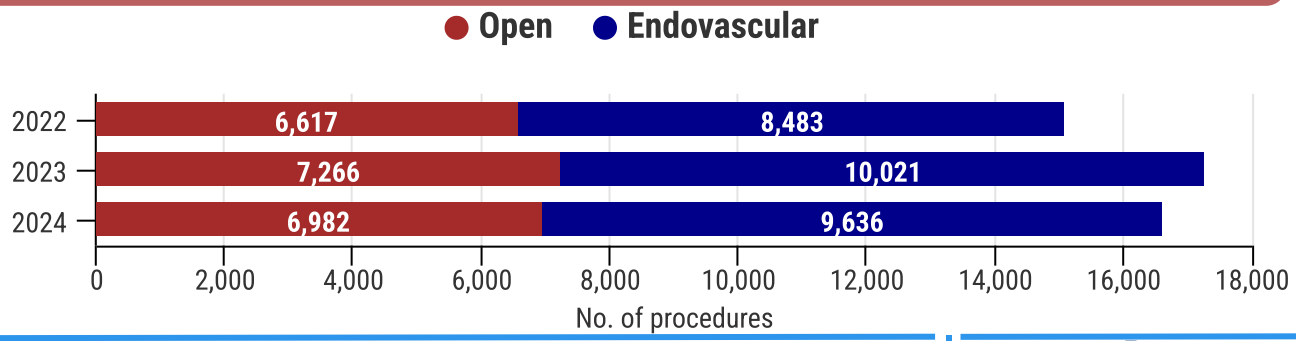
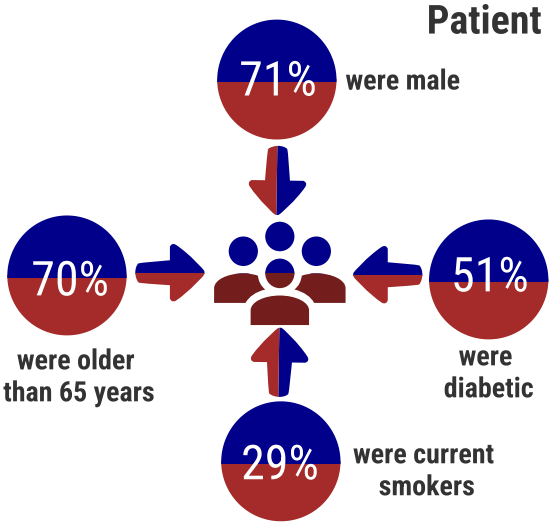
Lower limb revascularisation for peripheral arterial disease (PAD) to prevent limb loss

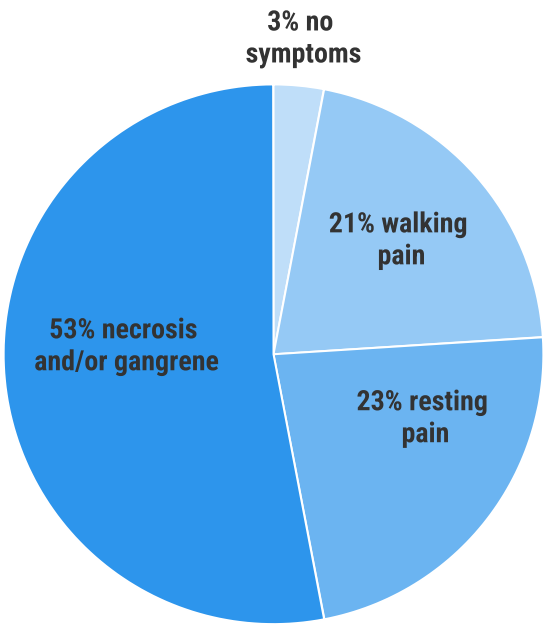
Peripheral arterial disease (PAD) is a condition caused by narrowing of the blood vessels that supply the legs. This causes severe pain on walking and can lead to amputation.

