

# Multidisciplinary team

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# Multidisciplinary team

Diabetic Foot Care Network - Italian Model

Diabetic foot clinic -Team Organization

- Outpatient Clinic
- Inpatient Clinic

Multidisciplinary Team Model

Cross-Referral Philosophy

# Italian Diabetic Foot Care Network

Diabetic Foot Centers		
Level 1	Level 2	Level 3
Diabetic Center	Diabetic Foot Center	Specialised Diabetic Foot Clinic
<ul style="list-style-type: none"> <li>➤ Education</li> <li>➤ Primary prevention</li> </ul>	<ul style="list-style-type: none"> <li>➤ Education</li> <li>➤ Primary prevention</li> <li>➤ Treatment of ulcers                             <ul style="list-style-type: none"> <li>– Drainage of flemmon</li> <li>– Minor amputation</li> <li>– Surgical debridment</li> <li>– Dressing</li> <li>– Off-loading</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Education</li> <li>➤ Primary prevention</li> <li>➤ Secondary prevention</li> <li>➤ Vascular procedures                             <ul style="list-style-type: none"> <li>– PTA</li> <li>– By-pass</li> </ul> </li> <li>➤ Treatment of ulcers</li> <li>➤ Acute surgery</li> <li>➤ Elective surgery</li> </ul>



# Team organization: 3°level diabetic foot clinic

## Diabetic Foot Clinic

1 director + 5 MDs + 1 podiatrist

### OUTPATIENT CLINIC

4 dedicated and “skilled” nurses

- Diagnostic procedures
- Minor surgical debridement
- Dressing
- Off-loading of neuropathic plantar ulcer
- Prosthesis clinic
- Follow-up

### INPATIENT CLINIC

- Dedicated ward (27 beds)
- Dedicated and “skilled” nurses
- Need for collaboration with Outpatient Clinic crew
- Monitoring of nosocomial infections
- Dedicated rooms for debridement and dressing
- Emergent surgery
- Elective surgery
- Revascularisation procedures (PTA/ bypass)
- Intensive postsurgical monitoring
- Cardiac care
- Renal care
- 2 hemodialysis machines

Surgery room 24 hr/day

# Outpatient clinic

TcPO<sub>2</sub> measurement room



Medication beds



## OUTPATIENT CLINIC

### 4 dedicated and "skilled" nurses

- Diagnostic procedures
- Minor surgical debridement
- Dressing
- Off-loading of neuropathic plantar ulcer
- Prosthesis clinic
- Follow-up



# Outpatient clinic

Surgical room



Podiatric & prosthesis room



## OUTPATIENT CLINIC

**4 dedicated and "skilled" nurses**

- Diagnostic procedures
- Minor surgical debridement
- Dressing
- Off-loading of neuropathic plantar ulcer
- Prosthesis clinic
- Follow-up

# Outpatient clinic

## Fiberglass off-loading cast





# Outpatient clinic



**Fiberglass off-loading cast**





# Outpatient clinic



## Prosthesis clinic

- Biomechanic assessment
- Industrial shoes
- Custom-made shoes
- Moulded insole
- Customized cast
- Prosthesis





