



Offloading Devices for People with Diabetic Foot Ulcers

Can we count on your support to urge the Ministry of Health and Long-term Care to fund offloading devices for people with diabetic foot ulcers to prevent amputations?

In Canada, diabetic foot ulcers (DFU) are the leading cause of amputations below the knee, with non-healing foot ulcers responsible for up to 85% of all lower leg amputations.¹ Every four hours in Ontario someone has a lower limb amputated because of a DFU.² More than 15% of people with diabetes in Ontario may have a DFU³ which results in about 2,000 lower-limb amputations each year. In addition, these amputations are associated with poor outcomes for people with DFUs including about 800 premature deaths in a year. This outcome has prompted some clinicians to refer to DFUs as a medical emergency.⁴

The most important intervention for managing a persons' diabetic foot ulcer, without exception, is to redistribute pressure from the ulcer in order to minimize repetitive trauma to the area. Pressure relieving (offloading) devices are specialized products, such as casts, removable casts or specialized shoes that relieve pressure on foot ulcers to help them heal and reduce the risk of amputation. Ultimately, the choice of offloading device should be based on a comprehensive assessment and an individualized care plan to optimize quality care for the person with the DFU. An offloading device can cost between \$100 (removable cast walker) to \$1,500 (total contact casting). Amputations cost immense human suffering, and about \$74,000 per limb. The cost saving for Ontarians can be measured in human and financial terms. Financial savings are estimated to be between \$48 million and \$75 million per year in net costs savings due to saved limbs.⁵

Currently there is limited funding available for foot care services and pressure-relieving supports for people with diabetes in Ontario. The lack of coverage for essential supports such as pressure relieving (offloading) devices is a barrier to quality, evidence-based care.

In 2012, Council of the Federation Health Innovations Working Group selected the Registered Nurses' Association of Ontario (RNAO) best practice guideline (BPG), *Assessment and Management of Foot Ulcers for People with Diabetes*, for national uptake and implementation⁶ This evidence-based guideline specifically recommends the use of offloading devices to prevent amputations in persons with diabetes. Since then RNAO has been in dialogue with MOHLTC to urge public funding for offloading devices. In February 2016, the RNAO partnered with Canadian Association of Wound Care (Wounds Canada), the Canadian Association for Enterostomal Therapy (CAET) and people who had their foot amputated as a result of a DFU, to collectively urge the Ministry of Health and Long-term Care to fund offloading devices.

In June 2016, RNAO, Wounds Canada and CAET also submitted a formal request to the Ontario Health Technology Advisory Committee (OHTAC) outlining the evidence to support the use of removable cast walkers (RCWs) and irremovable total contact casts (iTCCs) to heal DFUs. OHTAC is a group of evidence-based experts from across the province that review health technologies and make recommendations on which health-care services and devices should be publicly funded in Ontario. As of July 2016, OHTAC was reviewing the evidence for the use of TCCs, RCWs, and iTCCs for diabetic neuropathic foot ulcers. OHTAC will determine the effectiveness, safety, and cost-effectiveness of these devices for the treatment of people with neuropathic DFUs.

An Ontarian suffering from a DFU should be able to access technologies like offloading devices to help prevent life altering and costly amputations. Availability of offloading devices as high quality, evidence-based care for people in need, especially among vulnerable populations, is a basic human right. The evidence is there, and people should not be subject to further delays and the risk of losing a limb.

References

¹ Pecoraro RE, Reiber GE, Burgess EM. Pathways to diabetic limb amputation: Basis for prevention. *Diabetes Care*. 1990; 13(5):513–521.

² Canadian Diabetes Association 2016. Pre-Budget Submission to the Minister of Finance Government of Ontario. Available at <https://www.diabetes.ca/getmedia/9bed5960-9d38-40fe-8750-0101703c76f0/Canadian-Diabetes-Association-2016-Ontario-Pre-budget-Submission.pdf.aspx>. Accessed February 1st, 2017.

³ Singh N, Armstrong DG, Lipsky BA. Preventing foot ulcers in patients with diabetes. *JAMA*. 2005; 293(2):217–228.

⁴ Weir, G. *Continuing Medical Education* 2010;28(4):176.

⁵ Canadian Diabetes Association, (nd.) *Impact of offloading devices on the cost of diabetic foot ulcers in Ontario*. Pp. 12-13. <https://www.diabetes.ca/getmedia/5109456e-8c0b-458f-b949-a5accd41513a/impact-of-offloading-devices-ontario.pdf.aspx>. .

⁶ The Council of the Federation. (2012). *From innovation to action: The first report of the health care innovation working group*. http://www.pmprovinceterritoires.ca/phocadownload/publications/health_innovation_report-e-web.pdf.

⁷ Second edition: Registered Nurses' Association of Ontario. (2013). *Assessment and Management of Foot Ulcers for People with Diabetes*. http://rnao.ca/sites/rnao-ca/files/Assessment_and_Management_of_Foot_Ulcers_for_People_with_Diabetes_Second_Edition1.pdf.