Open and endovascular (minimally invasive) procedures can be carried out to increase the blood flow to the legs and feet.



Patient characteristics in 2024

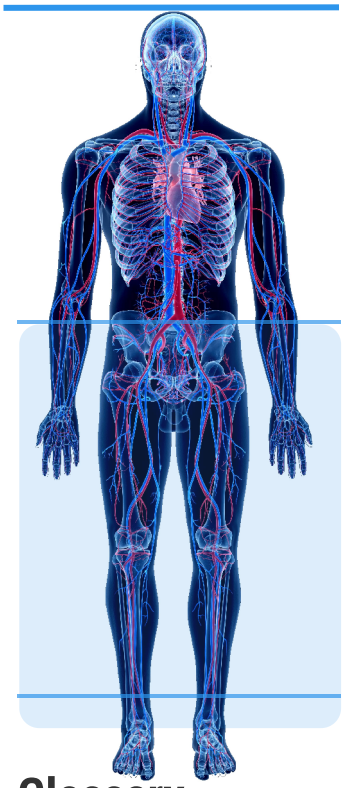




49% of patients admitted with CLTI had their procedure within 5 days, which is the recommended time

However for 18/60 hospitals, at least 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.

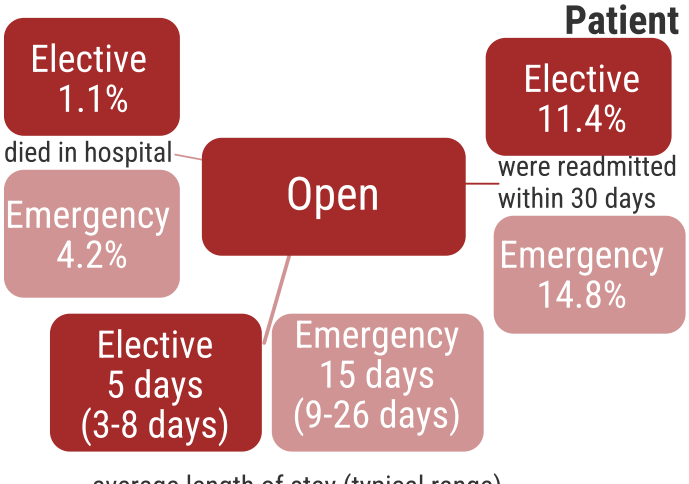


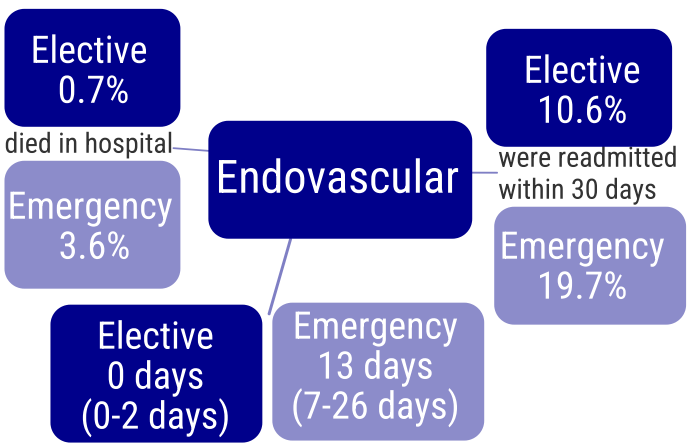