# Outpatient clinic



## Prosthesis clinic

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Surgery room 24 hr/day

# Inpatient clinic

## Emergent surgery



29



30



31



33



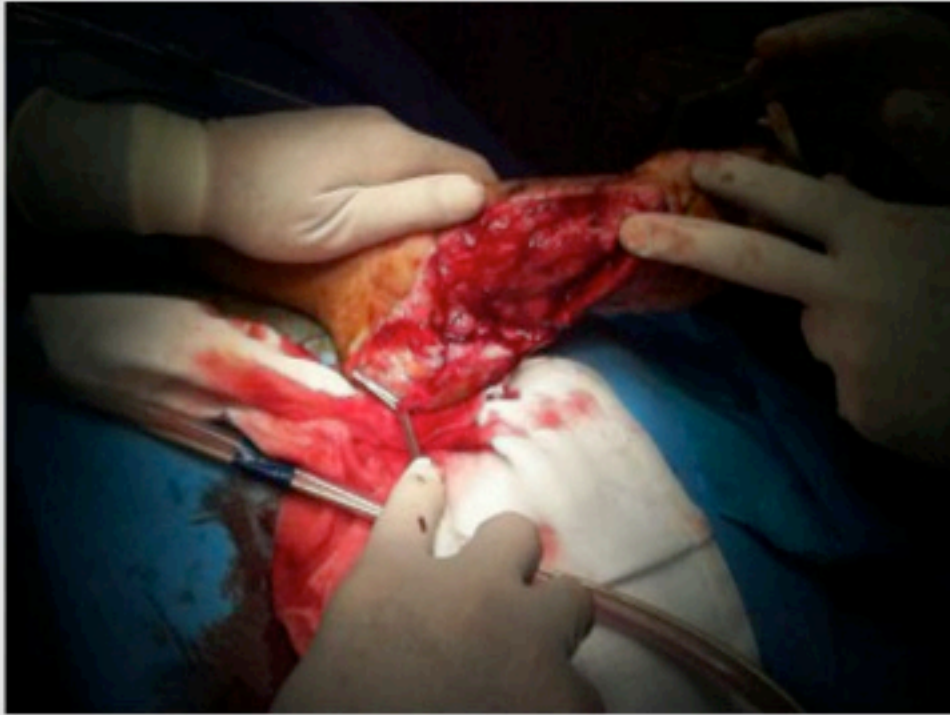
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# Inpatient clinic



## Curative surgery

- Surgical debridement
- NPWT
- Dermal substitute
- Skin graft
- Fasciocutaneous graft
- Flaps



# Inpatient clinic



## Prophylactic surgery Correction of deformities

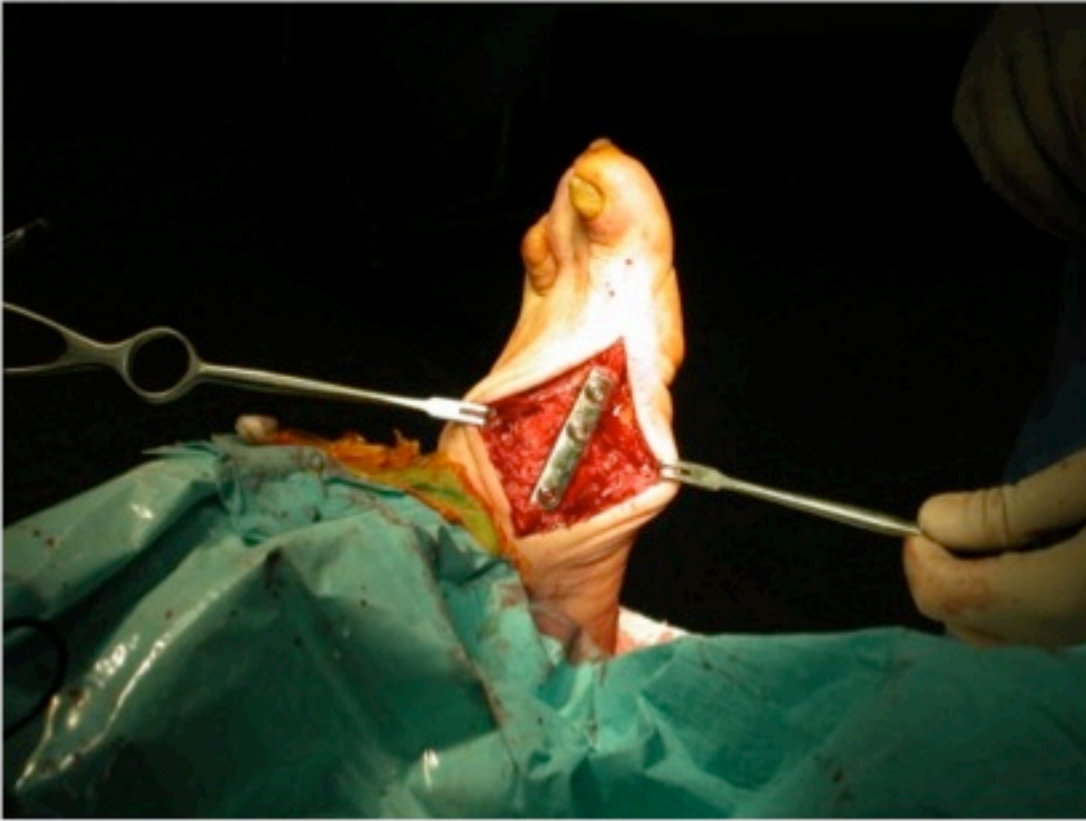
- **Forefoot**
  - Hammer toe
  - Claw toe
  - Bunion prominence
  - Triangular forefoot deformities
- **Midfoot**
  - Plantar exostosis





