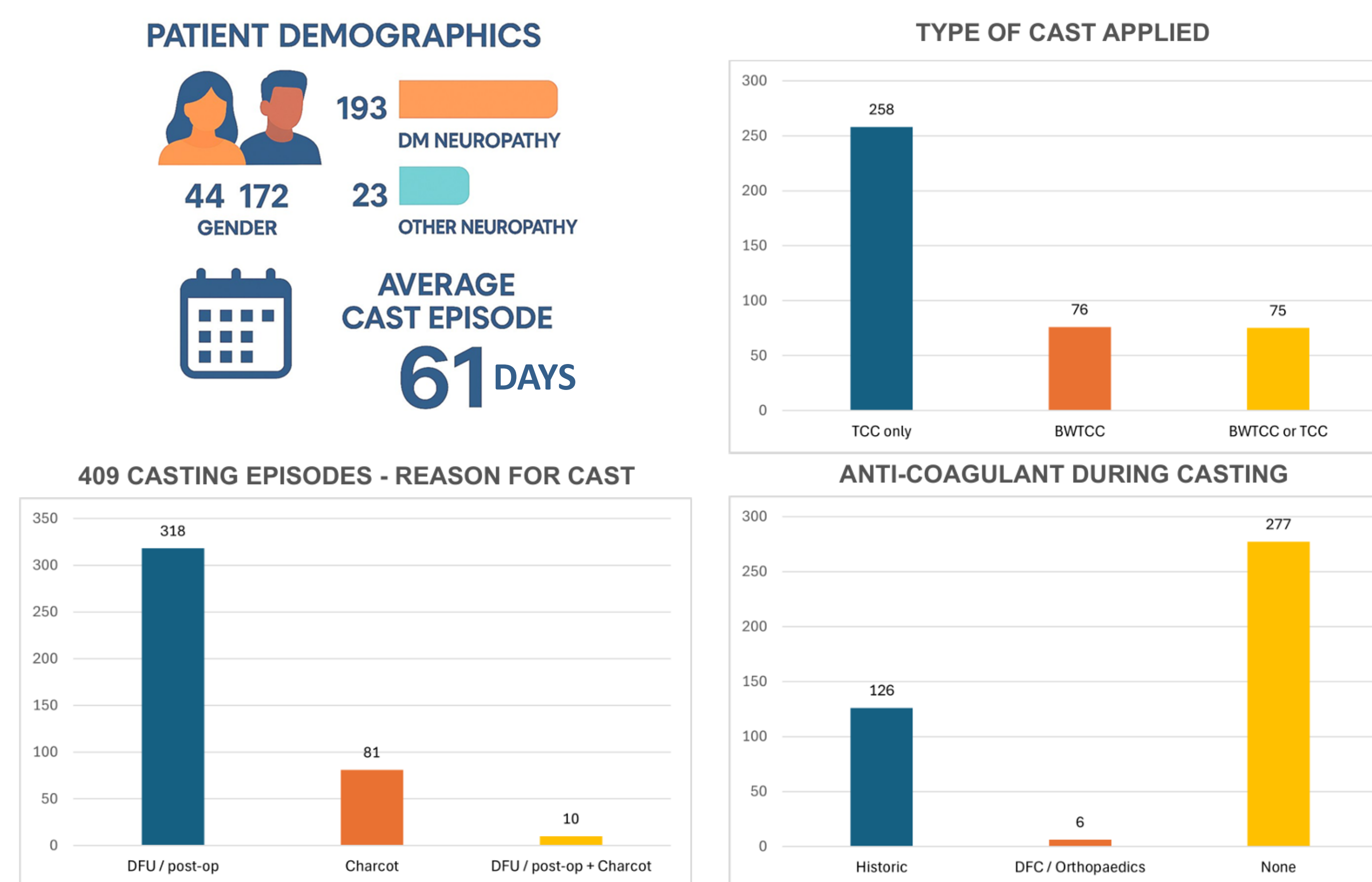
METHODOLOGY AND SELECTION

- . **Study design** Retrospective service evaluation design (cohort study).
- . **Method** Electronic patient records were reviewed for patients with TCC application for ulceration or Charcot foot recorded between 2016-2025.
- . **Inclusion criteria** Aged 18+ years old, record of neuropathy, record of TCC application for ulceration or Charcot neuroarthropathy.
- . **Data collected** Gender, age, diabetes and neuropathy status, cast reason, cast type, length of cast episode, confounding risk factors, anti-coagulant status, VTE event reported, VTE confirmation on radiology imaging report.

