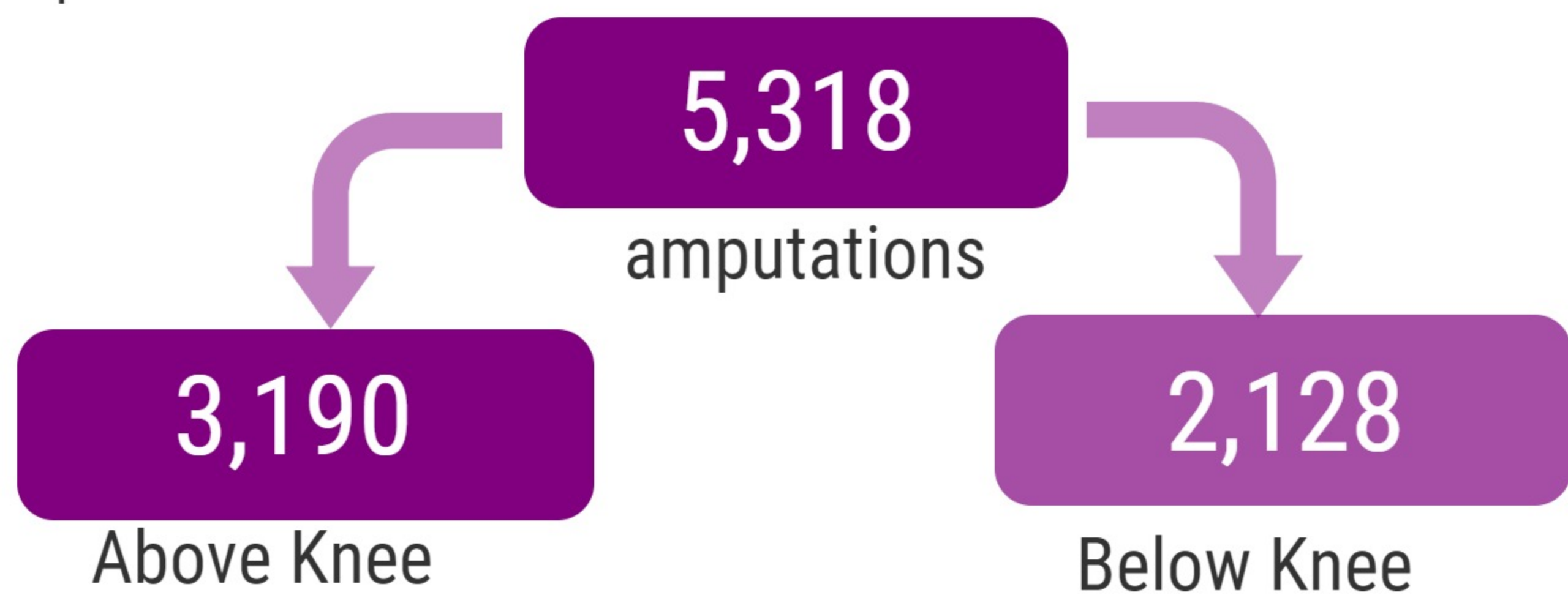


Lower limb major amputation for peripheral arterial disease

Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

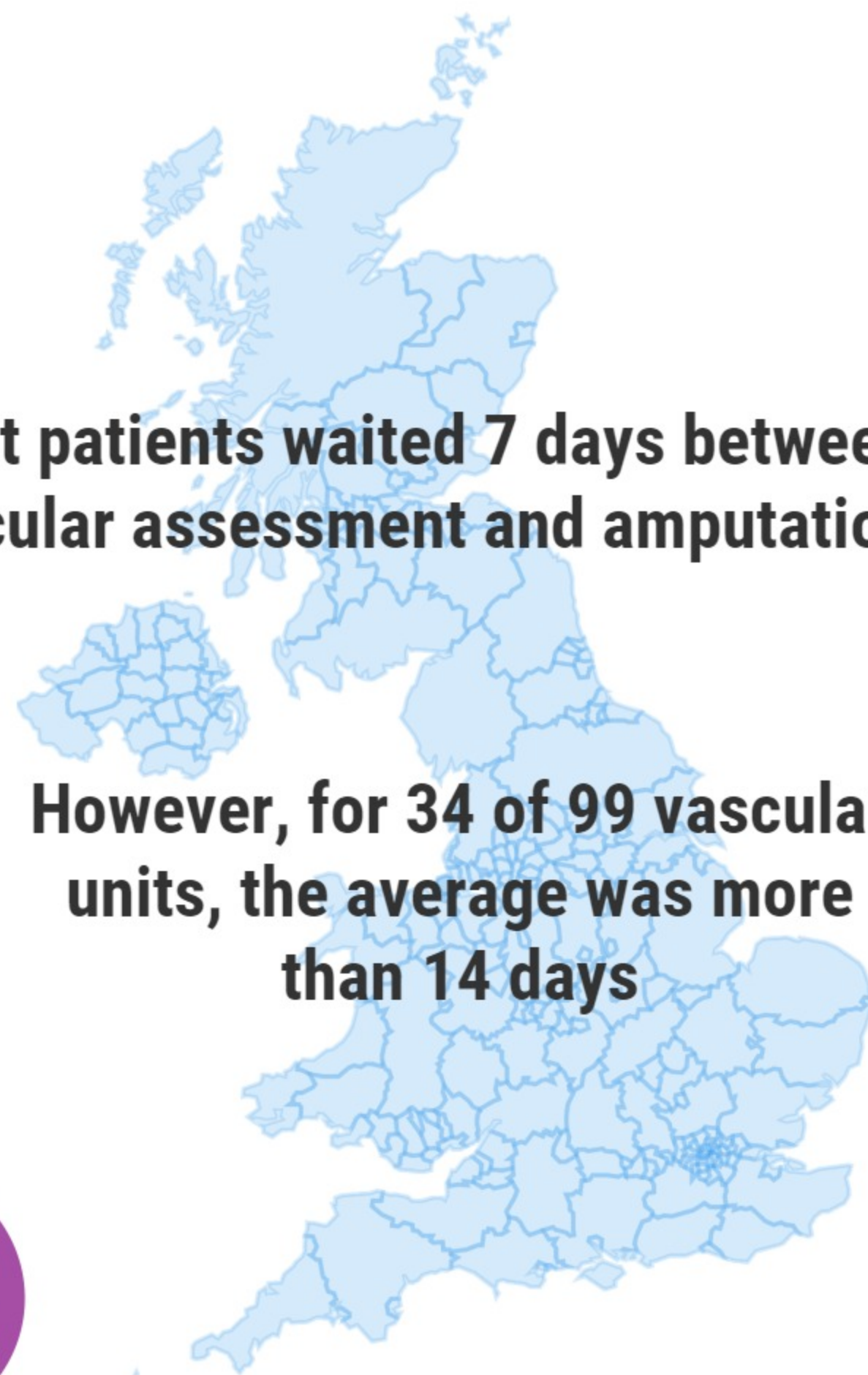
Despite open and endovascular revascularisation procedures, PAD can gradually progress in some patients to critical limb ischaemia. In these situations, patients will require amputation of the lower limb.

In 2014-2015 there were 5,318 major lower limb amputations submitted to the NVR, which is only about 55% of the actual cases performed across the UK.

