Renal Podiatry - can it make a difference?

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Why is this Position Important?

- Diabetes is the most common single cause of renal failure (Eggers et al 1999, Lok et al 2004).
- The prevalence of foot ulceration was five times higher for patients with diabetes haemodialysis (Ndip et al 2010).
- People with both renal failure and foot complications have a higher risk of death than those with renal failure alone.
- We currently only start seeing the patients when they already have lower limb complications; however with this new role we can now proactively review and assess patients to educate them and put preventative measures in place to improve the outcome.

Standards and are we meeting them?

In 2002 The National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) Recommended screening including physical examination of arterial pulses and skin integrity at the time of commencement of renal replacement therapy.

Kaminski et al (2017) found that amputation outcomes were high in patients undergoing haemodialysis regardless of incidence of diabetes. It is therefore imperative that foot protection schemes for people on haemodialysis is not solely focused on those with diabetes.

NICE (NG 19) recommended that all patients with diabetes and ESRF should be considered as high risk.

Dialysis is an independent risk factor for foot ulceration, thus requiring extra vigilance and foot care. Foot ulceration is potentially preventable and usually precedes more serious foot complications such as severe infection, gangrene, or amputation. (Ndip et al, 2010).

Foot screening allows for risk stratification and appropriate treatment and or timely onward referral as required.

Role

With the new ‘Renal Podiatrist’ role, we can proactively review and assess patients to educate them and put preventative measures in place to improve current outcomes.

Before this role was created, there were no standardised foot screening for haemodialysis patients. By scheduling and undertaking preventative screenings either at the hospital, in the community or at the patient's home whilst they are undergoing hemodialysis (HD), we can reduce the number of appointments required and make the process more efficient.

Irrespective of risk classification, all patients on HD would receive;
A full assessment – Skin and neurovascular assessment; including ABPI, TBI
And a package of treatments aimed at preventing foot ulcers (including education, removal of hard skin, foot and nail care advice, creams, changes to footwear and the provision of bespoke insoles, and offloading of areas before issues arise and become problematic).

Patients that are deemed as high risk would then require routinely follow ups ever 1-3 months.

My Findings

PAD	64%
Diabetes	55%
Minority Ethnic Group	35%
Active ulcerations	16% of total caseload have an ulceration (April 2022) 85% of which had an active ulceration prior to renal specialist podiatry input Majority of those ulcerations when renal post started were SINBAD >3 or above Majority requiring x2/3 weekly dressings to keep stable and prevent amputations. Since Renal Specialist Podiatrist in post, ulcers identified quicker, many are SINBAD 3 or below and time to healing is reduced. approx. 1,008 community appointments saved, plus travel costs for community podiatry and/or community nursing team note: • Less severe diabetic foot ulceration costs around £4,000[3] These costs are taken from Marion Kerr Model • More severe ulceration costs around £8,000 to heal[3]
High Risk Requiring on-going surveillance	67% - these would require reviews in community

Summary

A PREVENTATIVE APPROACH WOULD BE CENTRAL TO THE SERVICE FOR ALL NEW HAEMODIALYSIS PATIENTS. AS PART OF THE MULTI-DISCIPLINARY FOOT TEAM, LINKS WITH OTHER SERVICES, INCLUDING VASCULAR AND DIABETES SPECIALITIES, WOULD SUPPORT TIMELY ACCESS, HIGH QUALITY CARE AND BETTER OUTCOMES.

IT IS FELT THAT IF PODIATRY INPUT IS NOT FUNDED PERMANENTLY, THEN PATIENTS REQUIRING PODIATRY INPUT MAY FEEL TOO TIRED TO TRAVEL TO FURTHER APPOINTMENTS. SUCH PATIENTS WOULD TYPICALLY END UP ATTENDING THE EMERGENCY DEPARTMENT AFTER THEIR FOOT DISEASE HAS FURTHER PROGRESSED WITH AN INCREASED RISK OF REQUIRING A MAJOR LOWER EXTREMITY AMPUTATION.

DETERIORATING RENAL FUNCTION SHOULD BE AN INDICATION THAT THE FEET ARE AT INCREASED RISK. WITH THE CREATION OF THIS ROLE, THAT CAN ALL CHANGE. PROVIDING AN *INTEGRATED FOOTCARE PATHWAY* FOR RENAL PATIENTS, WE CAN MAKE A DIFFERENCE TO THE PATIENT'S OUTCOME.