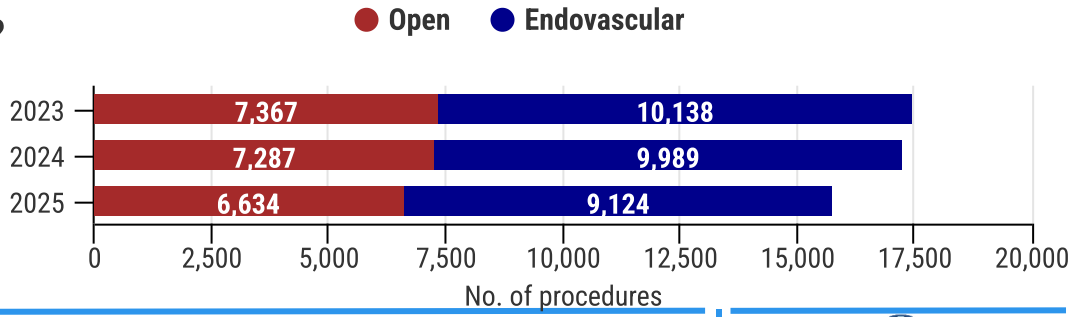
Lower limb revascularisation for peripheral arterial disease (PAD) to prevent limb loss

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. Revascularisation procedures can be carried out to increase the blood flow to the legs and feet.

How is my hospital performing?

Information on which hospitals perform revascularisation procedures and key results can be found on our results dashboard



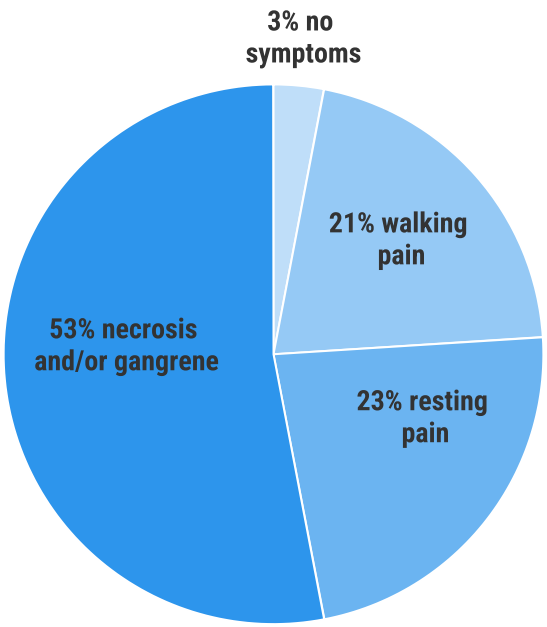
Patient characteristics in 2025

71% were male

70% were older than 65 years

51% were diabetic

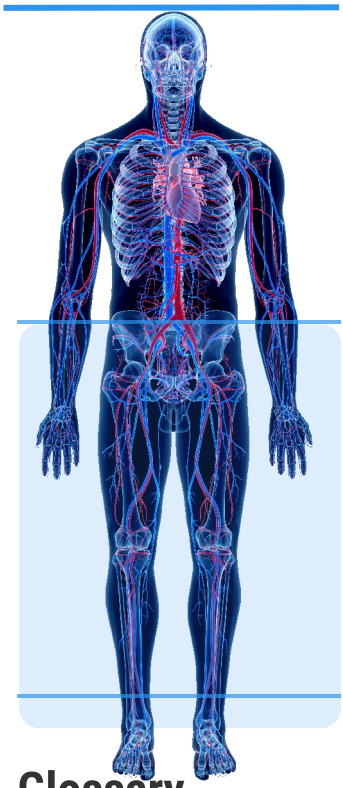
29% were current smokers



50% of patients admitted with CLTI had their procedure within 5 days, which is the recommended time

