

Podiatry Services for Patients on Renal Replacement in the Community

Jenny Song¹, May Chua¹, Izza Atiqa Binte Ishak², Renee Lee Wei Lin², Evan Lee¹

¹Clinical Affairs, The National Kidney Foundation, Singapore

²Podiatry Department, Singapore General Hospital, Singapore

INTRODUCTION

The National Kidney Foundation Podiatry Clinic was set up in January 2017. Its aim was to initiate early treatment of diabetic foot conditions in order to prevent lower limb amputations in dialysis patients in the long run.

AIM

A review of the service will help in identifying the common foot problems among renal patients, types of treatments required, and insights into renal patients' foot care attitude and behaviour. We also evaluated the impact of the service so far in expediting specialist care so as to prevent deterioration of diabetic foot ulcers (DFU). This will assist healthcare planners in resource planning, service development and optimisation.

METHODOLOGY

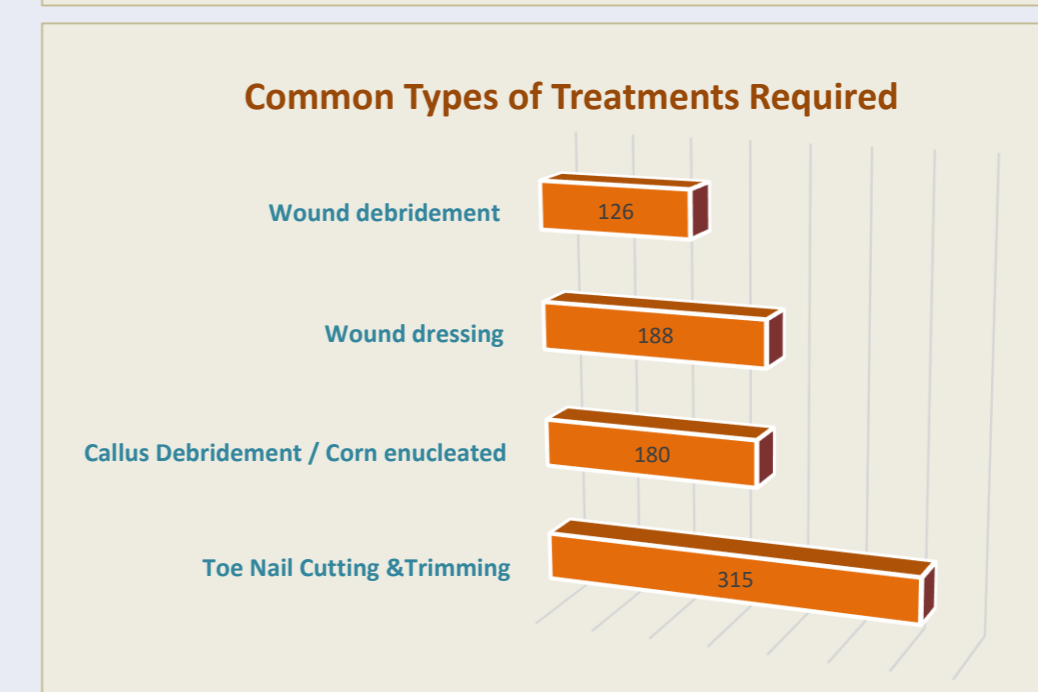
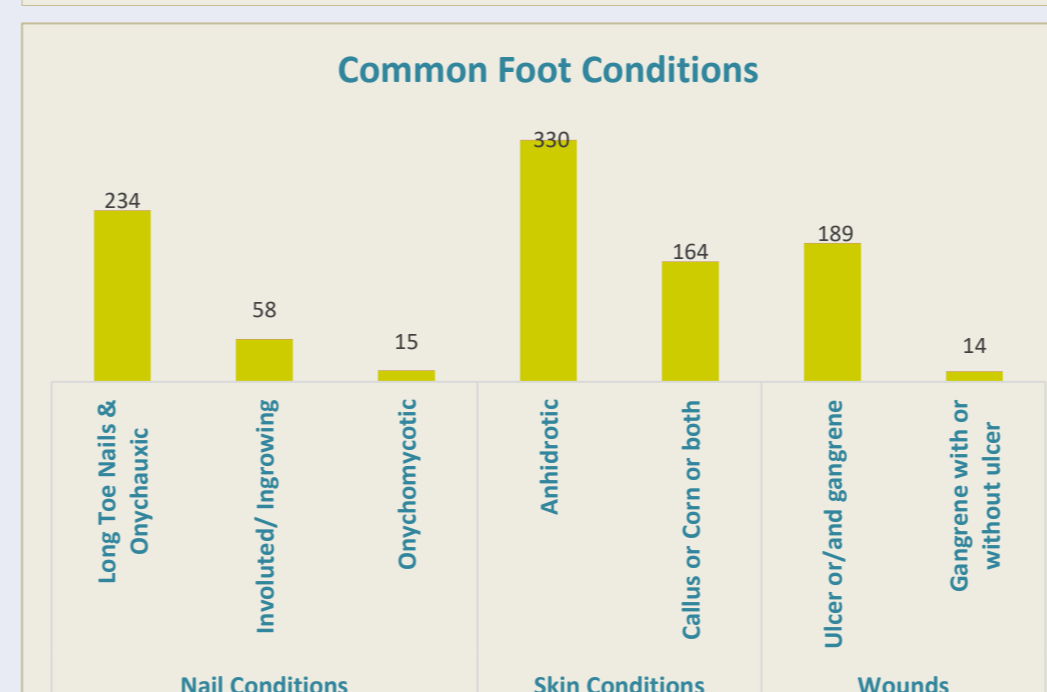
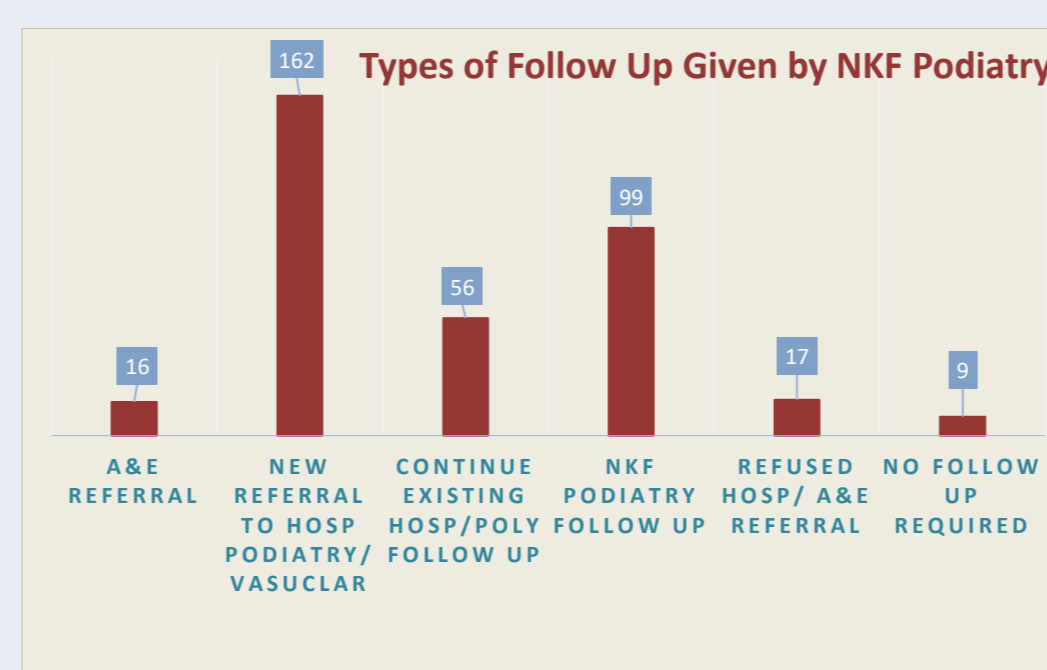
A retrospective review of patient consultations from the first clinic session to present (23.01.2017- 08.02. 2019) was conducted. All attendees' podiatric documents produced at the clinic were included for analysis. Patient podiatric conditions and treatments were recorded. Follow up actions were coded as: 1) Chronic conditions can be reviewed at NKF podiatry clinic in 1-2 months 2) Active condition required follow up with hospital/polyclinics podiatry 3) Acute condition to be referred to A&E.

