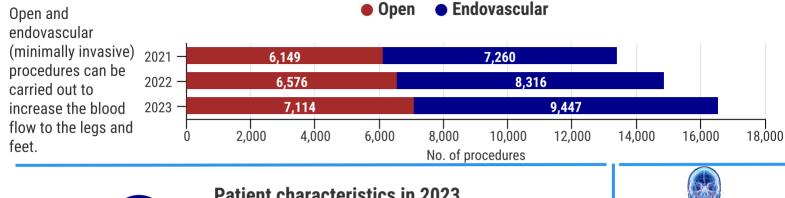
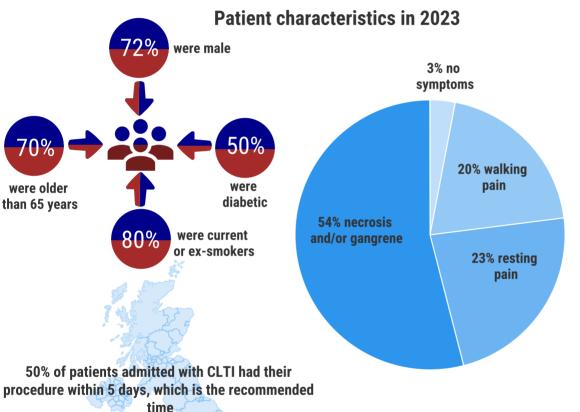
Lower limb revascularisation for peripheral arterial disease (PAD) to prevent limb loss

Peripheral arterial disease (PAD) is a condition caused by narrowing of the blood vessels that supply the legs. This causes severe pain on walking and can lead to amputation.





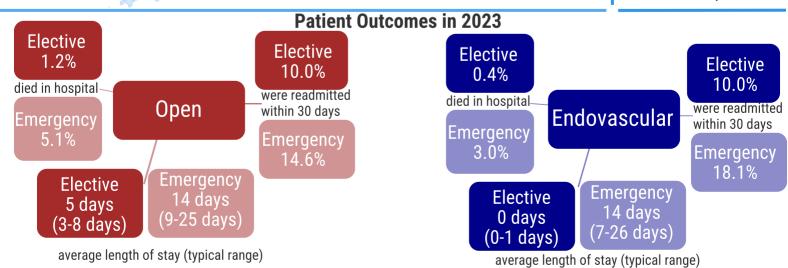
However for 16/60 hospitals, 25% of patients waited more than 10 days

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



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.

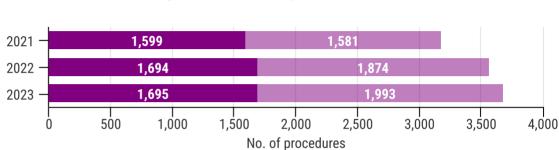


Lower limb major amputation for peripheral arterial disease (PAD)

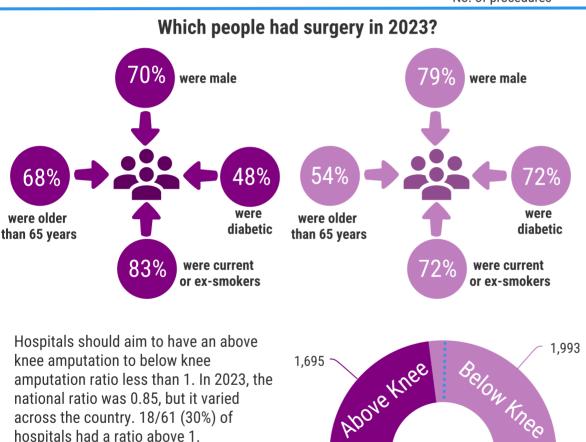
Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

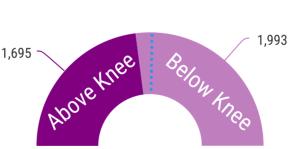
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

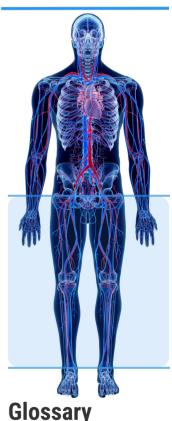
Above Knee



Below Knee







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

range.

