

VASCULAR LIMB SALVAGE (VALS) CLINIC

COVID PROTOCOL FOR VASCULAR SURGICAL DEPARTMENTS WITH DEPLETED SERVICE

2020



1) INTRODUCTION

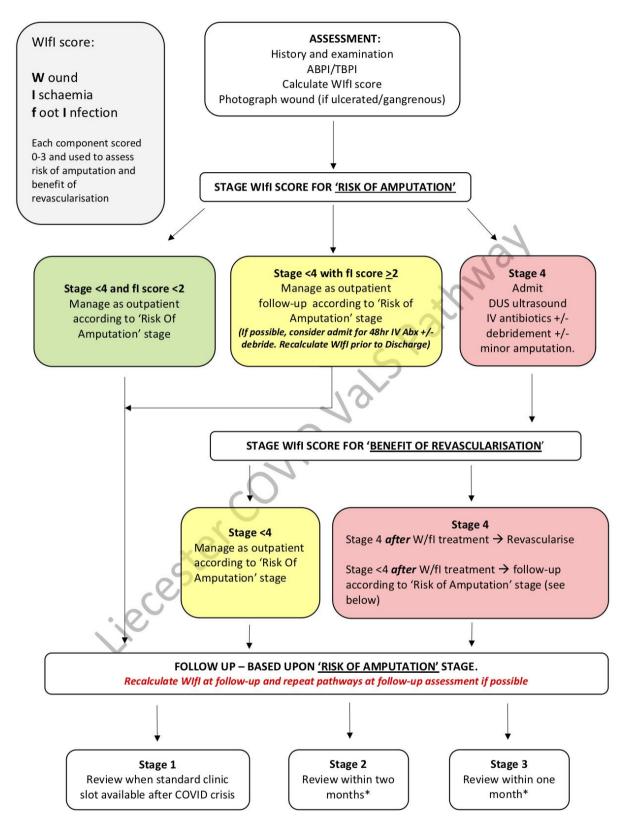
This document outlines the assessment and treatment pathway for patients reviewed in the Leicester Vascular Limb Salvage (VaLS) service during the COVID crisis.

The overall aim is to:

- 1) Identify those patients at highest risk for loss of limb/life as a result of CLTI/DFU and who require inpatient emergency/urgent treatment during the COVID crisis
- 2) Identify those patients at moderate risk for loss of limb/life as a result of CLTI/DFU and who would under normal circumstance likely require urgent inpatient treatment, but during the COVD crisis will be managed where possible in the community +/- daycase interventions. These patients will be high priority for early face-face clinical review and/or surgical intervention following resolution of the COVID crisis
- 3) Identify those patients at low risk for loss of limb/life as a result of CLTI/DFU and can be managed in the community with outpatient follow-up after resolution of the COVID crisis.

2) INDEX CLINIC ASSESSMENT PATHWAY





^{*}Consider Video/Remote Clinics if face-face clinics remain unavailable

2) WIfI Clinic Assessment Form



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of Leiceste

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Patient Name:		Consultant:		
Patient ID:		Date of assess.:		
Patient DOB:	or sticker	Leg being scored:	Right	Left

1) Wound Status (please circle)

Grade	Clinical Description
0	Ischaemic rest pain; Pre-gangrenous skin change, without frank ulcer or gangrene
1	Minor tissue loss: small shallow ulceration < 5 cm ² on foot or distal leg
1	no exposed bone unless limited to distal phalanx (maximum digital amp x 1-2)
2	Major tissue loss: deeper ulceration(s) with exposed bone, joint or tendon, ulcer 5-10 cm ² not involving calcaneus. Gangrenous changes limited to digits.
	Salvageable with multiple (> 3) digital amps or standard TMA + skin coverage
	Extensive ulcer/gangrene > 10 cm² involving forefoot or midfoot
3	full thickness heel ulcer > 5 cm ² + calcaneal involvement.
	Salvageable only with complex foot reconstruction, non-traditional TMA (Chopart/Lisfranc); flap

2) Ischaemic Status (please circle worst grade if all available)

Grade	АВРІ	Ankle Sp (mmHg)	TP (mmHg)
0	>0.80	>100	>60
1	0.60-0.79	70-99	40-59
2	0.40-0.59	50-69	30-39
3	< 0.40	< 50	< 30

3) Foot Infection (please circle)

Grade	Clinical Description
0	Wound without purulence or manifestations of infection
1	>2 manifestations of infection (erythema or purulence, pain, tenderness, warmth or induration) any cellulitis or erythema extends, 2cm around ulcer; infection is limited to skin or subcutaneous tissues; no local complications or systemic illness
2	Infection in patient who is systemically and metabolically stable but has ≥1 of the following: cellulitis extending 2cm, lymphangitis; spread beneath fascia; deep
3	Infection in patient with systemic or metabolic toxicity

4) Refer to colour table → WIfI Stage (please circle)

Amputation Risk	Stage 1 (very low)	Stage 2 (Low)	Stage 3 (Moderate)	Stage 4 (High)
Benefit of Revascularisation	Stage 1 (very low)	Stage 2 (Low)	Stage 3 (Moderate)	Stage 4 (High)

Include WIfI score (e.g WIfI 1,2,2) + Amp and Revasc. Stage in dictated letter to GP and VaLS team.

4) WIfI Staging Table

MODERATE HIGH

= STAGE 1 = STAGE 2 = STAGE 3 = STAGE 4

VERY LOW LOW



1) ESTIMATE RISK OF AMPUTATION AT 1 YEAR

		Ischae	Ischaemia -0			Ischaemia -1	mia -1			Ischaemia -2	mia -2			Ischaemia -3	mia -3	
W-O	٧L	VL	L	M	VL	E	M	Н	L	L	Μ	Η	U	M	M	Н
W-1	٧L	٧L	L	Ζ	\	-	Z	I	_	Ζ	Ι	Τ	3	Z	I	I
W-2	1	П	M	Н	Μ	M	Н	Н	Μ	Н	Н	н	н	Н	Н	Н
W-3	M	М	Н	Н	Н	Н	Н	Н	H	Н	Н	н	Н	Н	Н	Н
	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3
 2) ESTIM	ATE BENE	FIT OF RE	2) ESTIMATE BENEFIT OF REVASCULARISATION	ARISATIOI	2											
		Ischae	Ischaemia -0			Ischaemia -1	mia -1			Ischaemia -2	mia -2			Ischae	Ischaemia -3	
W-0	٧L	٧L	VL	VL	٧L	L	L	M	L	L	Μ	Μ	Z	Н	Н	H
W-1	٧L	VL	VL	VL	L	Z	M	M	M	Н	Н	Н	Н	Н	Н	Н
W-2	٧L	٧L	VL	VL	Z	Z	Н	Н	H	Н	Ξ	Ξ	Н	Н	Н	H
8-W	۸۲	٧L	٧L	VL	Z	Z	Μ	H	H	Н	H	Н	Н	Н	Н	Н
	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3	fl -0	fl -1	fl -2	fl -3