

Australasian College of Podiatric Surgeons

National Audit Summary Report 2014



Version 2.0

The following report summarises the surgical activity of the College for 2014. As required by the ACPS Accreditation Program all cases of foot and ankle surgery performed in office, day surgery and inpatient settings have been recorded [1]. The ACPS Online Audit Tool was used to capture and report data in real-time. There has been 100% compliance in data capture by all active surgeons of the College during 2014. The data presented in this report should be considered a “snap shot” of overall activity.

Admissions

There were 2106 admissions for podiatric foot and ankle surgery.

Total number of Principle procedures

2106 procedures were performed.

Cross-sectional analysis of procedures

7 procedure groups were selected to represent a cross section of all surgical activity based on criteria established Menz in 2008 and utilised in the ACPS 2013 National Audit Report [2, 3]. The procedures selected represent the most common forefoot (1st metatarsophalangeal joint, neuroma and toenail), rearfoot, ankle and amputations procedures.

The 7 procedural groups selected represent 77% or 1616 of 2106 principle procedures performed in 2014. Forefoot surgery comprised 96% (1551 of 1616 procedures) of all activity performed. Rearfoot, ankle and amputation surgery comprised 4.00% (65 of 1616 procedures) of all activity performed.

The mix of procedural types and numbers found in Table 1 below concur with similar findings in the literature [2, 4].

Procedural group	Procedure count / total procedures %	MBS item number
Toenail	472 / 29.2%	47906, 47915, 47916, 47918
Neuroma	65 / 4%	49866
Lesser toes	204 / 12.6%	49800, 49803, 49806, 49809, 49812, 49848, 49851, 50345
1 st metatarso phalangeal joints (MPJs)	810 / 50%	49821, 49824* , 49827, 49830* , 49833, 49836* , 49837, 49838* , 49839, 49845
Heel, Rearfoot & Tarsal coalitions	22 / 1.4%	49854, 500118, 49818
Ankle	32 / 2%	49706, 49709, 49715, 49718, 49724,
Amputation	11 / 0.7%	44338

*Table 1: Cross section of procedures. * Bolded item numbers represent bilateral procedures which have been doubled for the final count.*

Frequency of pathology

The 10 most frequent primary diagnoses using the International Classification of Disease (ICD 10) code is shown below in Table 2.

Principle diagnosis	Count	Diagnosis code
Hallux valgus (acquired)	547	M20.1
Hallux Limitus	110	M20.2
Hammer toe, congenital	31	Q66.81
Other hammer toe acquired	237	M20.4
Ingrown toenail	482	L60.0
Wart	123	B07
Morton's neuroma	84	G57.6
Mech comp int fixation dev bones limb	58	T84.1
Osteophyte lower leg	42	M25.76
Miscellaneous arthropathies – Osteophyte	31	M25.77
Total	1745	

Table 2: 10 most frequent diagnoses

A total of 2106 principle diagnoses was made with 1st metatarsophalangeal joint pathology the most frequent pathology identified.

Complications

The Australian Council on Healthcare Standards (ACHS) requires healthcare organisations collect complication data for 30 days after discharge. The ACHS requires data collection of complications such as deep vein thrombosis (DVT) and infection only if readmission is required. The College collects data to record complications in line with ACHS recommendation. In addition, complications that do not require readmission but occur within 30 days of discharge are collected by the College audit. Below is a summary of readmissions, DVT, infection and wound breakdown rates.

Readmissions

There were 4 patients or 0.2% of all cases that required readmission. 2 cases were readmitted for management of medical complications (e.g. chest pain), 1 case of deep vein thrombosis (DVT) and 1 case of pulmonary embolus each required readmission.

DVT

A total of 3 patients or 0.15% of cases developed DVT. 2 patients were managed in outpatient settings and 1 required readmission. Analysis of case management confirmed that NHMRC thromboembolic guidelines were followed and no further action was required.

Infection

Using the ACHS definition of postoperative infection the rate of infection for 2014 was 0% [5,6] There were 43 cases or 2% of all cases that required outpatient management of infection. All of these cases were managed by the admitting ACPS accredited podiatric surgeon who prescribed medication where appropriate, used local wound care and without the need to readmit patients within 30 days of admission

Wound breakdown

10 cases or 0.5% of all cases developed a wound breakdown all of which were managed in outpatient settings.

The above findings regarding complications are either within or below rates reported in the literature [7-12]

References

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