

An Outpatient Parenteral Antimicrobial Therapy (OPAT) service saves significant bed-days and admission avoidance even in patients with complex Diabetic Foot Infections: Results from a service evaluation

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Background & Aim:

The OVIVA trial demonstrated non-inferiority of oral compared to IV antibiotics for osteomyelitis. What is the role for an OPAT service for a DF clinic?

Method:

Retrospective cohort review of consecutive patients with DFI, referred to our OPAT service 12/2023 – 12/2025. Data was obtained from the OPAT service database, and the hospital electronic health records were reviewed for patient demographics, treatment given and clinical outcomes.

32

Patients

42

Episodes

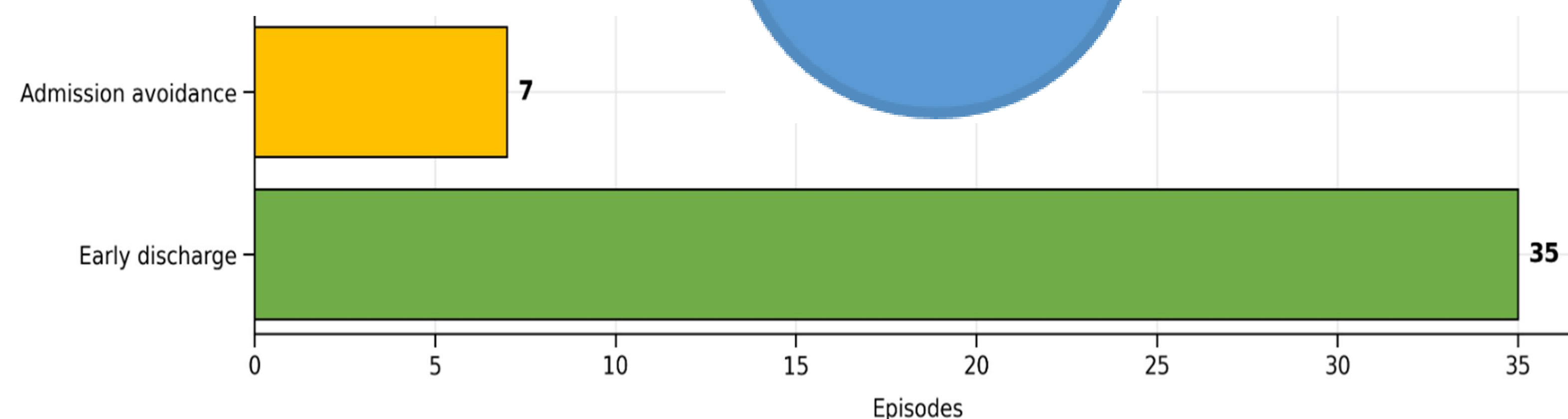
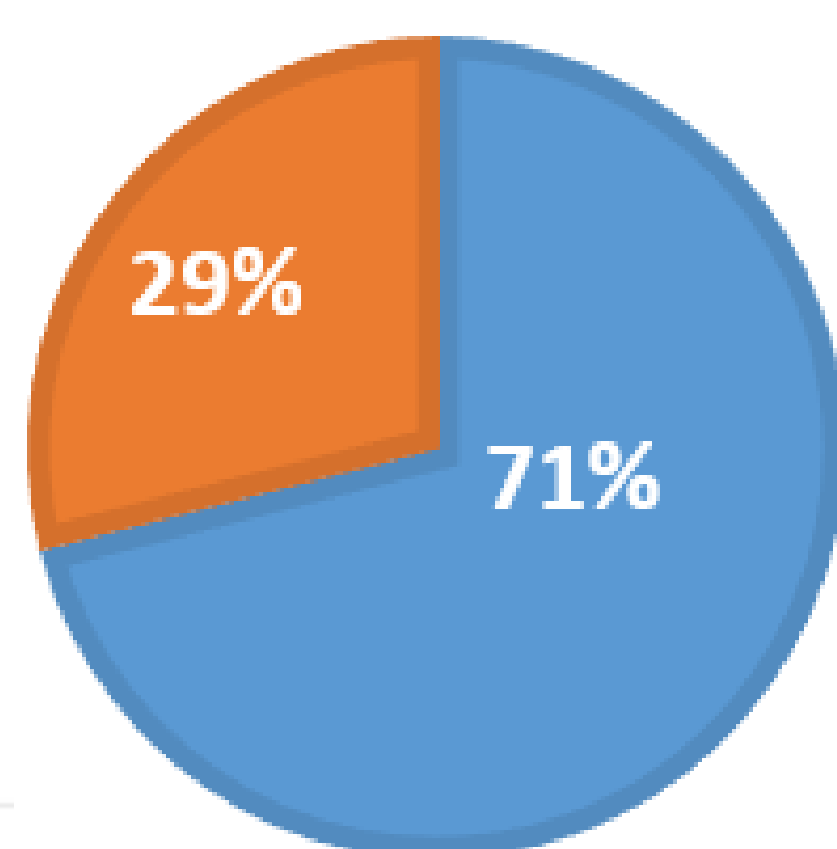
63 yrs