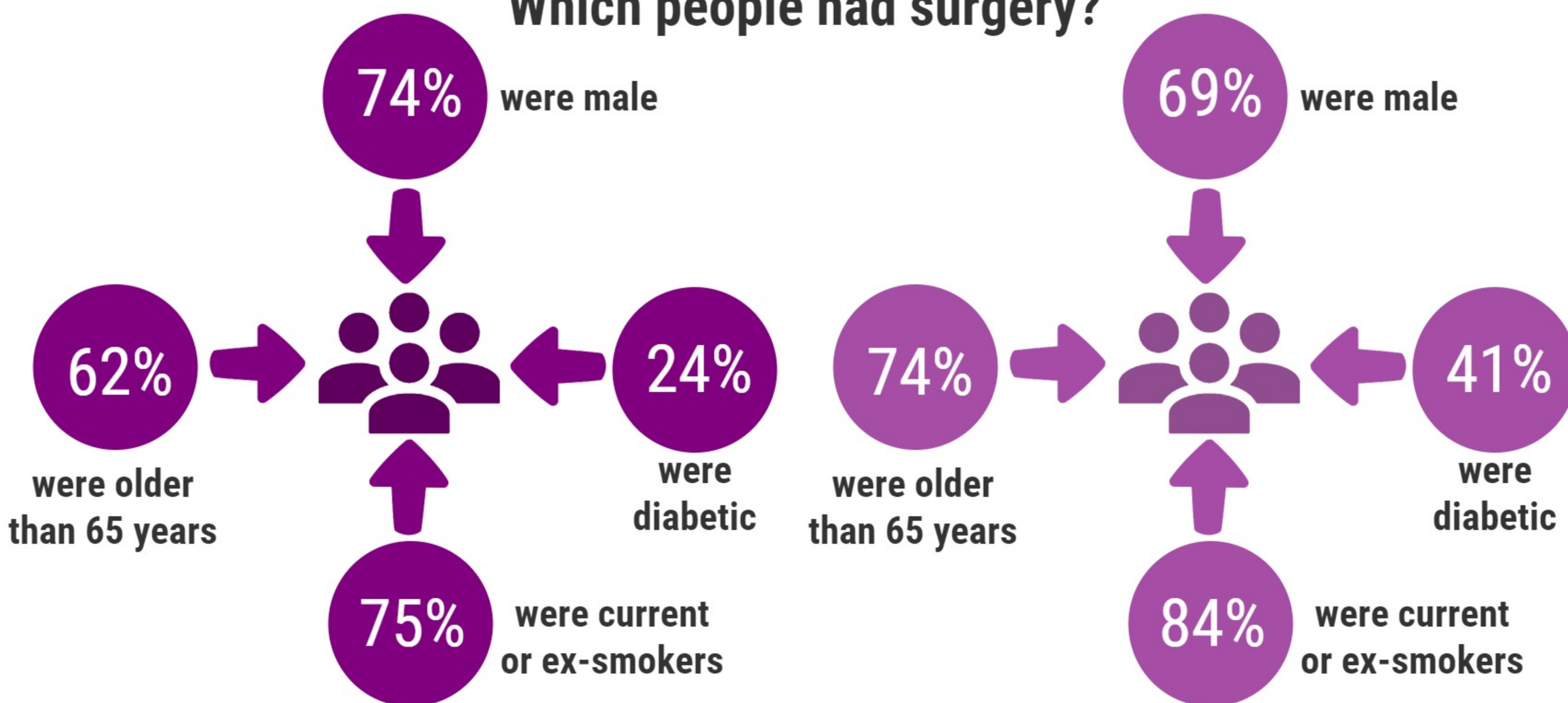


Most patients waited 7 days between vascular assessment and amputation

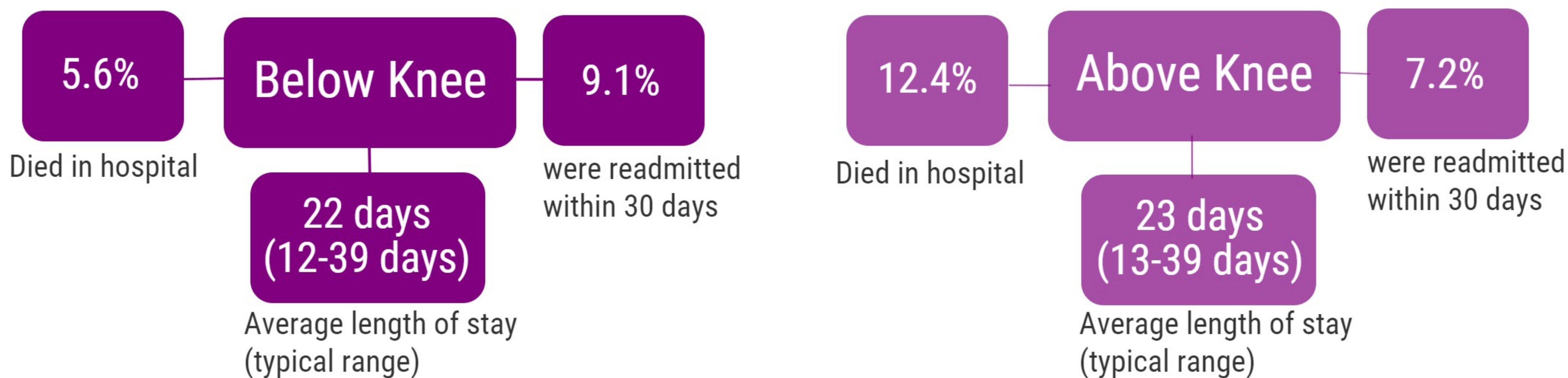
However, for 34 of 99 vascular units, the average was more than 14 days



Which people had surgery?



Patient outcomes after surgery



Recommendations

At present, the proportion of lower limb amputations entered into the NVR is just over 50% and it is essential that this improves. NHS trusts should focus their attention on ensuring that all major amputations are recorded within the NVR: this will ensure that the Registry is able to provide accurate and precise information on amputation care in NHS hospitals, and the NHS trusts will be able to better monitor their own performance against the VSGBI's recommendations for best practice

Vascular units should undertake a detailed analysis of the pathways of care and outcomes for amputation, and are encouraged to adopt the care pathway and standards outlined in the Vascular Society's Quality Improvement Framework

The average is the median; "typically between" is the interquartile range.