Glossary

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 in 2024

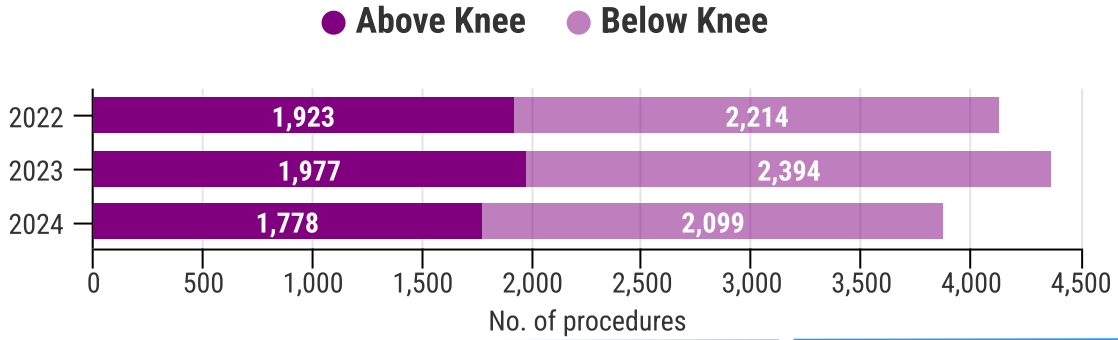




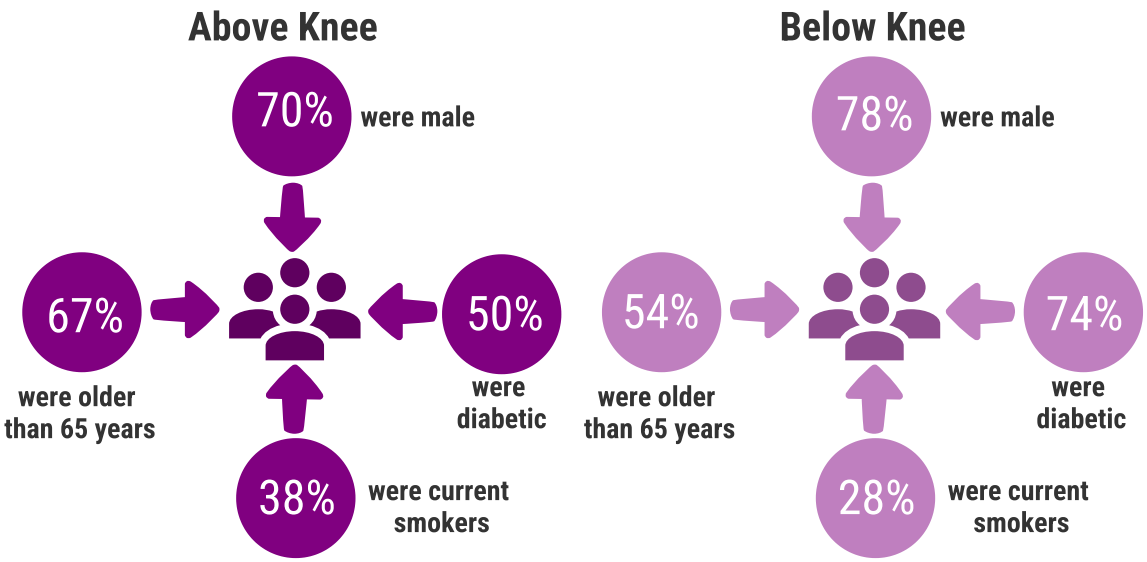
Lower limb major amputation for peripheral arterial disease (PAD)

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.

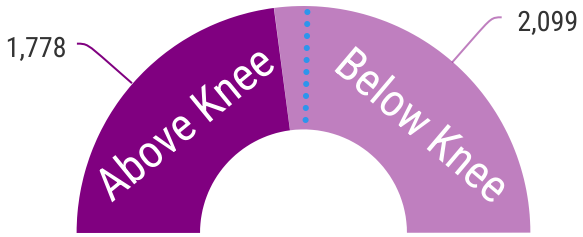
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

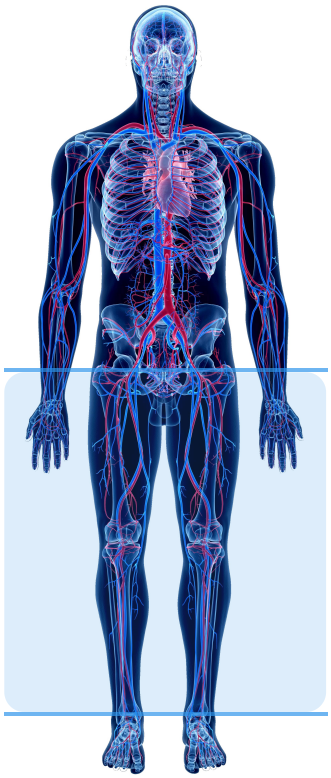


Which people had surgery in 2024?



