



VASCULAR LIMB SALVAGE (VALS) CLINIC

at

GLENFIELD HOSPITAL

(INTERVENTIONAL) RADIOLOGY PATHWAY 2018



ABBREVIATIONS

CT Computed Tomographic

DUS Duplex Doppler Ultrasound

Ext: Extension

FBC Full Blood Count

IR Interventional Radiology

U&E Urea and Electrolytes

UHL University Hospitals Leicester

VALS Vascular Limb Salvage



1. INTRODUCTION

This document outlines the entry pathways and referral guidelines for patients seen within the University Hospitals Leicester NHS Trust **Va**scular **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

Referring vascular clinician creates ICE referral and contacts IR coordinator (ext: 2318)

- •U&E, FBC & Clotting analysis are sent from VaLS
- •MRSA & Wound swabs are sent from VaLS assessment
- angiosuite team

Patient is given next

Decision to admit





5. VALS & CT COORDINATION SUMMARY FLOWCHART

Patient seen in ValS Clinic

- If CT is required:
- eGFR within 3 months
- Request to be made via ICE for CT

Vals nurse to contact Glenfield CT Control room on x2359

- Slots 2 are reserved for:
- Mon Fri 13:00 and 13:20 *
 - *If the control room do not receive a call 40 mins before the appt time, radiology will take these slots back for our own inpatient management.

Patient scanned and images made available on pacs

- Images will be made available on Pacs after scanning for view by VaLS consultant
- A report for these scans will be issued by a radiologist according to departmental guidelines

Patient sent back to Vals Clinic