# Inpatient clinic

## Charcot foot surgery



# Multidisciplinary team

## Medical team

Diabetologist

Nephrologist

Cardiologist

Infectivologist

Neurologist

## "Toe" team

Foot surgeon

Orthopedic

Plastic surgeon

Vascular surgeon

Podiatrist

Inpatient &  
outpatient  
foot clinic

CLI

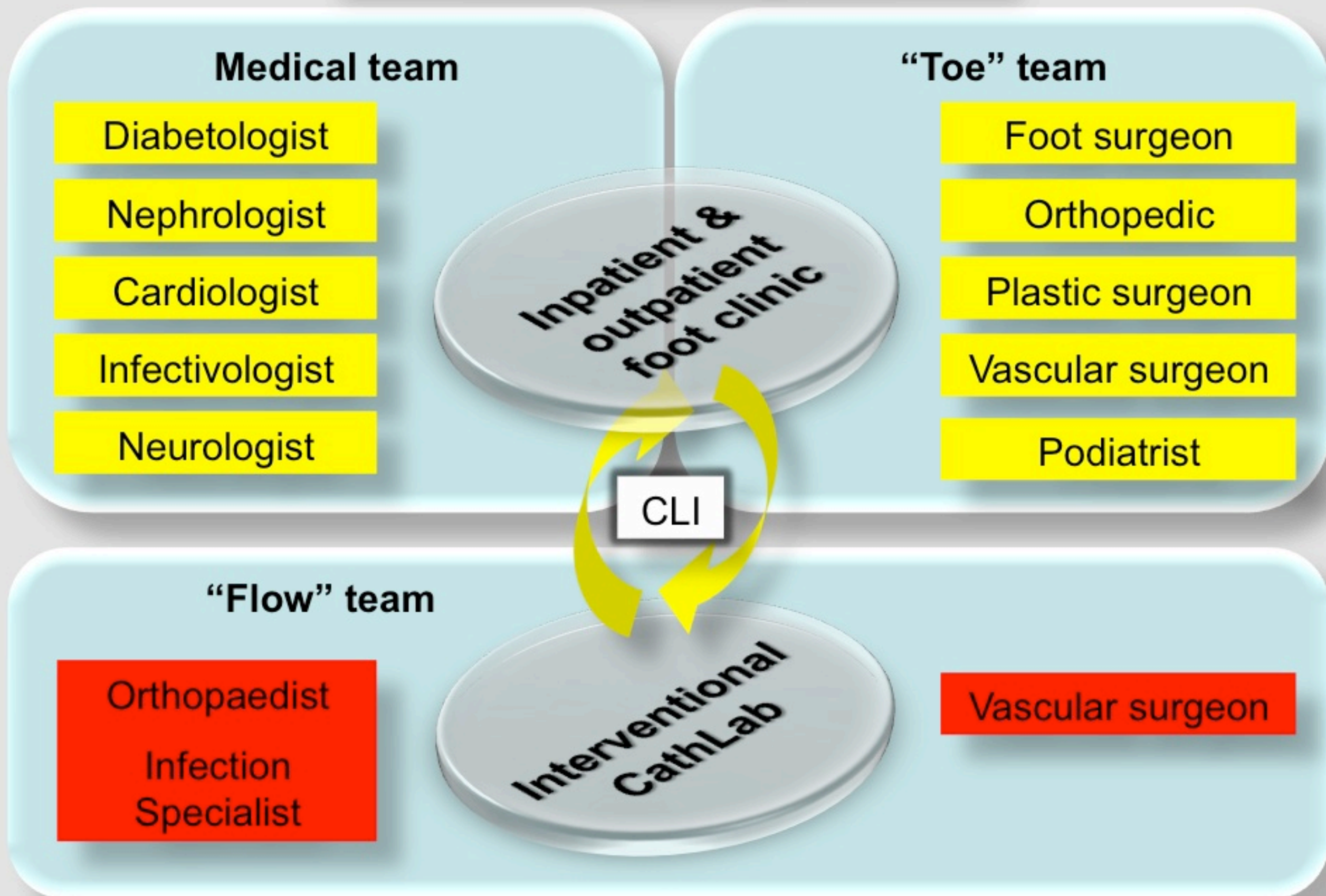
## "Flow" team

Orthopaedist

Infection  
