

COST MANAGING DIABETIC FOOT ULCER BURDEN AT DISTRICT HOSPITAL; PREVENTION IS BETTER THAN CURE

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Introduction: Diabetic foot ulcer is the complications of long standing diabetes mellitus often appear in the foot, causing chronic disability¹. High prevalence of diabetes in adult increase the risk of foot problems, mainly due to neuropathy and/or peripheral arterial disease. Diabetic foot requires careful attention and optimal management to reduce incidence of morbidities include major limb amputation.

Methodology: Diabetic mellitus type II patients that complicated with diabetic foot ulcer under Hospital Kuala Kubu Bharu follow up was selected and classified by using diabetic ulcer severity score (DUSS). There are 4 defined parameters, palpable pedal pulse, not probing to bone, site of ulceration over foot area (does not confined to toes) and has single ulcer was selected. 10 Selected patient further divided into 2 groups. One of these group was treated by using basic wound contact dressing (normal saline and gauze) and another group by advanced wound dressing (hydrogel , mapilex foam and hydrocyn) . Cost managing per patient via this 2 method were calculated and compare.

Discussion: Patient treated by using advance wound dressing (hydrogel, mapilex and hydrocyn) give better effect and duration of follow up shorten compared to group of patient treated with basic wound contact dressing (normal saline and gauze). Incidence of progression complication diabetic foot ulcer higher in group treated with conventional wound contact dressing.

Conclusion: Advanced wound dressing will cost more financial burden than normal conventional dressing however favor a better result. Mean cost per patient treated with advance wound is much more than convetional dressing however reduce the time and staff commitment in treating patient. Overall managing diabetic foot ulcer in district hospital per patient cost is about RM ? by advance and conventional method is RM ?.