However for 15/56 hospitals, at least 25% of patients waited more than 10 days

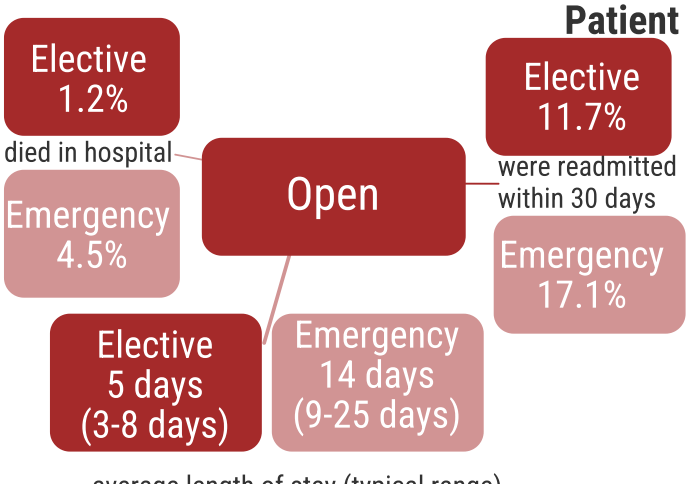
In the NVR data, CLTI is defined as patients admitted in an emergency with constant/resting pain or ulcers and/or gangrene.

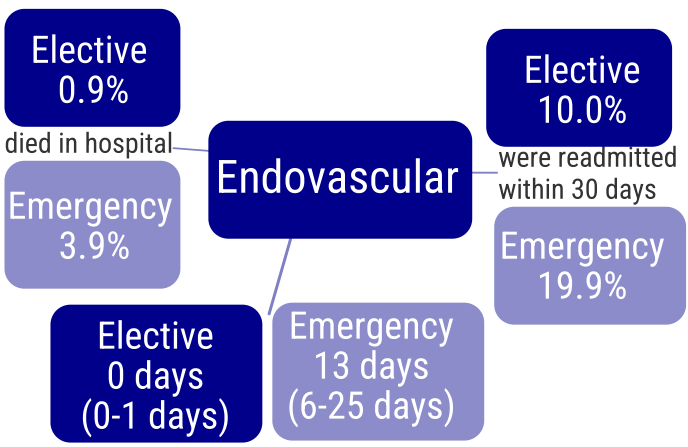


Glossary

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.
Elective means planned.

Patient Outcomes in 2025





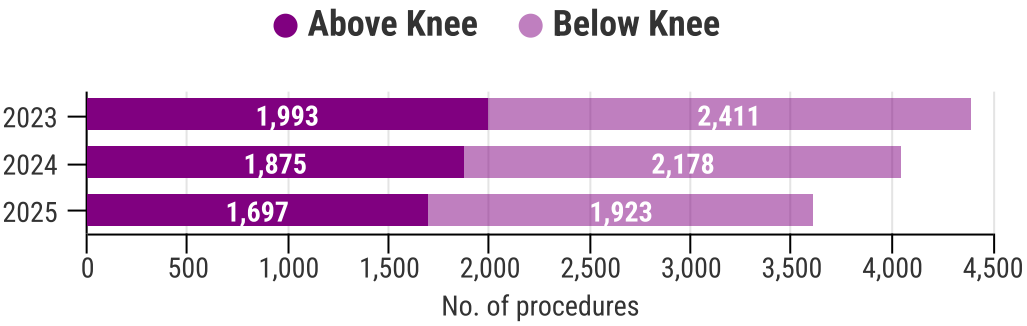
Lower limb major amputation for peripheral arterial disease (PAD)

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.

