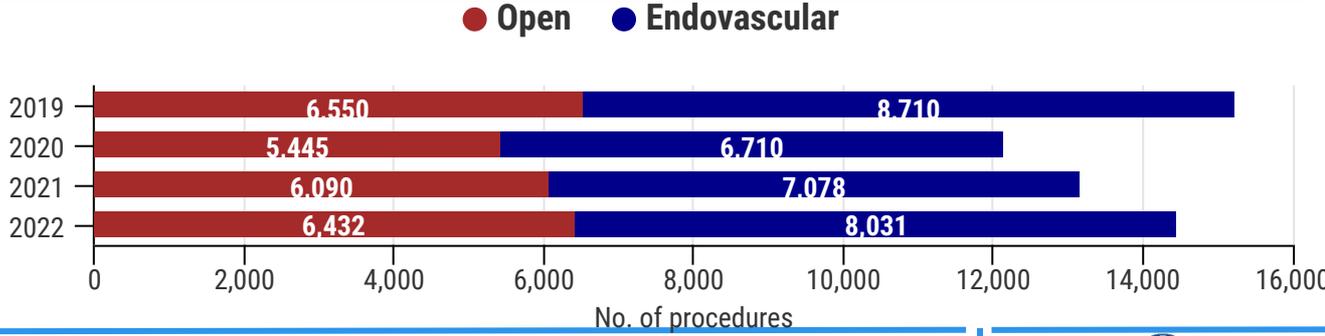


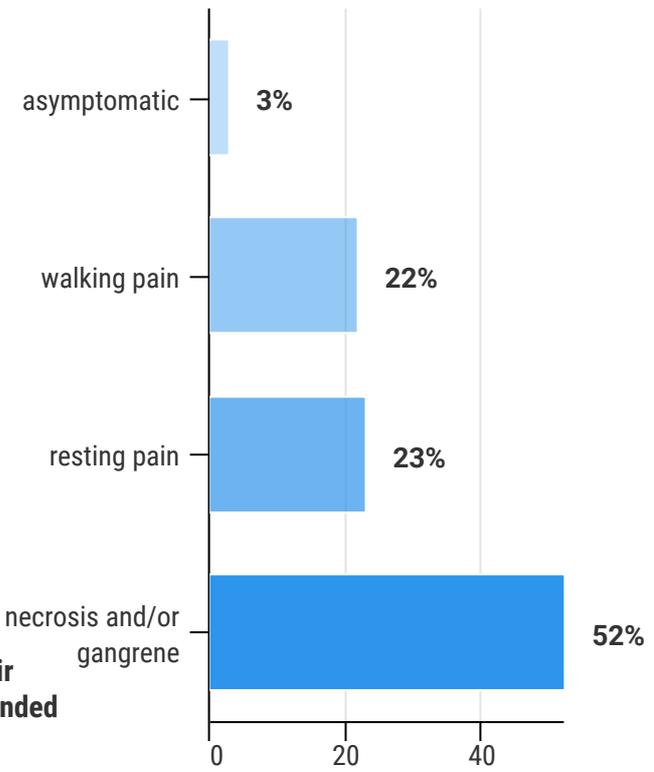
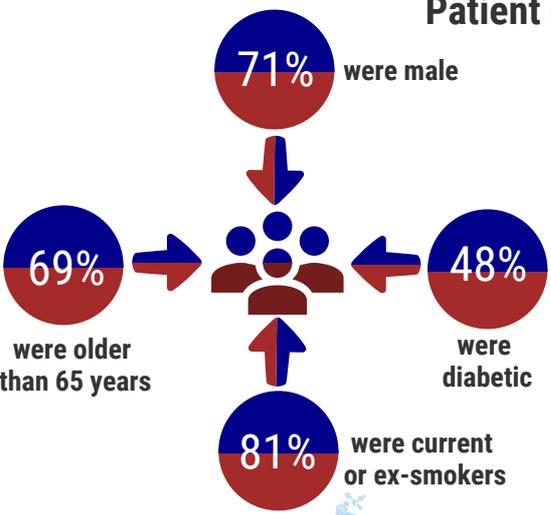
Lower limb revascularisation for peripheral arterial disease to prevent limb loss

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.

Open and endovascular interventions are options when conservative therapies have proved to be ineffective.