Hospitals should aim to have an above knee amputation to below knee amputation ratio less than 1. In 2024, the national ratio was 0.85, but it varied across the country.

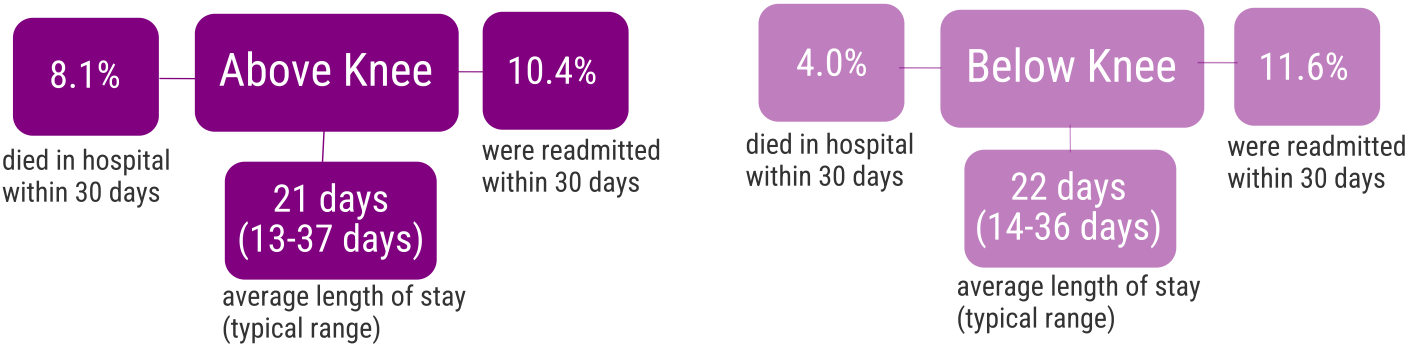




Glossary

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

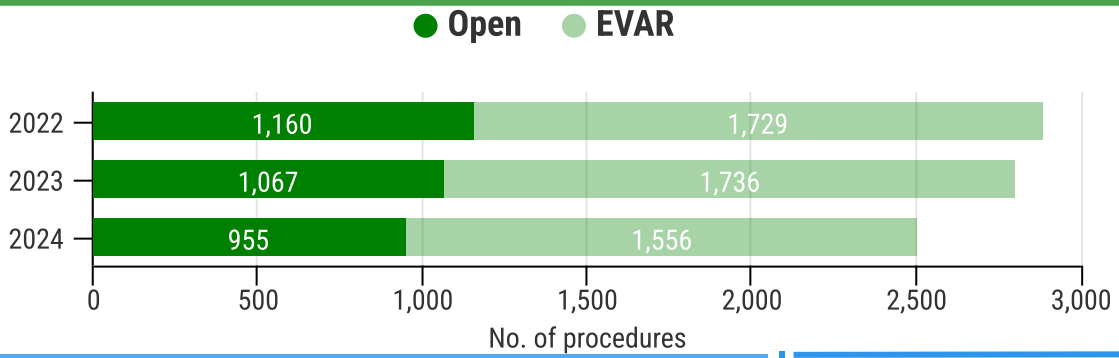
Patient outcomes after amputation in 2024



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 10 years ago.