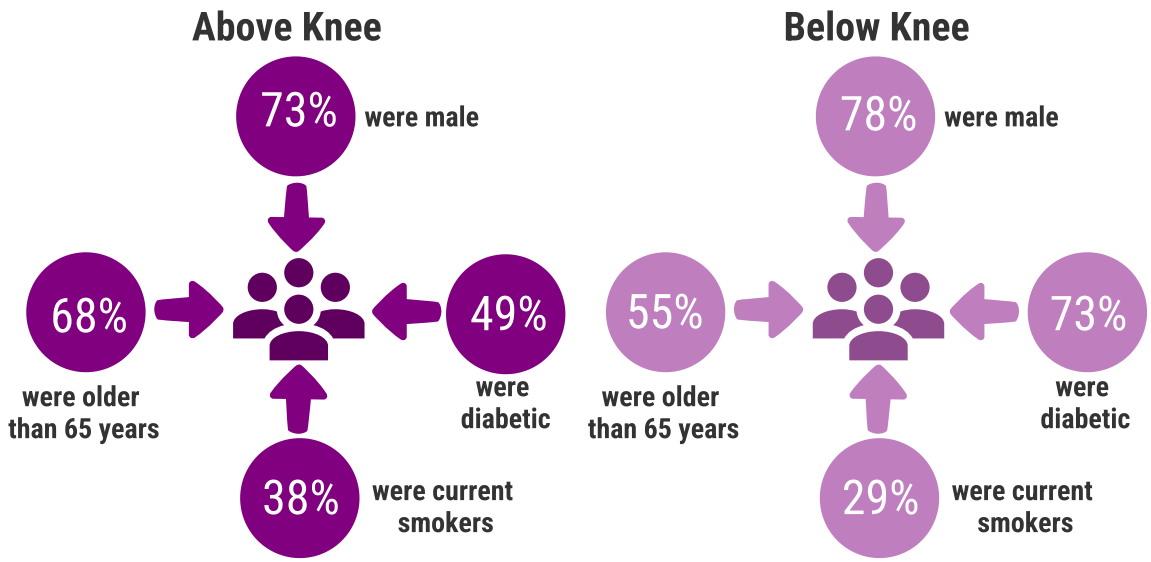
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

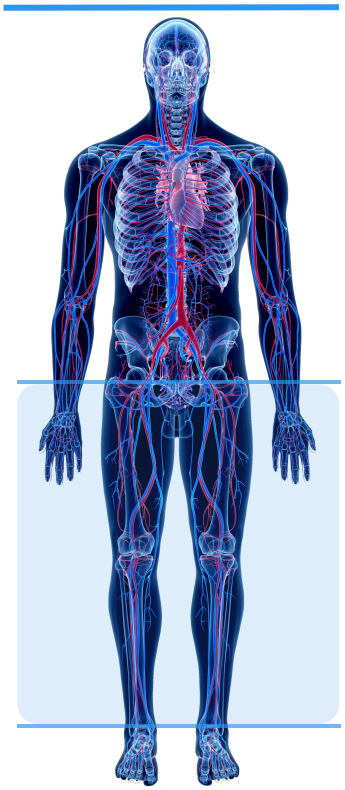
How is my hospital performing?

Information on which hospitals perform amputation procedures and key results can be found on our results dashboard



Which people had surgery in 2025?

