

EP83: Single-Centre Review of Podiatric Surgeon-Led Procedures for Foot Ulceration

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● Background & Aim

Foot ulceration is a major source of morbidity in patients with diabetes and peripheral vascular disease.

Ulceration can result in escalation to inpatient admissions to vascular or orthopaedic wards, with associated cost and risk.

Podiatric surgeon-led procedures performed under local anaesthetic offer a minimally invasive, day-case alternative for non-healing ulceration.

Aim: To *describe* the case-mix, procedures and clinical outcomes of podiatric surgeon-led surgery for foot ulceration at a single centre.

● Methods

Retrospective review of all podiatric surgeon-led procedures performed for foot ulceration, January 2024 – March 2025.

Details of patients are extracted from the hospital database.

Variables: demographics, comorbidities, ulcer characteristics, procedure type, and post-operative outcomes (healing, complications, re-ulceration, further intervention) were collected based on clinic letters.

Descriptive analysis; continuous variables summarised as mean ± SD or median (IQR) according to distribution.

● Results: Patient Cohort

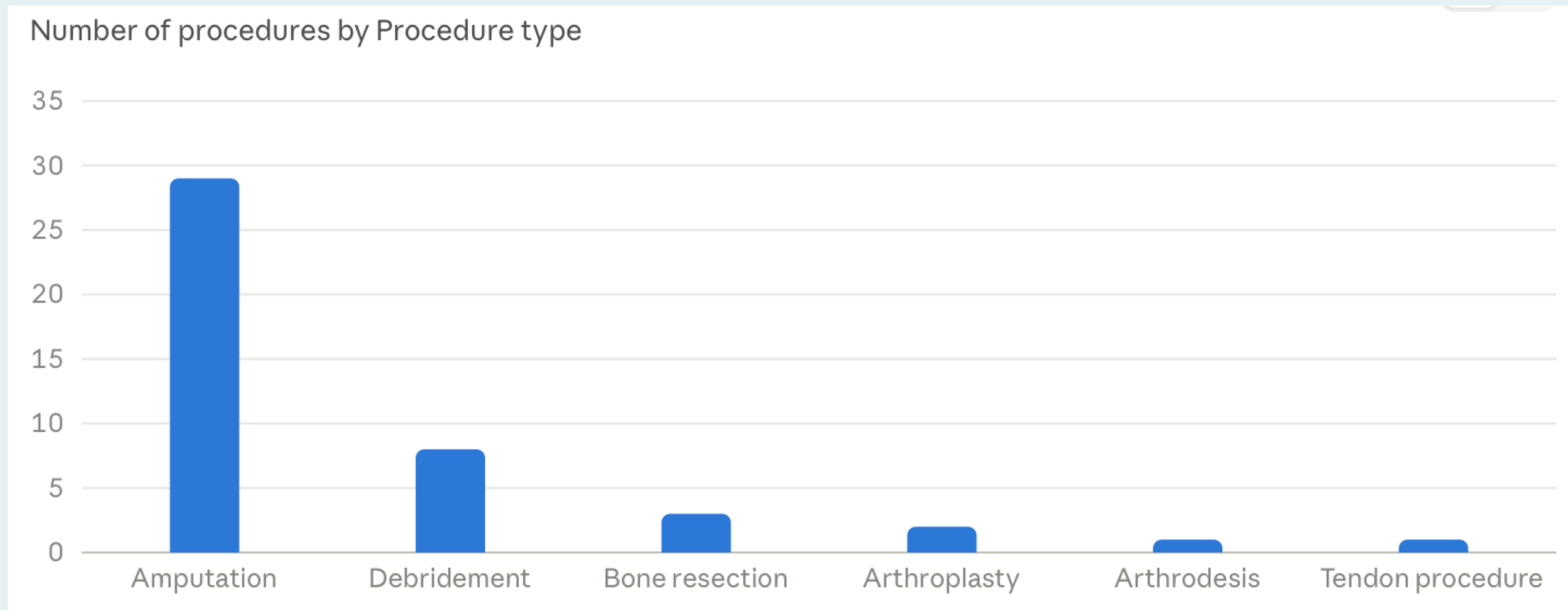
44
cases

Mean
age 69.5

77%
male

Comorbidity / characteristic	% (n/N)
Diabetes mellitus (Type 2)	80.5% (33/41)
Osteomyelitis at index procedure	57.1% (24/42)
Previous amputation	35.7% (15/42)
Chronic kidney disease (any stage)	64.3% (27/42)
Peripheral arterial disease	26.3% (10/38)
Current smoker	25.7% (9/35)
Ex-smoker	28.6% (10/35)
Ulcer duration before surgery, median (IQR)	90 (49–197) days

● Results: Procedures Performed



100% of cases performed as day case surgery under local anaesthetic

92.5% ulcers healed

71% received received STIMULAN antibiotic beads

9.5% re-ulceration

6.0 weeks (IQR 3.4-15.4) – median time to declared healing

Conclusion

Podiatric surgeon-led day-case procedures achieved a high healing rate with low complication and a low re-ulceration rates. Patients often received rapid follow up after their procedures.

Selection bias may be present, as patient suitability for day case management could have influenced which patients were included for day case procedure.