Specialist

Interventional  
CathLab

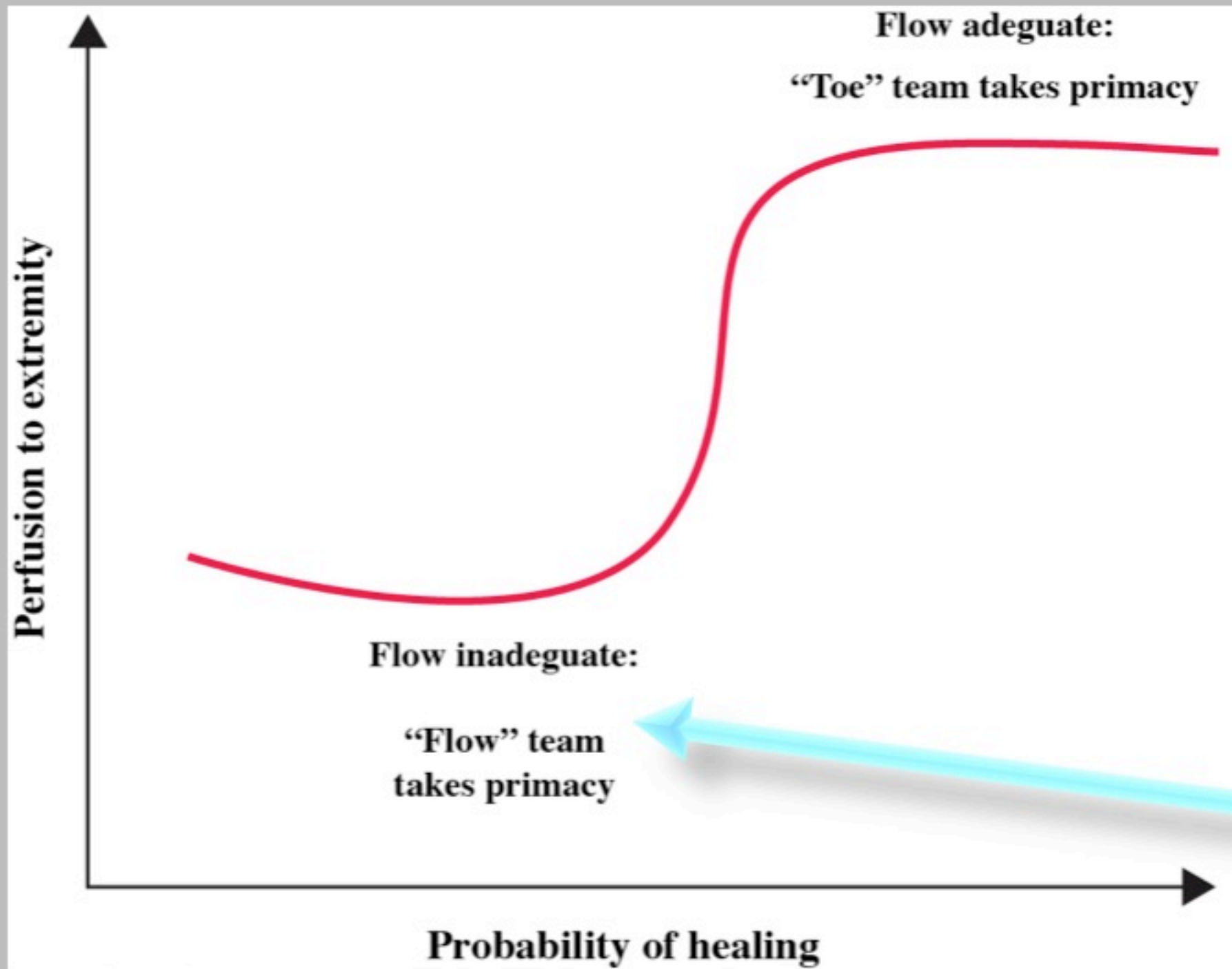
Vascular surgeon





# Philosophy of cross-referral

Probability of healing based on toe pressures

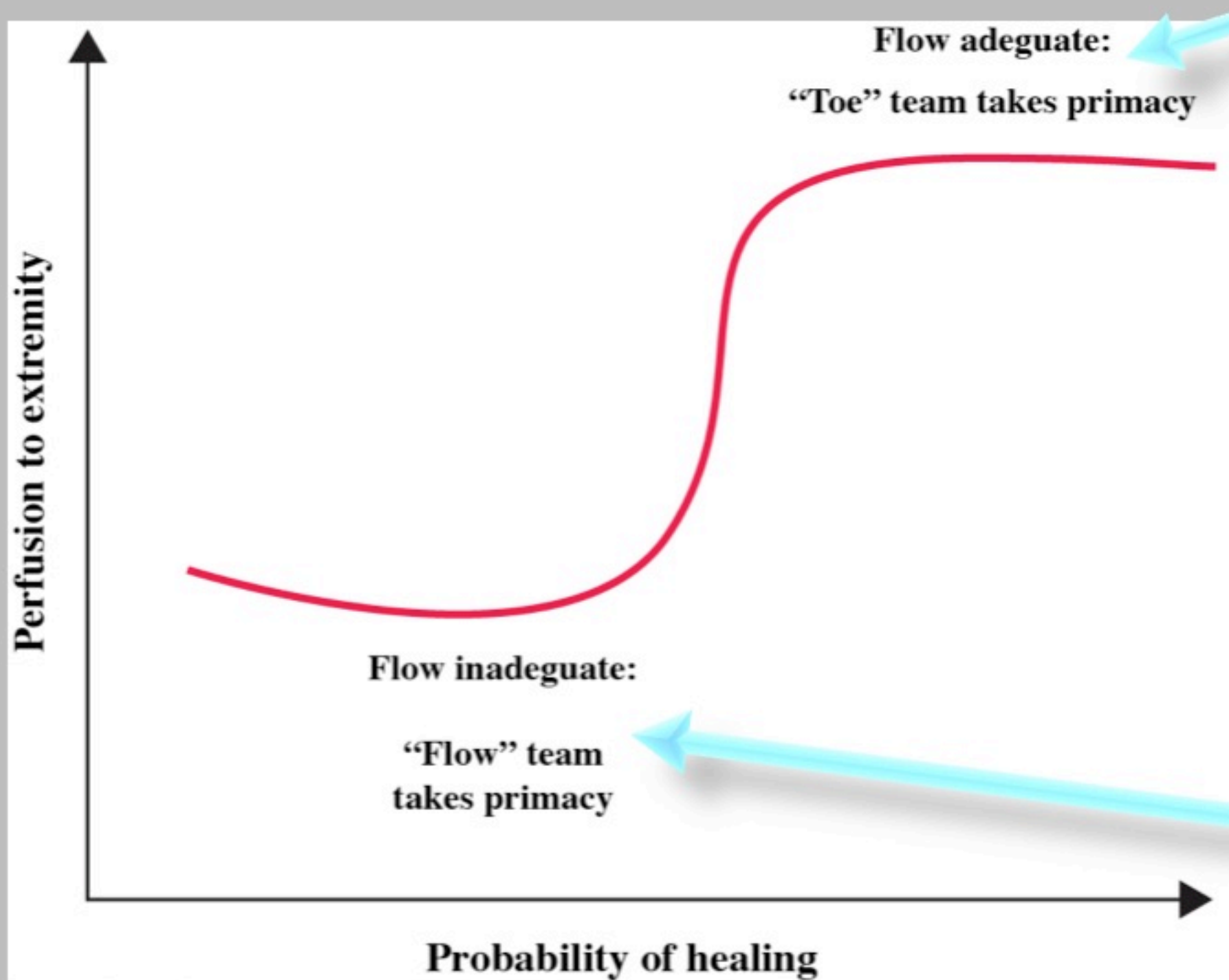


Rogers LC, Armstrong DL. Podiatry Care, Chapter 113, Rutherford's Vascular Surgery, 7th Edition. Elsevier Inc, 2010 (modified)

The vascular team improves flow and pushes the wound up the curve if flow is inadequate

# Philosophy of cross-referral

Probability of healing based on toe pressures



When flow is adequate, the podiatry team manages wound healing, off-loading, reconstruction and prevention

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The vascular team improves flow and pushes the wound up the curve if flow is inadequate