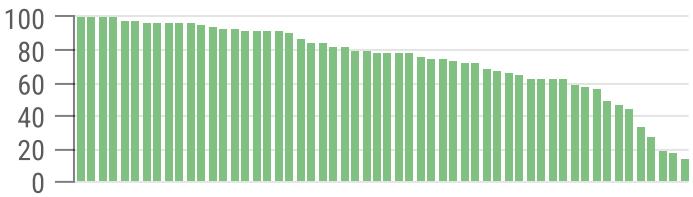




Glossary

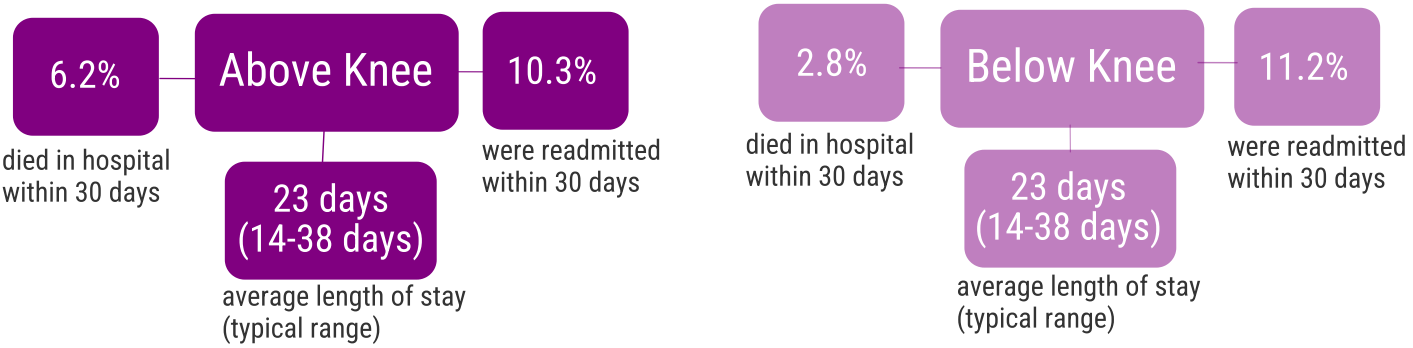
The average is the median; "typical range" is the interquartile range.

% Consultant Surgeon Present in Theatre for each NHS Organisation



It is recommended that a consultant surgeon should operate or be present in theatre to supervise the procedure. 25 organisations achieved this recommendation for at least 90% of patients, but 8 units achieved this for less than half their patients.

Patient outcomes after amputation in 2025

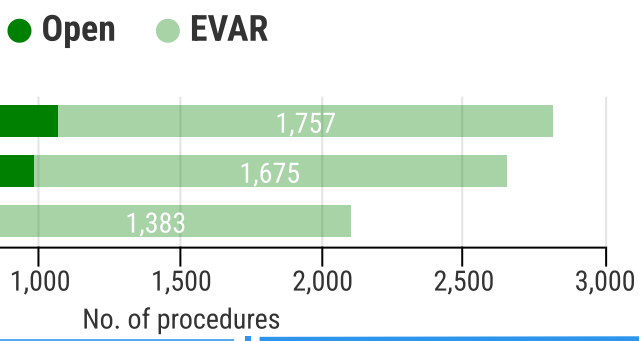


Repair of abdominal aortic aneurysm (AAA) to prevent rupture/bursting

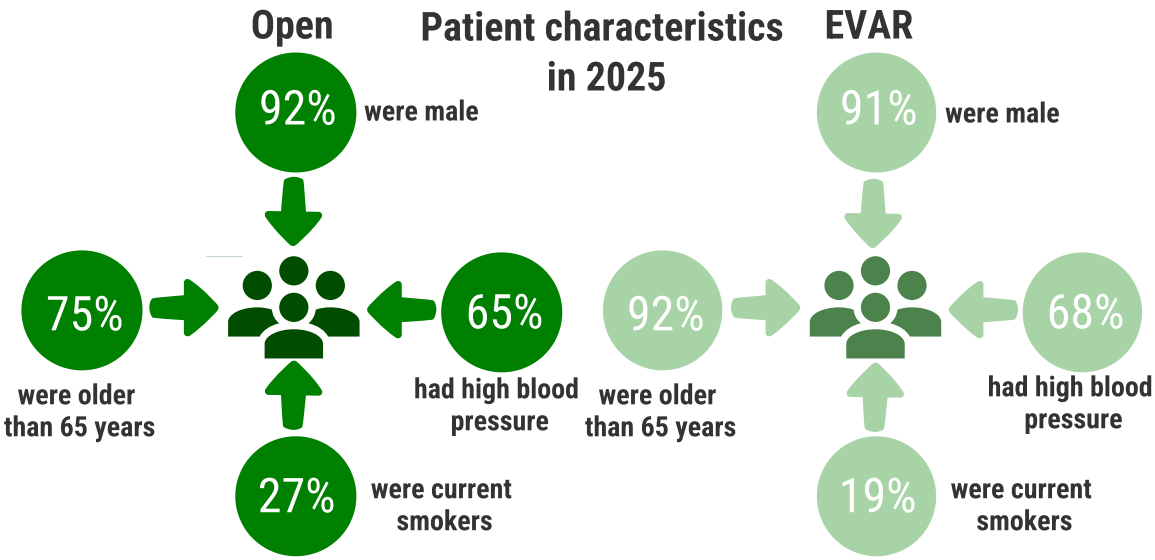
AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. A procedure for AAA can be repaired by traditional open surgery through the belly or by less invasive endovascular (keyhole) surgery (EVAR) using a stent.