CONCLUSION

There is an indigence of studies on podiatry service in community setting for renal patients; therefore a comparison of results is difficult. While this study reveals positive results towards achieving outcomes such as adherence to follow up appointments and expediting of specialist care in the treatment of DFUs, more data can be collated to further assess the efficacy of the NKF podiatry clinic in meeting the overall outcome of preventing amputations in the long run. All in all, it is evident that there is a great need of foot care service among renal in the community and the existing service should continue to evolve to better meet clinical outcomes and patient-centric care.

RESULTS

77 sessions were conducted in the past 2 years. A total of 554 consultation records from 359 patients were reviewed, with 96% of the patients being diabetic. The foot pathologies treated included anhidrotic skin (59.6%), long and/or onychauxic toenails (42.2%), foot ulcer and/or gangrene (34.1%), callus and/or corn (34%), involuted and/or ingrowing toenails (10%). The most common treatment provided were nail cutting and trimming (58%), wound care (33.9%), and routine callus and/or corn treatment (32%). 28.7% of patients received 2 or more types of treatment.



FINDINGS

Patients' Attitudes on Foot Care and Behaviour

Out of the 164 patients that required follow up with hospital/polyclinics podiatry services, only 10% had valid appointments, among which 41% forfeited appointment or expressed intention of not attending. This underscores a passive attitude and neglectful behaviour towards foot care, with patients citing underlying causes such as burnout from multiple hospital follow ups, financial difficulties and lack of awareness. However, over the past 2 years, 31.5% of the patients had returned for at least 1 visit. This is an encouraging finding, possibly indicating an increased motivation to seek treatment for their foot condition by attending a podiatry service at a community setting.

Expediting Specialist Care for DFUs to Hospitals

As for the follow up management of patients seen in the podiatry clinic, 29% of patients with an active DFU were referred to podiatry services in hospitals, while 3% of them were referred to Accident & Emergency (A&E) departments. This indicates that a third of patients have been referred to an acute setting where further specialist care can be provided, hence optimising the treatment of DFUs.