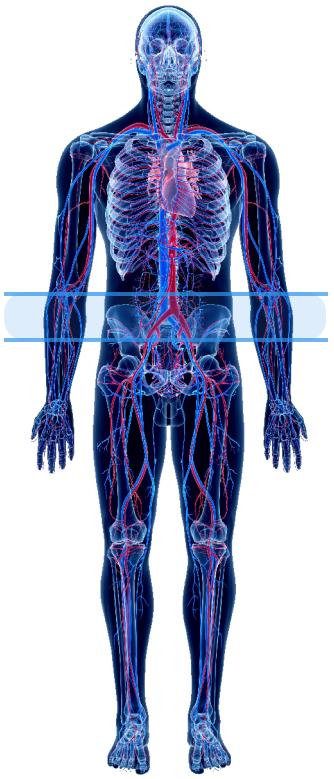
Patient characteristics in 2024

Open

- 90% were male
- 73% were older than 65 years
- 67% had high blood pressure
- 26% were a current smoker

EVAR

- 91% were male
- 93% were older than 65 years
- 68% had high blood pressure
- 17% were a current smoker



How were patients assessed?

- 86% discussed at MDT meeting
- 94% had pre-operative scan date recorded on the NVR
- 85% had fitness measured
- 97% had formal anaesthetic review
- 92% of these had review by consultant vascular anaesthetist

Waiting Times

33% of patients with AAA had their procedure within 56 days, which is the recommended time

However for 2/59 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.

Patient outcomes after surgery in 2024

Open

- 3.1% died in hospital
- 5.6% were readmitted within 30 days
- 7 days (6-10 days) average length of stay (typical range)

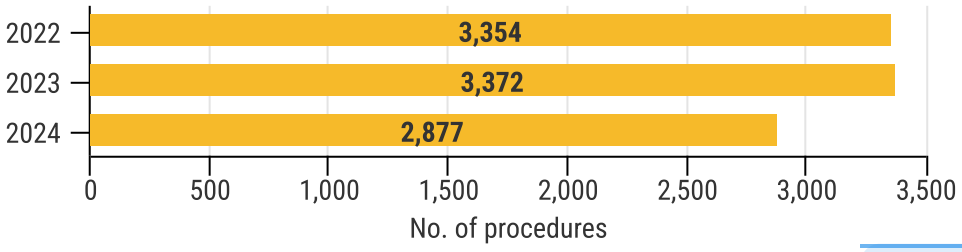
EVAR

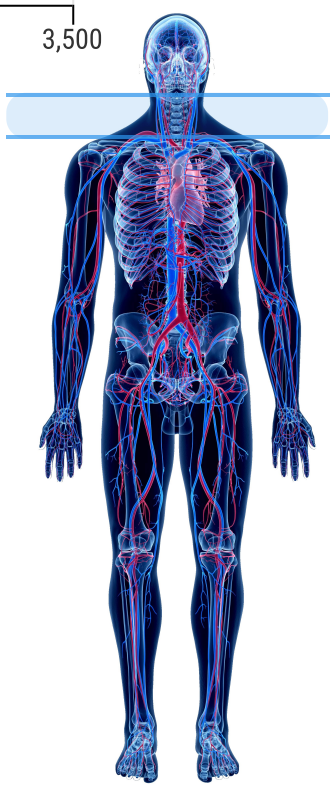
- 0.3% died in hospital
- 5.4% were readmitted within 30 days
- 2 days (1-3 days) average length of stay (typical range)