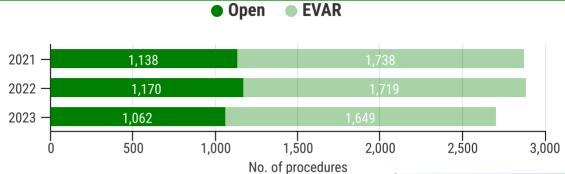
Patient outcomes after amputation in 2023

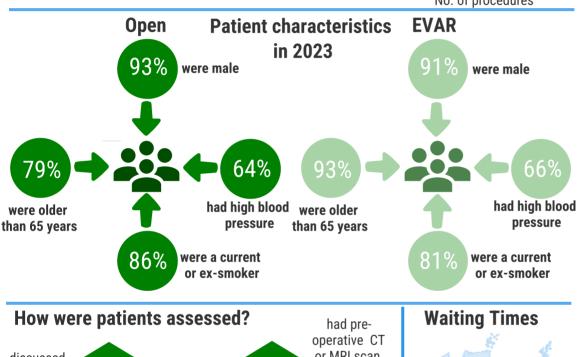


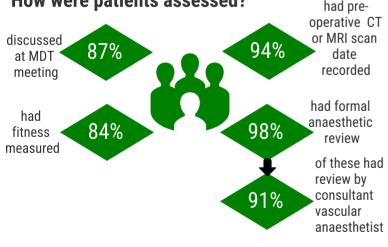
Repair of abdominal aortic aneurysm (AAA) to prevent rupture/bursting

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. A procedure for AAA can be repaired by traditional open surgery through the belly or by less invasive endovascular (keyhole) surgery (EVAR) using a stent.

The number of AAAs carried out each year has remained fairly stable over the last few years, although they are much less than the numbers carried out 10 years ago.







31% of patients with AAA had their procedure within 56 days, which is the recommended time

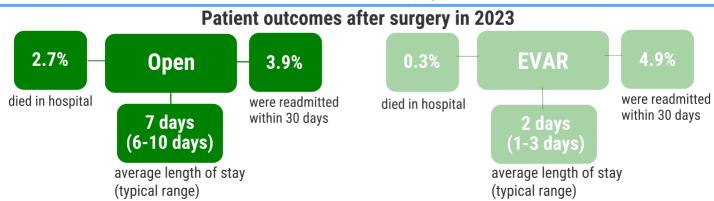
However for 4/62 hospitals, 25% of patients waited more than 220 days



Glossary

MDT is a multi-disciplinary team.

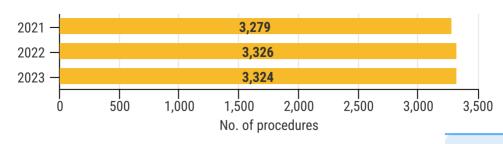
The average is the median; "typical range" is the interquartile range.

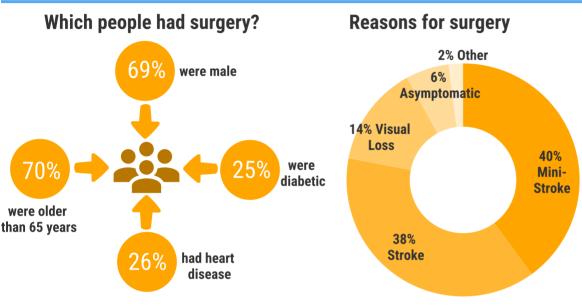


Carotid artery surgery to prevent stroke

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

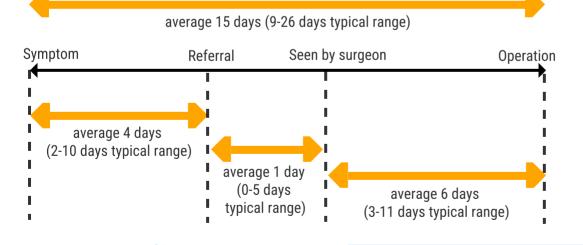
The number of CFAs carried out each year has remained fairly stable over the last few years. The numbers are almost half those carried out 10 years ago.





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 time from symptom to surgery in NHS vascular units ranged from 5 to 30 days

> In 31/63 of units, the average time was 14 days or less



