

Surgical Threshold Policy

Foot Care Interventions: Podiatry, Laser, Injections and Surgery

Scope

This policy covers the criteria for consideration of podiatry, foot surgery, platelet-rich plasma (PRP) injections and laser treatment of the feet. It includes services provided in the community and secondary care; for adults, children, and young people; and covers treatments for chronic and recurrent conditions.

It does not include treatment following malignancy, sepsis, acute charcot or acute trauma.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

Podiatry/Chiropody

Criteria for treatment of feet problems:

- patient has a **high** (see note 1 below) podiatric need; **Or**
- patient has a **moderate** (see note 2 below) podiatric need **And** a medical condition that increases their risk (see note 3 below).
- Patients should not be referred for routine NHS funded podiatry for minor treatments (such as nail cutting) where risk is **low** (see note 4 below) regardless of underlying medical condition.
- Patients with life threatening or limb threatening foot problems (see note 5 below) should be referred urgently.

Notes:

Note 1 Previous ulceration or previous amputation or end stage renal failure, or neuropathy and non-critical limb ischaemia together, neuropathy in combination with callus and/or deformity.

Note 2 Deformity, or neuropathy or non-critical limb ischaemia.

Note 3 Diabetes, scleroderma, rheumatoid arthritis, neurological disorders, previous stroke, or patients on chemo/radio therapy or immunosuppressants.

Note 4 Callus alone and no risk factors present.

Note 5 Ulceration with spreading infection, fever or any signs of sepsis, ulceration with limb ischaemia, deep-seated soft tissue or bone infection, Gangrene, Acute Charcot arthropathy

Laser Treatment and Platelet-Rich Plasma Injections

Laser treatment and platelet-rich plasma (PRP) injections are not funded for any foot condition.

Foot Surgery

Criteria for foot surgery accessed via the Musculoskeletal Service pathway (also known as MSK):

Note: This applies to foot surgery for chronic conditions of the foot – including bunions (hallux valgus), in growing toenails, toe deformities, acquired flat foot, osteoarthritis of joints of the foot, metatarsalgia and soft tissue and bony lesions or tendon repair. They do not apply in cases where there are recurrent ulcers and/or infections due to the foot deformity.

1. Treatment is **Not** for cosmetic purposes. **And**
2. Patients have **persistent symptoms despite at least six months of conservative management**.
3. Symptoms should include:
 - a. significant persistent pain **preventing activities of daily living** (see note 1 below); **Or**
 - b. severe deformity (see note 2 below) leading to inability to wear appropriate shoes:
Note 1 Activities such as meal preparation, laundry, housekeeping, shopping, using the phone, driving or using public transport.
Note 2 Hallux Valgus angle greater than 25 degrees (bisection of longitudinal axis of the hallux and longitudinal axis of the first metatarsal).

Prior conservative management should include **All** of the following:

- a. modification of footwear: avoidance of high-heeled shoes, appropriate fit and design; **And**
- b. externally fitted devices, eg orthoses, strapping, toe separators, braces; **And**
- c. exercises to improve/maintain strength and joint flexibility when appropriate ; **And**
- d. ice and elevation for pain and swelling; **And**
- e. optimum analgesia.

Note: For foot surgery, patients should be counselled that:

1. they may not be able to drive for up to 8 weeks depending on the nature of the operation or the foot operated on;
2. they may not be able to return to work for a period of time up to 3 months depending on the operation undergone and the nature of their work;
3. they may have a recurrence.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

Rationale and Evidence

Conservative management has been shown to reduce pain and improve function in foot conditions such as hallux valgus, clubfoot and metatarsalgia (see references 1–9),

Surgery can be effective in correcting foot deformity for hallux valgus, but it is associated with a high rate of complications, long recovery time, and high rate of recurrence (see references 10–13).

NICE Clinical Knowledge Summary and UpToDate recommend surgical referral if patients have debilitating symptoms despite a period of conservative management (see reference 14).

Surgery may be effective for other foot conditions, but the evidence comes largely from case series studies and rates of recurrence and complications are unclear (see references 15–24).

NICE recommend podiatry for people with type 2 diabetes who are at moderate risk (deformity, or neuropathy or non-critical limb ischaemia) or high risk (previous ulceration or previous amputation or renal replacement therapy or neuropathy and non-critical limb ischaemia, neuropathy in combination with callus and/or deformity). For low-risk people (no risk factors present except callus alone) with type 2 diabetes, NICE recommend advice for self-care (see reference 25).

The evidence for low level laser therapy or high intensity therapy is weak but suggests that laser treatment may have some benefit for the treatment of diabetic ulcers (see references 26–30). Randomised Control Trials (known as RCTs) suggest short-term effectiveness of laser treatment for onychomycosis (see references 31–33) but not in the longer-term and possible effectiveness for skin conditions such as warts and verrucae (see references 34–36). However, where conditions are only of cosmetic concern, treatments will not be funded.

RCTs suggest that laser treatment may improve reported pain from plantar fasciitis in the short-term (all trials <3 months) but the long-term effectiveness is unclear and no change in walking speed has been demonstrated (see references 37 and 38).

Glossary

Acute charcot foot:	Disruption of the bones in the foot, sometimes due to repeated small traumas or an injury, and often associated with damage to sensory nerves.
Cellulitis:	Bacterial infection of the skin.
Gout:	Type of arthritis in which small crystals form inside and around the joints, resulting in sudden attacks of severe pain and swelling
Hallux rigidus:	Latin term for stiff big toe. A condition caused by arthritis at the base of the big toe.
Hallux valgus:	Bunion – bony deformity of the joint at the base of the big toe.
Immunosuppressant:	A drug that reduce the body's resistance to infection and other foreign agents by suppressing the activity of the immune system.
Metatarsalgia:	Pain in the ball of the foot.
Morton's neuroma:	Condition that affects the nerves between the toes.
Orthosis:	A brace, splint or other artificial external device designed and fitted to the body to control biomechanical alignment, correct deformity, and improve foot mechanics.
Peripheral neuropathy:	Damaged or diseased nerves in the body's extremities, such as the hands, feet, and arms.
Peripheral vascular disease:	Build-up of fatty deposits in the arteries (other than those of the heart or the brain) that may cause leg pain, ulcers, or poor nail growth.
Planta fasciitis:	Pain on the bottom of the foot, around the heel and arch.
Podiatry:	Branch of healthcare that diagnoses and treats abnormal conditions of the feet and lower limbs. Podiatrists or Chiropodists treat and alleviate day-to-day foot problems, including toenail problems, athlete's foot, bunions, etc.
Scleroderma:	An uncommon condition that results in hard, thickened areas of skin and sometimes problems with internal organs and blood vessels.

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