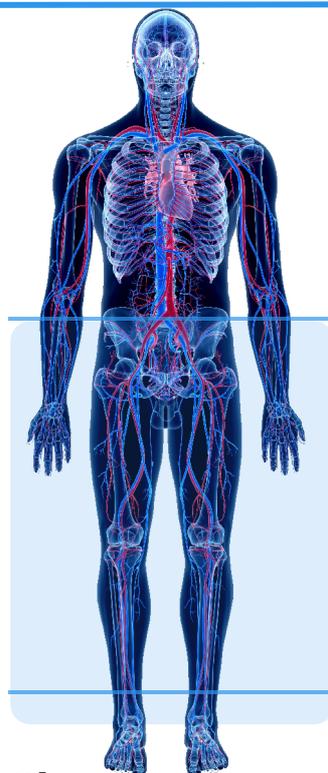
Patient characteristics in 2022



51% of patients admitted with CLTI had their procedure within 5 days, which is the recommended time

However for 12/59 vascular units, 25% of patients waited more than 10 days

In the NVR data, CLTI is defined as patients admitted in an emergency with either resting pain or necrosis and/or gangrene.

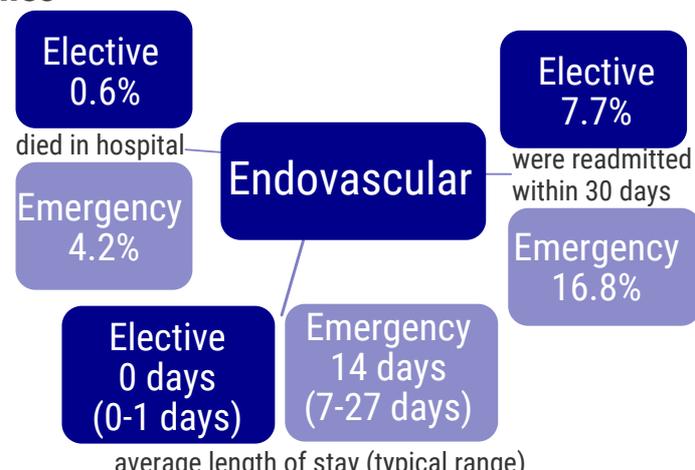
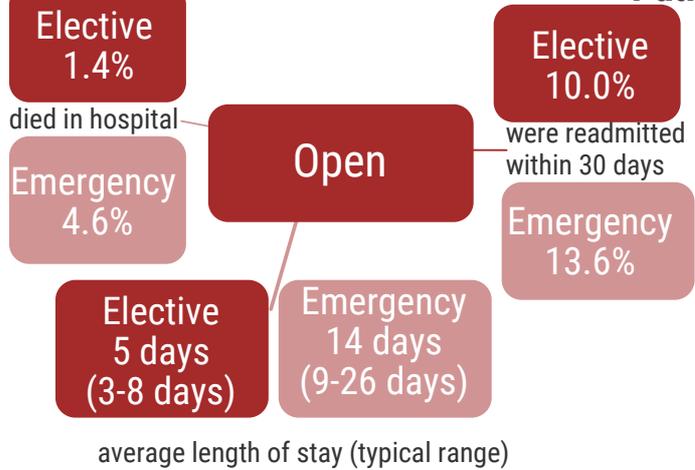


Glossary

The average is the median; "typical range" is the interquartile range.

Chronic limb-threatening ischaemia (CLTI) is the most severe form of PAD, where the blood flow to the legs becomes severely restricted.