LITERATURE REVIEW AND PRISMA CHART



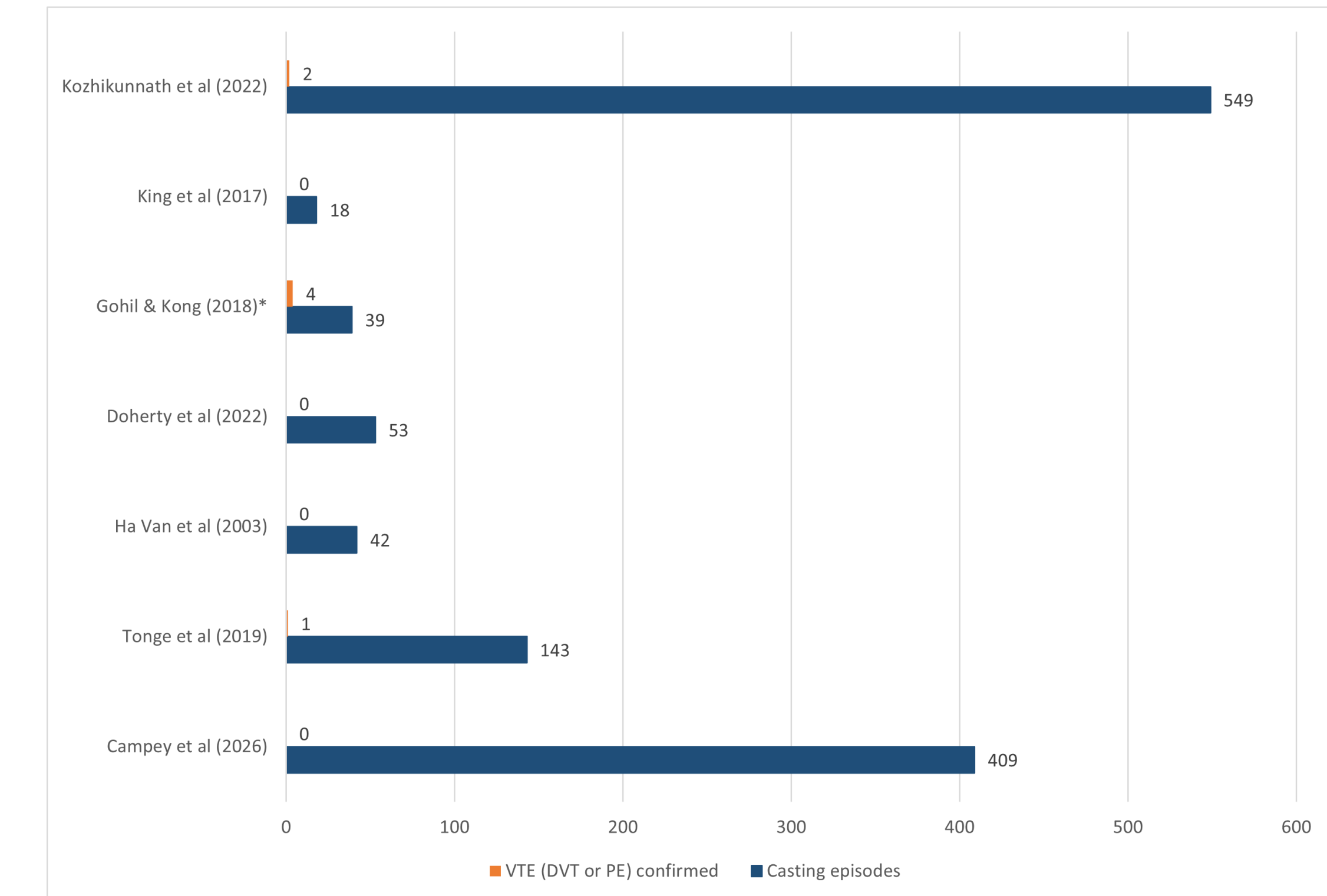
DATA FROM RECORDS IDENTIFIED FOR INCLUSION IN THIS STUDY



RESULTS & CLINICAL INSIGHTS

- . **Outcome 1** Reported VTE events during cast episode or 3/12 post-cast; **n=10/409 (2.4%)**
- . **Outcome 2** VTE event (DVT or PE) confirmed on imaging; **n=0/10 (0%)**

COMPARISON OF RESULTS TO OTHER LITERATURE



LIMITATIONS & DISCUSSION

- . A retrospective study reviewing electronic records with a potential for under-reporting .
- . Asymptomatic VTE events and VTE events in paper records may be missed.
- . Calf thromboses may have gone undetected due to imaging protocols.
- . VTE incidence rate in this study is comparable to the literature available.
- . Routine thromboprophylaxis for all is not indicated by current evidence.
- . All patients should be screened and managed for individual VTE risk factors.
- . All patient should be educated on risk and symptoms with close monitoring.
- . Further research is required into this subject area.