



**VASCULAR LIMB SALVAGE (VALS) CLINIC**

at

**GLENFIELD HOSPITAL**

**(INTERVENTIONAL) RADIOLOGY PATHWAY**

**2018**



## ABBREVIATIONS

<b>CT</b>	Computed Tomographic
<b>DUS</b>	Duplex Doppler Ultrasound
<b>Ext:</b>	Extension
<b>FBC</b>	Full Blood Count
<b>IR</b>	Interventional Radiology
<b>U&amp;E</b>	Urea and Electrolytes
<b>UHL</b>	University Hospitals Leicester
<b>VALS</b>	Vascular Limb Salvage



## 1. INTRODUCTION

This document outlines the entry pathways and referral guidelines for patients seen within the University Hospitals Leicester NHS Trust **V**ascular **L**imb **S**alvage (VALS)

Clinic requiring:

- 1) Interventional Radiology (IR) input/treatment

*and/or*

- 2) Computed Tomographic angiography

## 2. AIM OF THE CLINIC

- A) To provide a rapid access (***within 2 working days***) clinic/assessment unit (AU) with evidence-based assessment and treatment for patients with critical limb ischaemia.
- B) To provide a rapid access clinic/AU with evidence-based assessment and treatment for patients with diabetic foot ulceration (DFU) and concomitant peripheral arterial disease
- C) To reduce limb amputation rates, reduce delay to treatment, reduce length of stay, and ensure cost effective and appropriate use of hospital investigations and resources for this patient group.

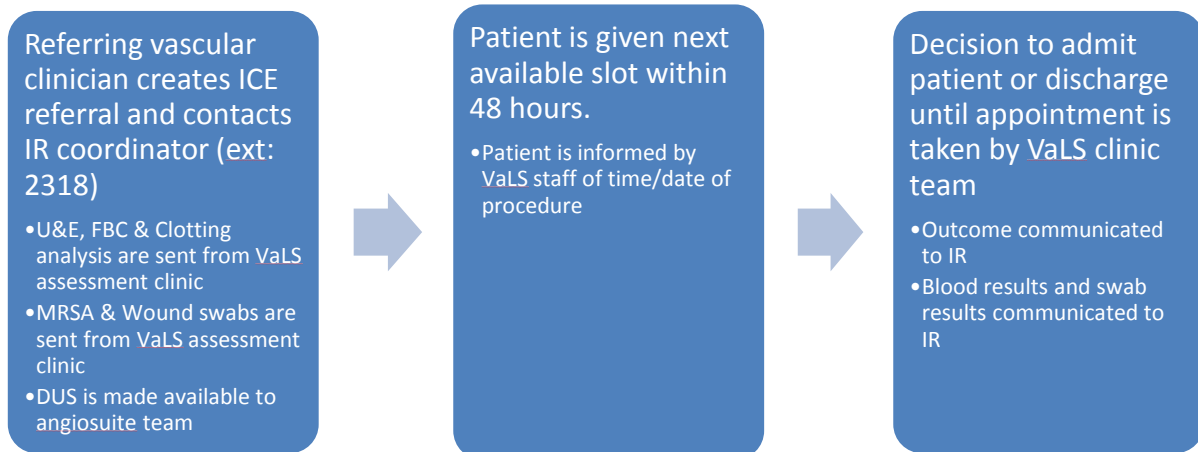


### 3. VALS & IR COORDINATION GUIDELINES

- A) Interventional radiology will protect one afternoon (pm) angiosuite appointment per day for usage for patients admitted through the VaLS clinic
- B) The number of protected slots will be reviewed on a 6-monthly basis as the number of patients requiring an IR procedure per week may vary as the VaLS clinic evolves.
- C) VaLS clinic team will ensure the patient is adequately assessed and prepared for angiosuite appointment
  - a. Blood, swab and DUS results will be made available to IR before treatment appointment
  - b. Those patients requiring an inpatient bed will be allocated a bed by no later than 1430hours on the day of treatment.
  - c. If patient is unable to or no longer requires their treatment, then the VaLS clinic will communicate this to the IR team as soon as possible.



#### 4. VALS & IR COORDINATION SUMMARY FLOWCHART





## 5. VALS & CT COORDINATION SUMMARY FLOWCHART

