# Diabetic Foot Disease Admission Rates: A Prospective Cohort Analysis from a Single Tertiary Vascular Centre

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## Background & Aims:

- Diabetic foot disease remains a significant morbidity and healthcare burden with a high mortality rate
- This study aims to analyse the inpatient admissions data over a 6-month period at a single centre

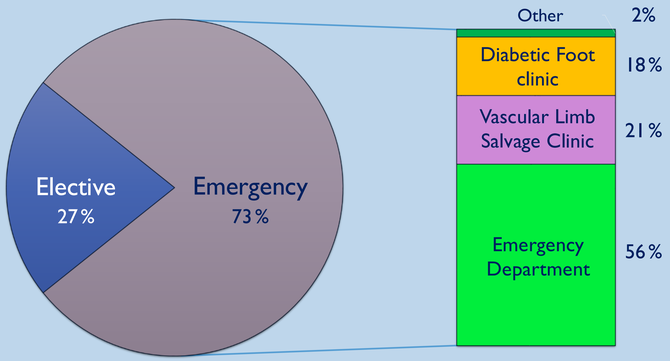
## Methods:

- Prospective observational study conducted from September 2025 – February 2026
- All admissions to the vascular ward with diabetic foot disease were included using our electronic patient record system

## Demographics

| | |
|---|---|
| Total patients | 167 |
| Mean (SD) age, years | 67.8 (11.6) |
| Age range, years | 32 – 93 |
| Males (%) | 132 (77) |
| Caucasian ethnicity (%) | 137 (80) |
| South Asian ethnicity (%) | 25 (15) |
| Type 2 diabetes (%) | 162 (94) |
| Mean (SD) duration of diabetes, years | 16.8 (10.7) |
| Mean (SD) HbA1c, mmol/mol | 68.3 (20.8) |
| Current smoker (%) | 31 (19) |
| Ex-smoker (%) | 68 (41) |
| Chronic kidney disease stage ≥ 3 (%) | 83 (50) |
| Diabetic neuropathy (%) | 101 (61) |

## Type & Source of Admissions



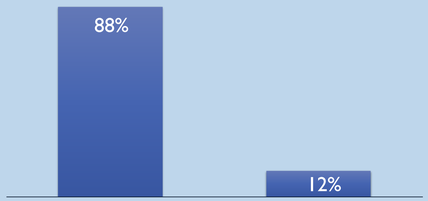

## Elective Admissions

| | |
|---|---|
| Total admissions (%) | 46 (27) |
| Angioplasty (%) | 37 (80) |
| Amputation (%)<br>- Major<br>- Minor | 7 (15)<br>1<br>6 |
| Length of stay, days (range) | 3 (0 – 20) |

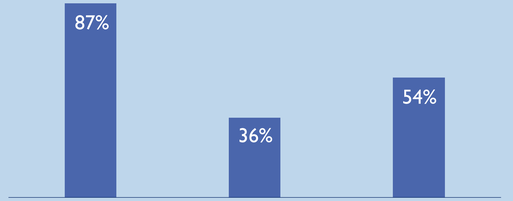
## Emergency Admissions

| | |
|---|---|
| Total admissions (%) | 125 (73) |
| Previous admissions (%) | 64 (52) |
| 30-day readmissions (%) | 29 (23) |
| Length of stay, days (range) | 12.4 (0 – 55) |
| Mortality rate (%) | 7 (6) |

## Reason for Emergency Admission




## Emergency Admission Management




## Patients known to the multidisciplinary diabetic foot team (MDFT)


## Conclusion:

- Majority patients presented as an emergency with diabetic foot infections, and more than half required debridement or amputation
- Close to half of patients presenting with diabetic foot complications as an emergency were not previously known to the MDFT
- These findings underscore the importance of community-based foot surveillance in early identification and involvement of the MDFT, to improve patient outcomes