Patient Outcomes

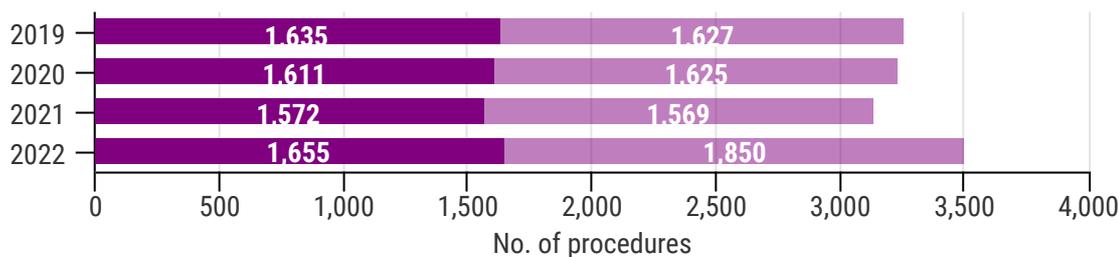


Lower limb major amputation for peripheral arterial disease

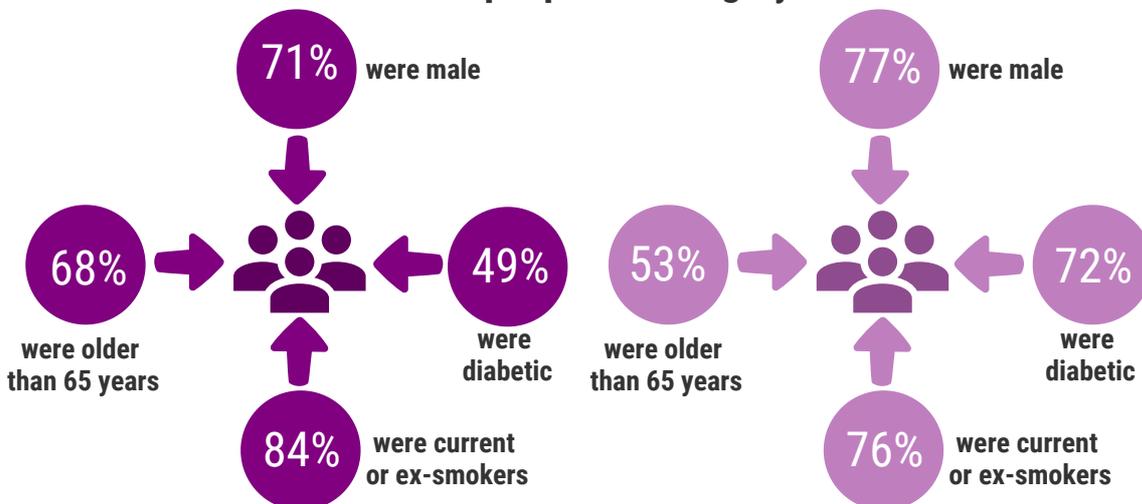
Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

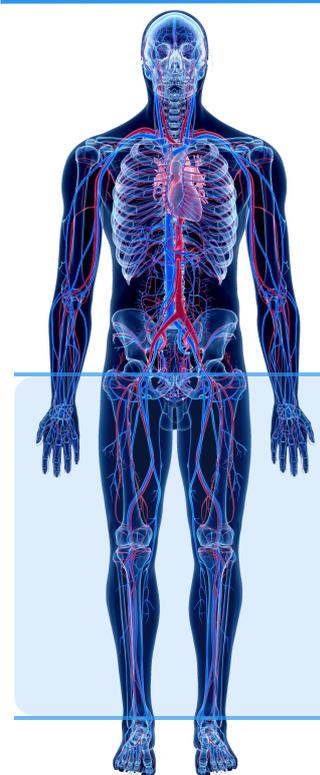
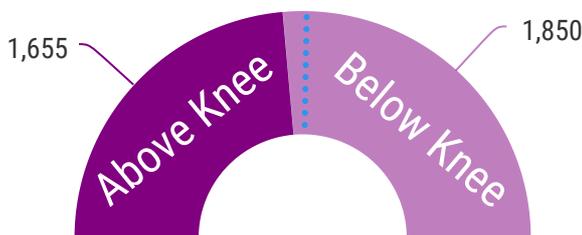
● Above Knee ● Below Knee



Which people had surgery?



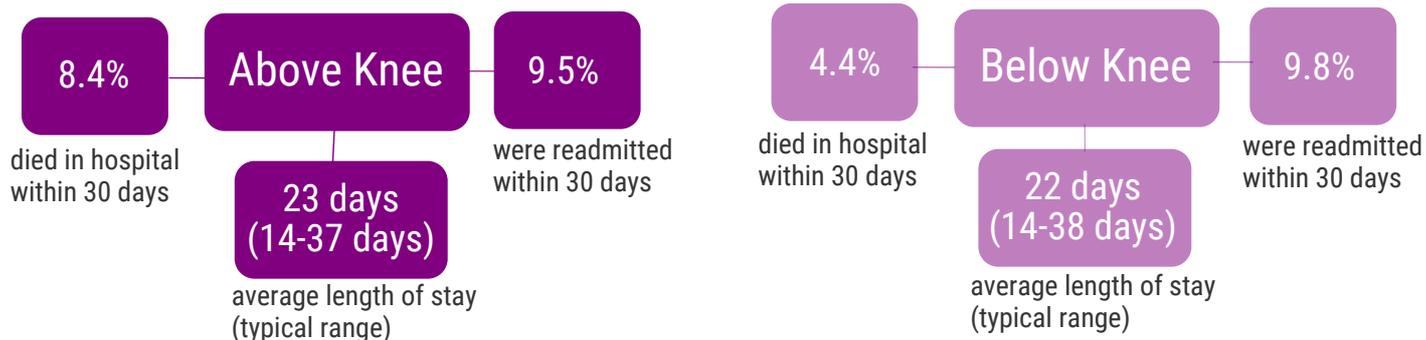
Hospitals should aim to have an above knee amputation to below knee amputation ratio below 1. In 2022, the national ratio was 0.89, but it varied greatly across the country. 24 hospitals had a ratio above 1, and of these, 6 were above 2.



