

Journal du programme de chirurgie vasculaire

PAGE 2 : ACTIVITÉS ACADEMIQUES À VENIR

PAGE 3 : PROCHAIN COURS DU PROGRAMME

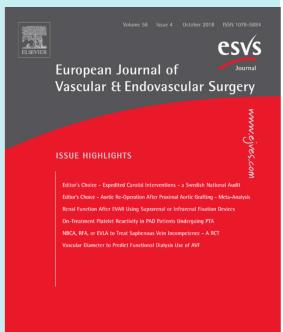
PAGE 4 : SOIRÉE ACADEMIQUE DU PROGRAMME

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LIENS VERS NOS PÉRIODIQUES

EJVES, IF 3.88

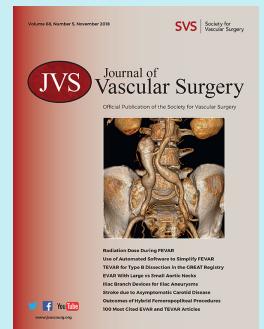


Société canadienne de chirurgie vasculaire

13-14 SEPTEMBRE 2019

CONGRÈS ANNUEL

JVS, IF 3.29



COURS DE PHYSIQUE/RADIOPROTECTION RAD 8130 A ET B :

R1 XAVIER HOMMERY-BOUCHER: 23-30 SEPT

R2 CATHERINE BOUDREAU: 30-7 OCT

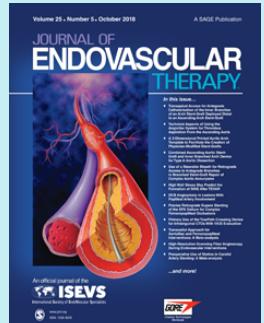
PLUS DE DÉTAILS DANS DROPBOX

LA CONTRIBUTION DU DR RICARDO RUZ AU
PROGRAMME SOULIGNÉE À LA SOIRÉE DE LA
RENTRÉE UNIVERSITAIRE.

Dr Ruz a reçu un prix lors de la soirée universitaire alors que la doyenne a mentionné notre programme dans son allocution au département.



JVET, IF 2.73



AGENDA ACADEMIQUE (ABONNEMENT EN WEBDIFFUSION EN CLIQUANT ICI)

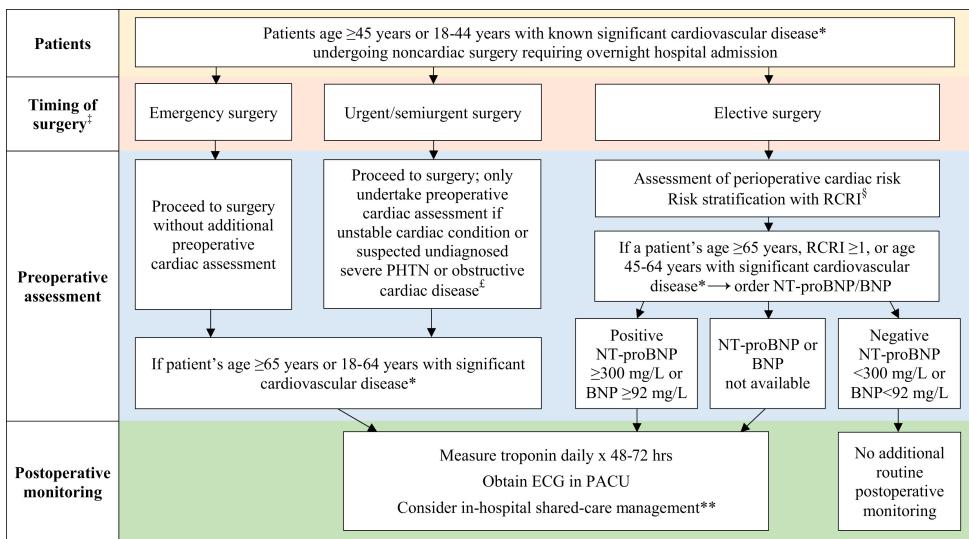
DATE	TITRE	Professeur/ présentateur	Lieu
13 sept 2019 PM	Demi-journée académique		
13-14 sept 2019	CSVs		
18 sept 2019 18h30	Soirée académique du programme	Cas intéressants	CHUM D17S-2041
18 sept 2019 19h30	Comité de programme		CHUM D17S-2041
20 sept 2019 PM	Demi-journée académique		
27 sept 2019 AM	Cours évaluation préop et prise en charge des complications	Dre Duceppe	CHUM D17S-2041
27 sept 2019 7h00	Journal club du programme	Dr Fortin/Montreuil	VISIO
4 oct 2019 AM/PM	Atelier de simulation COOK: embolisation et cannulation sur modèle porcin	Dr Elkouri	CRCHUM 13ème étage
11 oct 2019 AM	Nutrition et MVAS	Dr Juneau	Centre Epic
16 oct 2019 18h30	Soirée académique du programme	Dre Tremblay-Champagne	HMR Salle 11
18 oct 2019 7h00	Journal club du programme	Dr Chastant/Febrer	VISIO
18 oct 2019 AM	Simultation TERUMO	Dr Elkouri	CHUM D17S-2041
18 oct 2019 PM	Delirium et Évaluation du pt âgé	Drs Gaba et Vu	CHUM D17S-2041

L'évaluation préopératoire du patient vasculaire

Prise en charge des conditions fréquentes péri-opératoires (Hyponatrémie, HTA, Db, ACO...)