Mean Age

23 days

Mean Duration

■ male ■ female

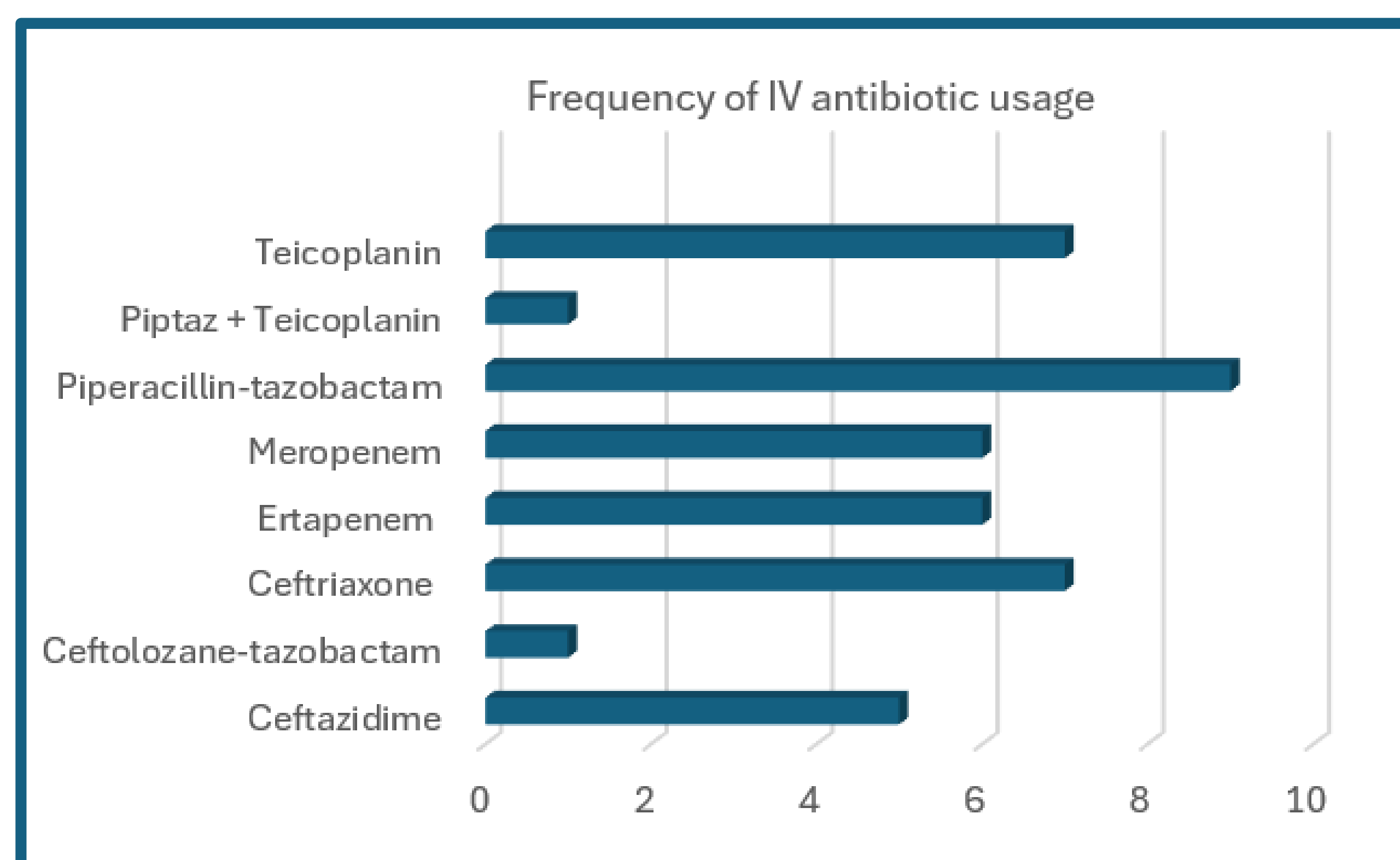
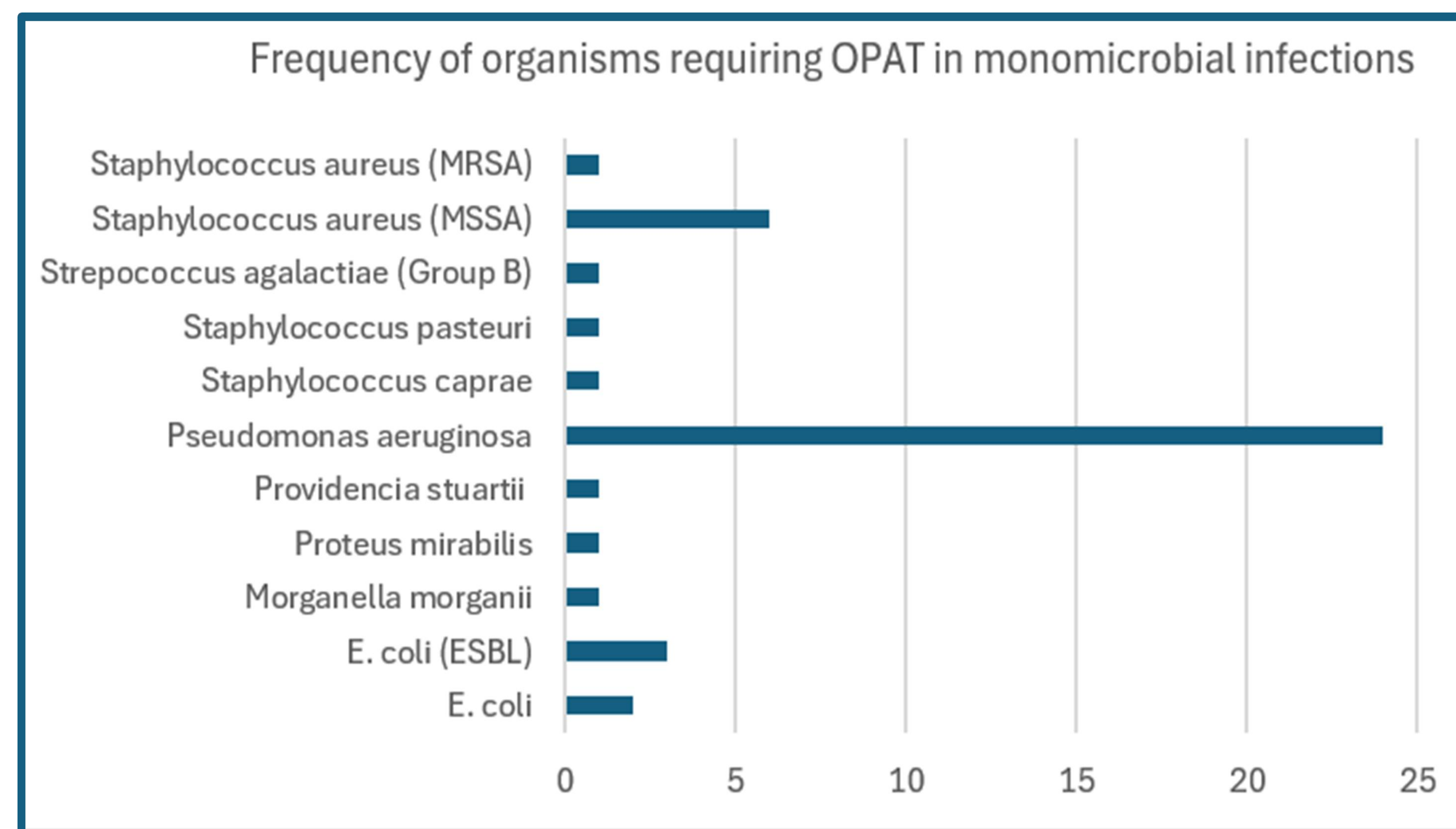


Mean duration: 23 days | Median: 18 days | Range: 1-67 days

77% Monomicrobial Infections
(33/42 Episodes)