Glossary

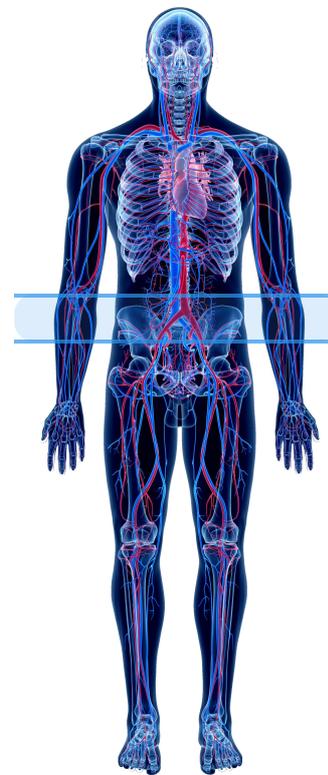
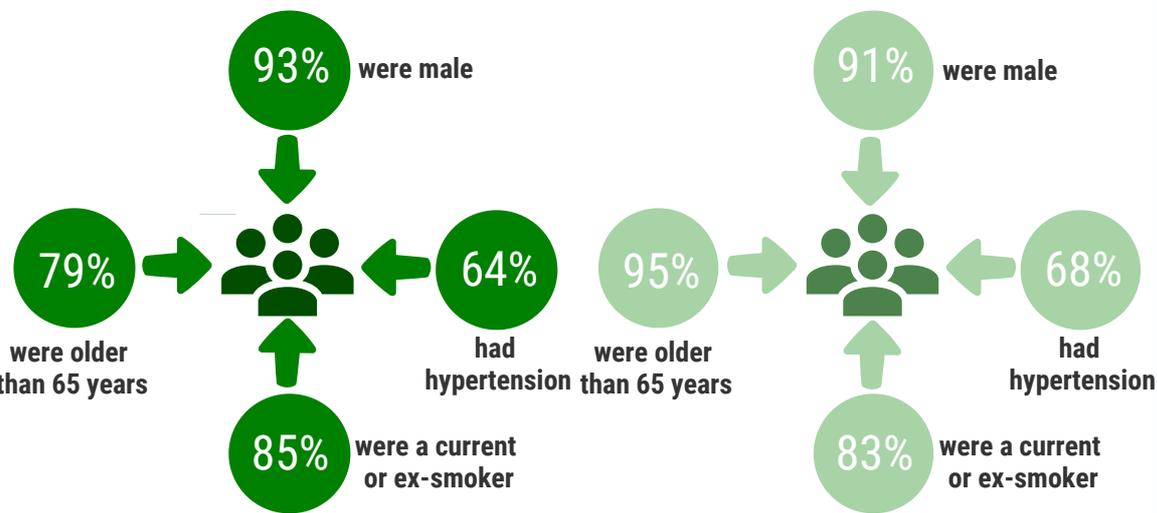
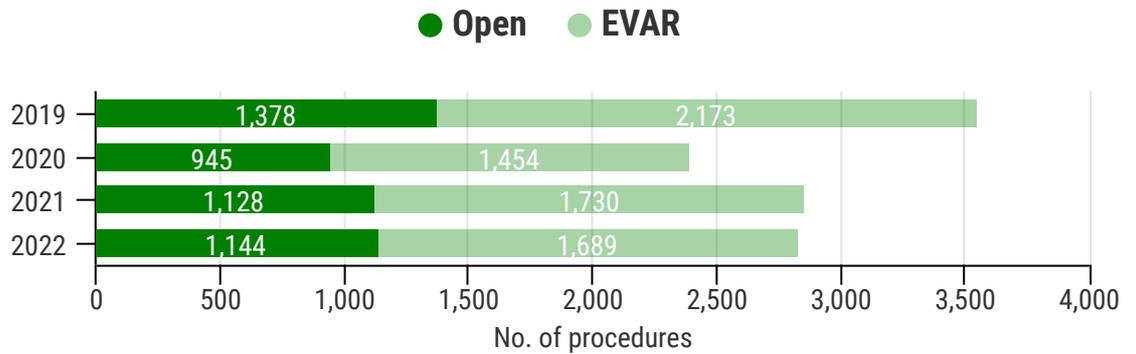
The average is the median; "typical range" is the interquartile range.

