Major Lower Extremity Amputation: Trends and Implications for Vascular Service Design

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Background: Understanding trends and outcomes in major lower extremity amputation for peripheral vascular disease is crucial in planning rehabilitation and preventative services. The aim of the present study was to examine outcomes following major lower extremity amputation in a tertiary vascular center and the impact on rehabilitation services.

Methods: A retrospective review was conducted of all patients who underwent above or below knee amputation from 2000–2007 at St. Vincent’s University Hospital. Baseline demographic information, surgical data and preoperative outcomes were assessed. Medium term functional outcomes were assessed using data from the National Rehabilitation Center, Dun Laoghair. Statistical analysis was performed using SPSS 18.0, with the Mann-Whitney U test used to analysis continuous variables and Fischer’s exact test for categorical variables.

Results: In total, 194 major lower extremity amputations were performed on 164 patients during the study period. 36% were female. The median age was significantly higher for those undergoing AKA than BKA (AKA median age 75 versus BKA 67 p = 0.0007). Of those that survived to hospital discharge, the median survival was 17 months, with a range of 2—106 months. 51% survived less than 2 years post-amputation. Interestingly, the median length of stay was significantly higher for BKA than AKA (40 days versus 26 days p = 0.032), which may be due to waiting times for rehabilitation services.

Conclusion: Major lower limb amputation has significant morbidity and mortality, and is associated with long inpatient stays, with implications for planning both acute vascular and rehabilitation services.

VTE Prophylaxis in Surgical Patients 2014/2015: A Tallaght Perspective

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Objective: Acute venous thromboembolism (VTE) remains a significant cause of morbidity and mortality in surgical patients despite the use of chemical and mechanical prophylaxis. As a result of this, Tallaght Hospital updated its VTE prophylaxis guidelines for surgical patients in 2014. The aim of this study was to compare current VTE prophylaxis against these guidelines.

Methods: Data was collected from 53 surgical patients who had been admitted for more than 24 hours, excluding orthopaedic patients, over two separate days.

Results: Of the 53 patients studied, mechanical VTE prophylaxis was appropriately prescribed in 84.9% of cases (n = 45). However, only 41% of patients prescribed Thromboembolic Deterrent Stockings (TEDS) were wearing them at the time of the audit.

Chemical VTE prophylaxis was appropriately prescribed in 83% of patients (n = 44). Lack of dose adjustment for patient weight was the main reason for inappropriate prescribing.

A higher compliance rate of VTE prophylaxis was seen in elective vs emergency admission (76.9% vs 56%) and in patients who underwent surgery vs those who had not (83.3% vs 65.7%)

Overall, VTE prophylaxis was appropriately prescribed in 71.7% of patients (n = 38). Despite this, only 41.5% (n = 22) received appropriate prophylaxis due to patients not wearing TEDS.

Conclusion: Although VTE prophylaxis is appropriately prescribed in the majority of cases, patient compliance with mechanical VTE prophylaxis needs to improve. In order to achieve this, a patient information leaflet will be given to surgical patients on admission, and NCHDs have been encouraged to prescribe TEDS separately on the drug Kardex to allow the nursing staff to check and document patient compliance on a daily basis. A re-audit will take place to assess the impact of these changes on the rate of appropriate prophylaxis.