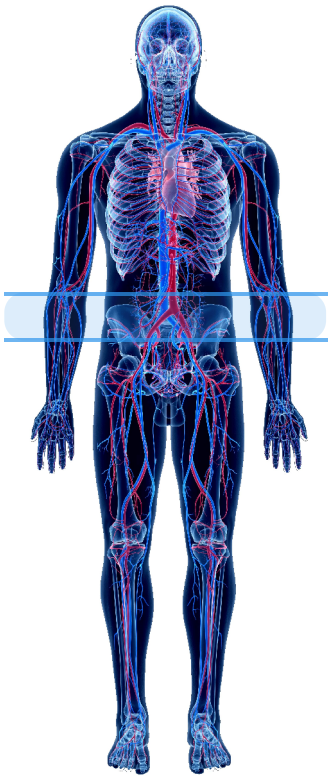
How is my hospital performing?

Information on which hospitals perform procedures for AAA and key results can be found on our results dashboard

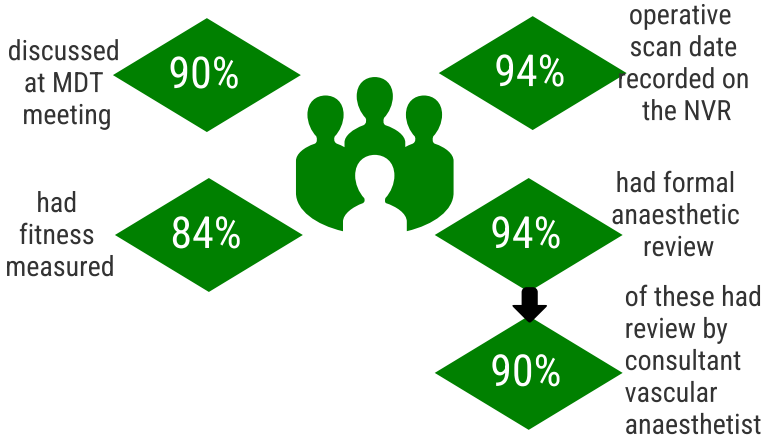


Patient characteristics in 2025





How were patients assessed?



Waiting Times

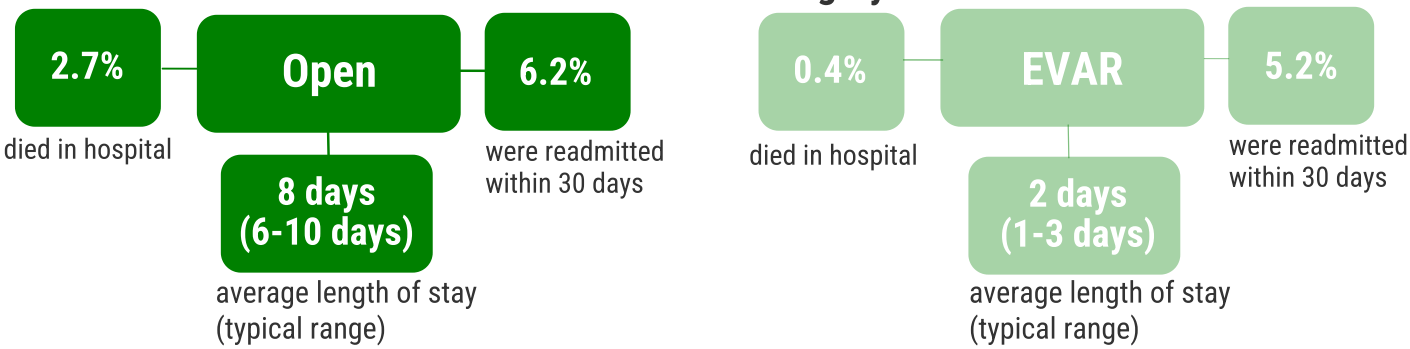
35% of patients with AAA had their procedure within 56 days, which is the recommended time

