

## The Role of the Renal Specialist Podiatrist

**Authors :** Clara Luwe, Oliver Harness, Helena Meally, Kim Martin, Alexandra Harrington

**Abstract :** Background: The role of 'Renal Specialist Podiatrist' originated in 2022 due to prevailing evidence of patients with diabetes and end-stage renal disease (ESRD) on haemodialysis (HD) and active ulcerations that were at higher risk of rapid deterioration, foot-related hospital admissions, and lower limb amputations. This role started in April 2022 with the aim of screening all patients on haemodialysis and instigating preventative measures to reduce serious foot related complications. Methods: A comprehensive neurovascular foot assessment was completed to establish baseline vascular status and identify those with peripheral arterial disease (PAD) for all patients on HD. Individual's foot risk was stratified, advice and education tailored and issued. Identifying all diabetes patients on HD as high-risk for diabetic foot complications. Major Findings: All patients screened revealed over half of the caseload had diabetes, and more than half had a clinical presentation of PAD. All those presenting with ulcerations had a diagnosis of diabetes. Of the presenting ulcerations, the majority of these ulcers predated the renal specialist post and were classified as severe >3 SINBAD Score. Since April'22, complications have been identified quicker, reducing the severity (SINBAD<3 or below), and have improved healing times, in line with the national average. During the eight months of the role being in place, we have seen a reduction in minor amputations and no major amputations. Conclusion: By screening all patients on haemodialysis and focusing on education, early recognition of complications, appropriate treatment, and timely onward referral, we can reduce the risk of foot Diabetic foot ulcerations and lower limb amputations. Having regular podiatry input to stratify and facilitate high-risk, active wound patients across different services has helped to keep these patients stable, prevent amputations, and reduce foot-related hospital admissions and mortality from foot-related disease. By improving the accessibility to a specialist podiatrist, patients felt able to raise concerns sooner. This has helped to implement treatment at the earliest possible opportunity, enabling the identification and healing of ulcers at an earlier and less complex stage (SINBAD <3), thus, preventing potential limb-threatening complications.

**Keywords :** renal, podiatry, haemodialysis, prevention, early detection

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