Par Dre Duceppe
Interniste

Références: 9ème édition Rutherford, Chapitres 32 et articles sur [Dropbox](#)



Vendredi 27 septembre 2019
9h00-12h00
CHUM - D17S-2041

PROGRAMME DE CHIRURGIE VASCULAIRE



Présentation de cas intéressants

Présentation de cas et discussion

Apportez vos cas !

Mercredi 18 septembre 2019

18h30-19h30

CHUM D17S-2041

PROCHAIN COMITÉ DE PROGRAMME

Comité de programme – Ordre du jour

1. Lecture et adoption de l'ordre du jour
2. Points à discuter
 - Suivi DES, accréditation des soirées et France
 - Révision annuelle systématique du programme 2019 avec 1 résident
 - Représentant des résidents
 - Mentorat
 - Budget 2020-2021
 - Projet d'étude par critère objectif sur évaluation de la qualité de l'acte
 - Soirée académique
 - Admission 2020
3. Points des résidents
4. Points des professeurs
5. Recherche
6. Date du prochain comité de programme déc 2019

**Mercredi 18 septembre 2019
19h45 (après la soirée académique)
CHUM – D17 2041
en visio au CHRTR-NS122**

L'ARTICLE DE LA SEMAINE

Multidisciplinary Clinics Improve Patient Outcomes In Diabetic Foot Disease

The diagram illustrates the structure of a Multidisciplinary Diabetic Foot Clinic and its outcomes. On the left, a red rounded rectangle contains the text "Multidisciplinary Diabetic Foot Clinic" above six circular icons representing different medical professionals: Vascular Surgeon, Vascular Registrar, Endocrinologist, Podiatrist, Diabetic Foot Nurse Specialist, and Orthotist. A large pink arrow points from this section to the right, where four outcome boxes are listed, each preceded by a checkmark icon.

- Reduction in Hospital Admissions**
- Fewer Major Amputations**
3.8% vs. 27.5%
- Lower Mortality Rate**
7.5% vs. 19.2%
- Reduction in Total Cost**

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ABSTRACT

Objective: Diabetic foot disease poses a significant and rising financial burden on health care systems worldwide. This study investigated the effect of a new multidisciplinary diabetic foot clinic (MDDFC) in a large tertiary hospital on patient outcomes and treatment cost.

Methods: Patients' records were retrospectively reviewed to identify all patients who had been managed in a new MDDFC between July 2014 and July 2017. The wound episode—the period from initial presentation to the achievement of a final wound outcome—was identified, and all relevant inpatient and outpatient costs were extracted using a fully absorbed activity-based costing methodology. Risk factor, treatment, outcome, and costing data for this cohort were compared with a group of patients with diabetic foot wounds who had been managed in the same hospital before the advent of the MDDFC using a generalized linear mixed model.

Results: The MDDFC and pre-MDDFC cohorts included 73 patients with 80 wound episodes and 225 patients with 265 wound episodes, respectively. Compared with the pre-MDDFC cohort, the MDDFC group had fewer inpatient admissions (1.56 vs 2.64; $P \leq .001$). MDDFC patients had a lower major amputation rate (3.8% vs 27.5%; $P \leq .001$), a lower mortality rate (7.5% vs 19.2%; $P \leq .05$), and a higher rate of minor amputation (53.8% vs 31.7%; $P \leq .01$). No statistically significant difference was noted in the rate of excisional débridement, skin graft, and open or endovascular revascularization. In the MDDFC cohort, the median total cost, inpatient cost, and outpatient cost per wound episode was New Zealand dollars (NZD) 22,407.465 (U.S. dollars [USD] 17,253.74), NZD 21,638.93 (USD 16,661.97), and NZD 691.915 (USD 532.77), respectively. The MDDFC to pre-MDDFC wound episode total cost ratio was 0.7586 ($P < .001$).

Conclusions: This study is the first to compare the cost and treatment outcomes of diabetic foot patients treated in a large tertiary hospital before and after the introduction of an MDDFC. The results show that an MDDFC improves patient outcomes and reduces the cost of treatment. MDDFCs should be adopted as the standard of care for diabetic foot patients. (J Vasc Surg 2019;70:806-14.)

Keywords: Diabetic foot wound; Economic burden; Multidisciplinary clinic; Amputation; Cost