Carotid artery surgery to prevent stroke

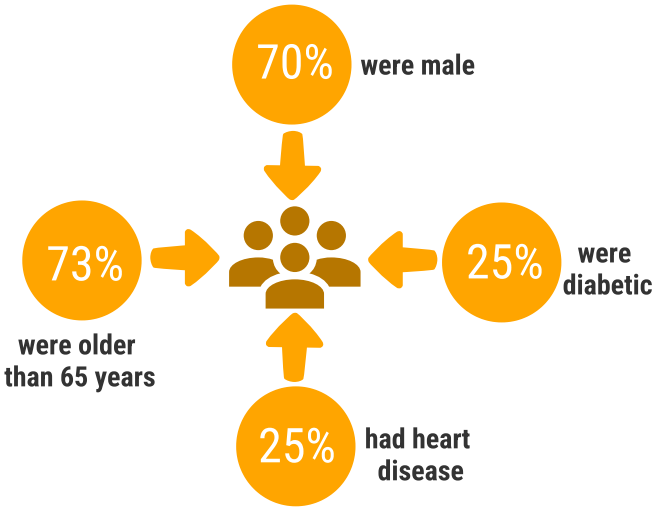
A procedure in which a build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).

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

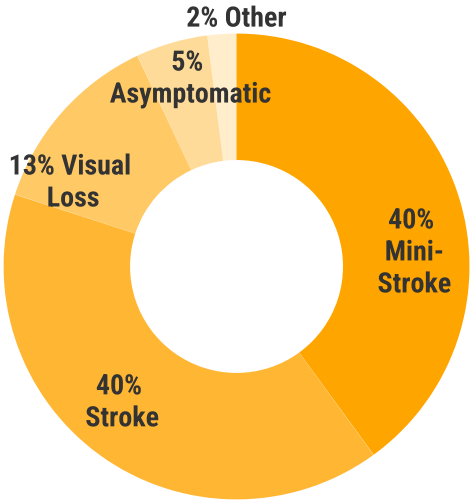




Which people had surgery?

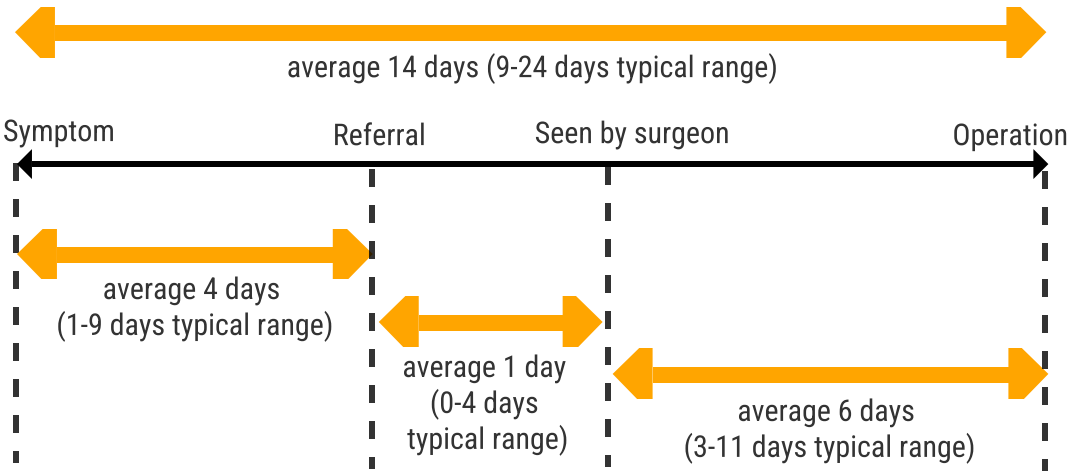


Reasons for surgery



Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



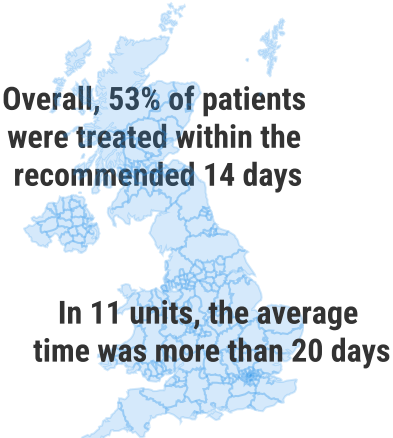
Glossary

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.



Overall, 53% of patients were treated within the recommended 14 days

In 11 units, the average time was more than 20 days

Outcomes of surgery in 2024