9:30 – 10:00 am  
Paper Session 1:  
Forefoot / Miscellaneous  

Moderators:  
Eric M. Bluman, MD, PhD  
(Boston, Massachusetts)  
James R. Ficke, MD  
(Fort Sam Houston, Texas)  

9:30 am  
Comparative Cost of Limb Salvage vs. Amputation in Diabetics with Charcot Foot  

Michael S. Pinzur, MD (Maywood, Illinois)  
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Summary:  
76 patients with Charcot foot underwent surgical correction. Cost of care was derived from inpatient hospitalizations, rehabilitation unit or skilled nursing facilities, home health care including parenteral antibiotic therapy and physical therapy and prosthetic and therapeutic footwear costs. The average cost in the limb salvage group was $57,413, and $49,252 in the amputee control group. This investigation suggests that the cost of care of transtibial amputation is very similar to the cost of limb salvage.  

Introduction:  
Several investigations have suggested that the negative impact on Health Related Quality of Life in patients with diabetes-associated Charcot Foot is similar to diabetic patients who have undergone transtibial amputation. This has convinced many reconstructive foot and ankle surgeons to attempt surgical correction of the deformity in these patients. Arguments have been made relative to cost of care for limb salvage in affected patients.  

Methods:  
During a 40 month period, 76 patients with diabetes-associated Charcot foot deformity underwent surgical correction. Thirty-eight had osteomyelitis at the time of the surgery. A control group was created from 14 diabetics who successfully underwent transtibial amputation and prosthetic fitting during the same period. Cost of care was derived from inpatient hospitalizations, rehabilitation unit or skilled nursing facilities, home health care including parenteral antibiotic therapy and physical therapy and prosthetic and therapeutic footwear costs.  

Results:  
Fifty-three of the limb salvage patients (70%) did not require inpatient rehabilitation. Their inpatient charges averaged $50,609. Seventeen (22%) were placed in a skilled nursing facility following surgery,
bringing their average cost of care to $76,148. Six patients (8%) required inpatient rehabilitation, for an average cost of $56,145. The average hospitalization cost for the limb salvage group was $56,758. Each of these patients additionally had one total contact cast ($300), one diabetic removable walking boot ($135) and therapeutic shoes. ($220) Their average cost totaled $57,413. Fourteen (82%) of the amputee group required inpatient rehabilitation, with an average cost of $35,455. Three (18%) received their rehabilitation in a skilled nursing facility, with an average cost of $47,460. The average hospitalization cost for the amputee group was $37,574. The average cost of their prosthesis was $10,593 and the cost of outpatient gait training was $1,085. The overall average cost in this group was $49,252.

Conclusion:
Most experts have the opinion that successful deformity correction in patients with Charcot Foot has the potential to greatly improve quality of life. Detractors suggest that the cost of care and risks associated with the surgery do not justify the benefits. This investigation suggests that the cost of care of transtibial amputation is very similar to the cost of limb salvage. This information is valuable when planning resource allocation for this complex group of patients.