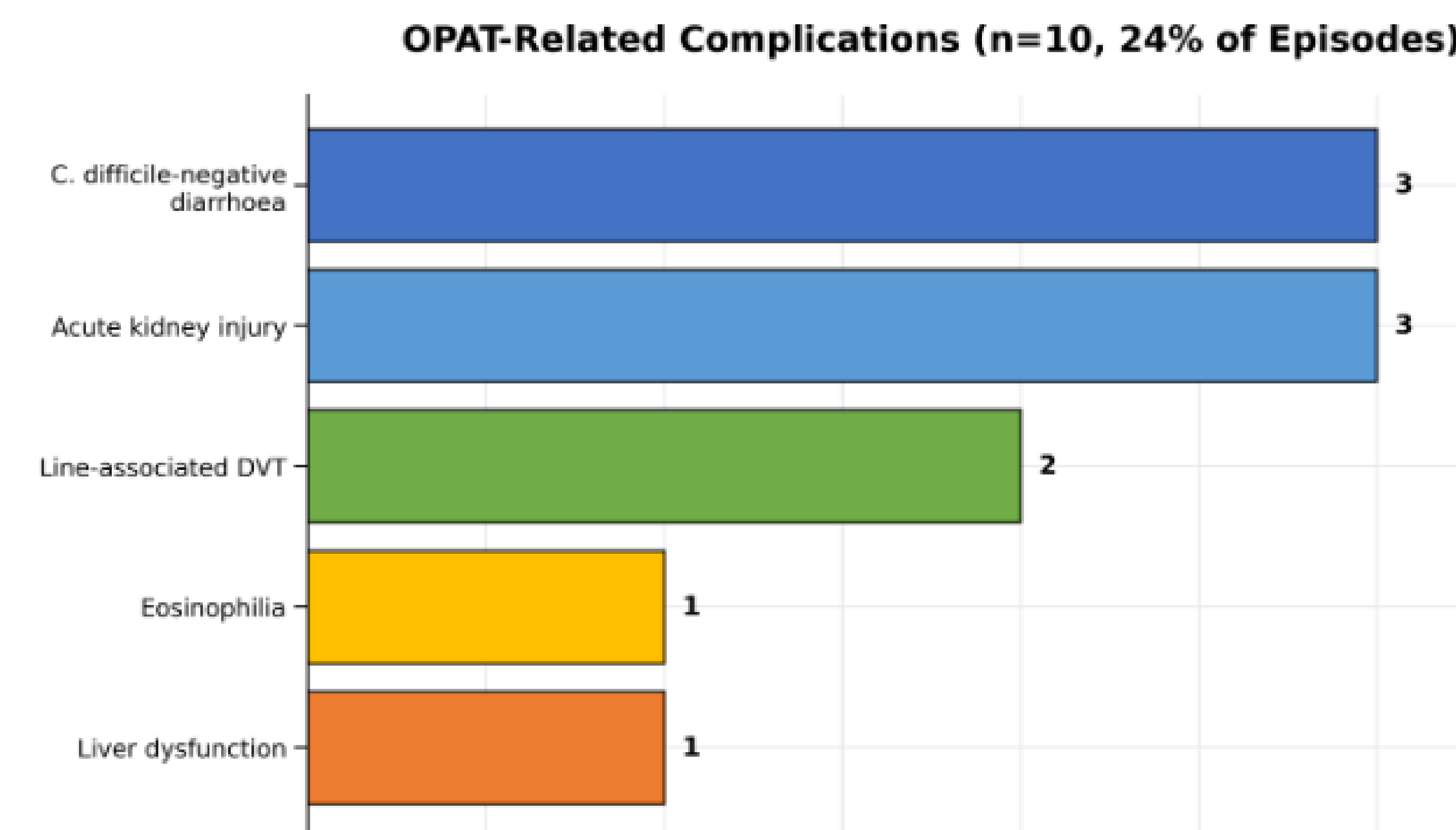


23 Gram-negative (70%)
10 Gram-positive (30%)



Clinical outcomes:

All cases were regularly discussed within both the foot and OPAT multi-disciplinary team (MDT) meetings. OPAT was successful in 41 of 42 OPAT episodes (one patient was readmitted shortly after starting OPAT due to delayed identification of a highly resistant organism).



Conclusion:

- OPAT is a **key partner** for a DFC
- Leads to significant bed-days savings as well as **admission avoidance**
- Drug and line-related **complications** common - need MDT
- Rising **antimicrobial resistance** especially in **Pseudomonas** will increase demand for OPAT