Patient outcomes after surgery

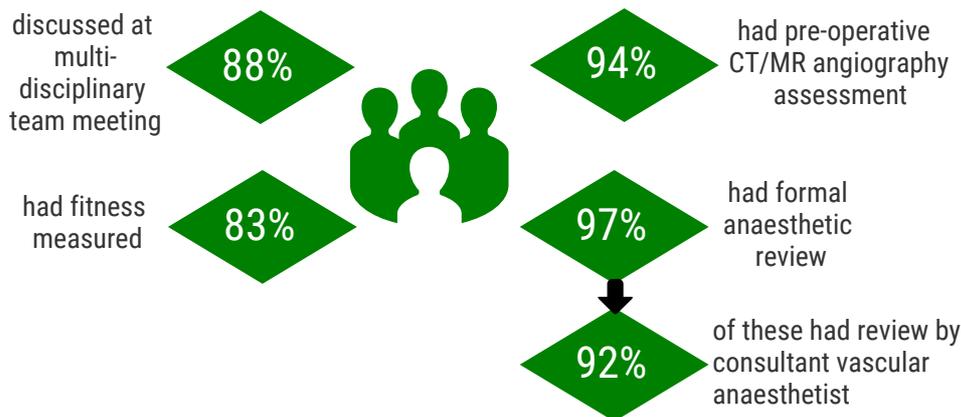


Repair of abdominal aortic aneurysm (AAA) to prevent rupture

AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. An infra-renal aneurysm occurs below the level of the renal (kidney) arteries within the aorta.



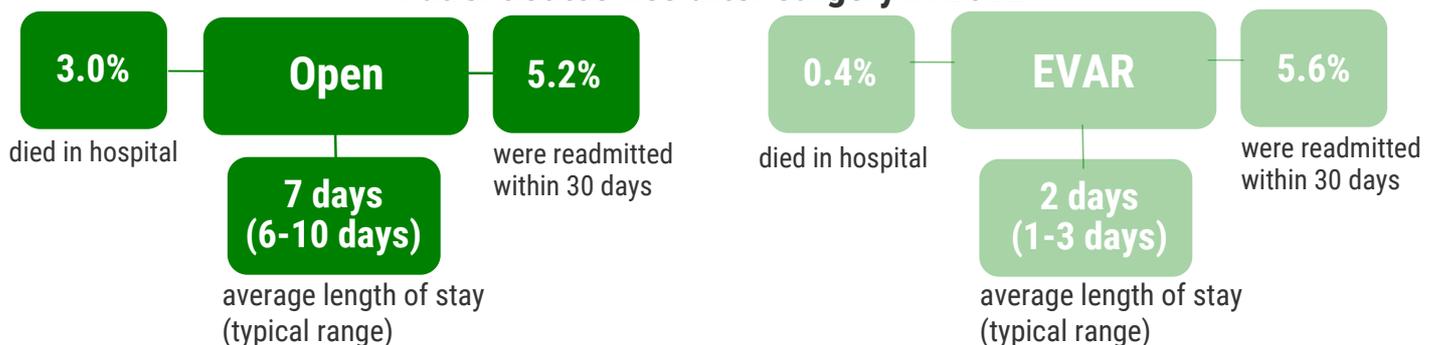
How were patients assessed?



Glossary

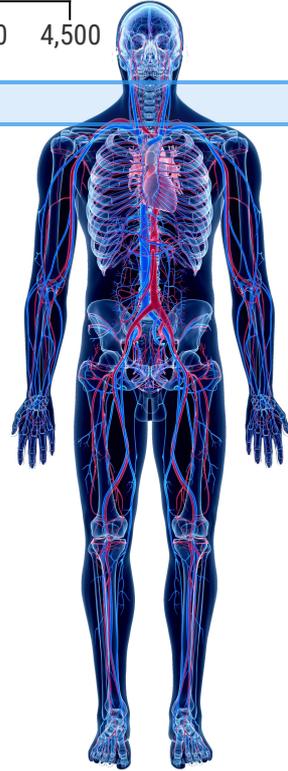
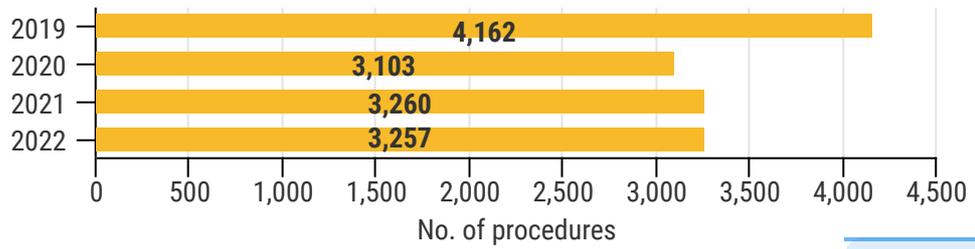
The average is the median; "typical range" is the interquartile range.

Patient outcomes after surgery in 2022

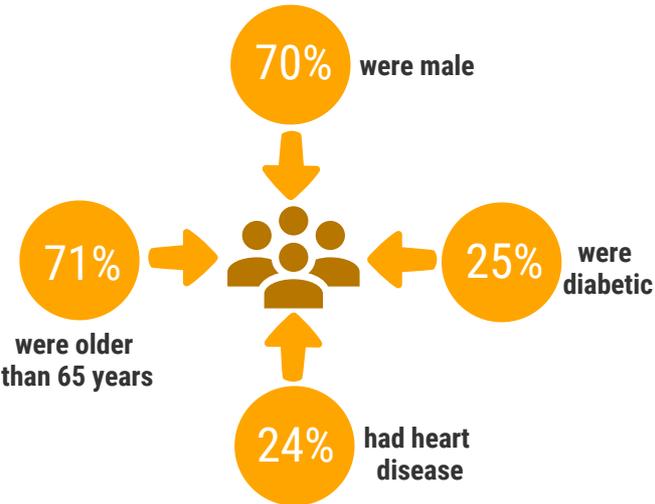


Carotid artery surgery to prevent stroke

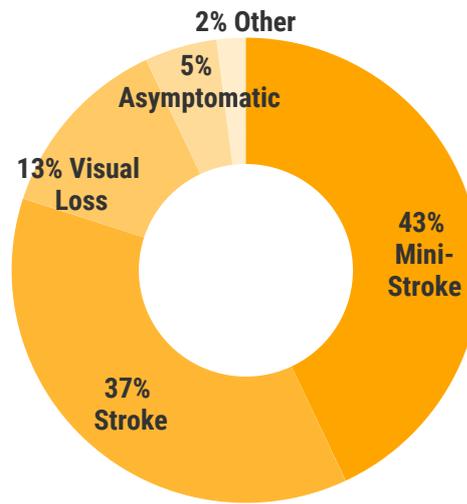
A procedure in which build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).



Which people had surgery?

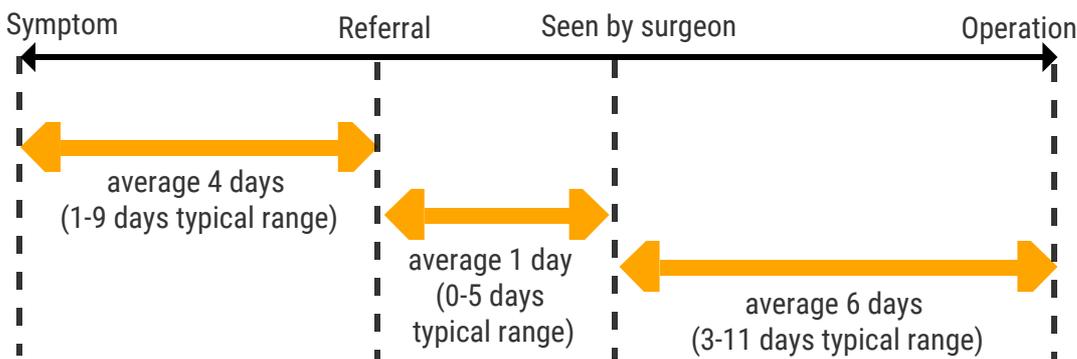


Reasons for surgery



Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



Glossary

A mini stroke, also known as a transient ischaemic attack (TIA), resolves completely within 24 hours.

Visual loss (amaurosis fugax) is the loss of vision in one eye due to an interruption of blood flow to the retina.

The average is the median; "typical range" is the interquartile range.

A patient showing symptoms is known to be symptomatic.

The average delay for symptom to surgery in NHS vascular units ranged from 4 to 24 days

Outcomes of surgery