However for 3/58 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 2025

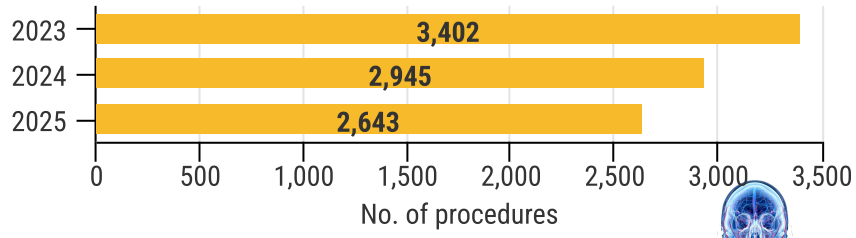


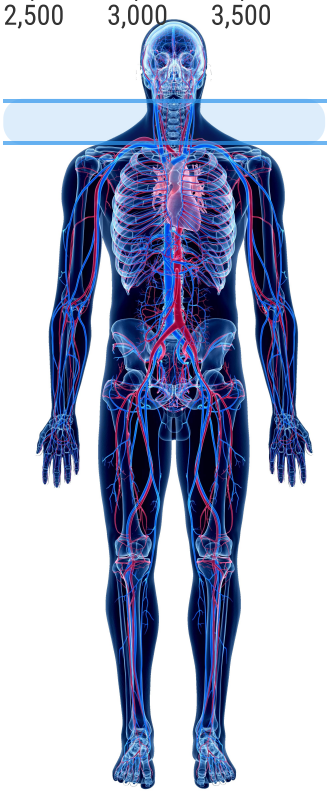
Carotid artery surgery to prevent stroke

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

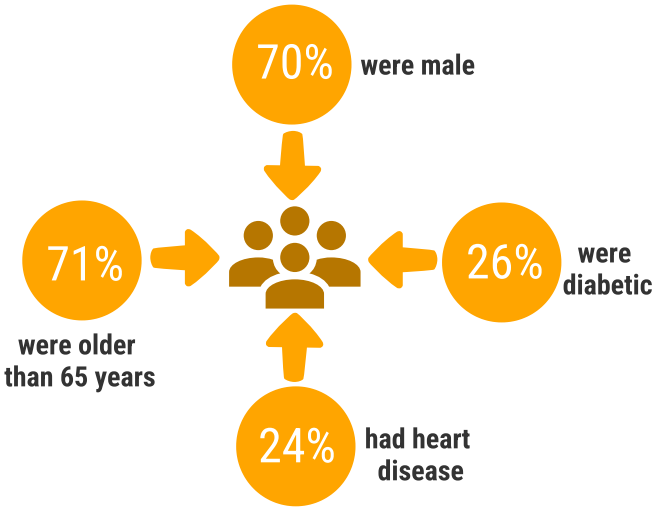
How is my hospital performing?

Information on which hospitals perform carotid procedures and key results can be found on our results dashboard

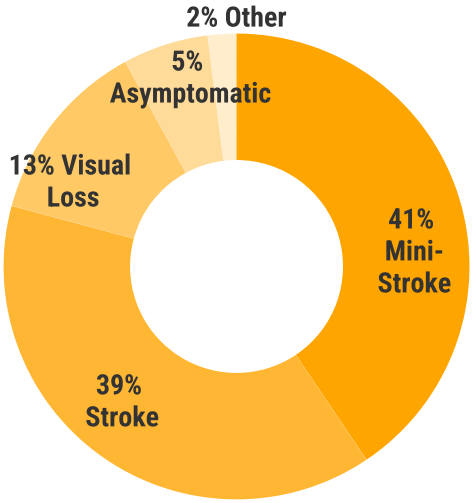




Which people had surgery?

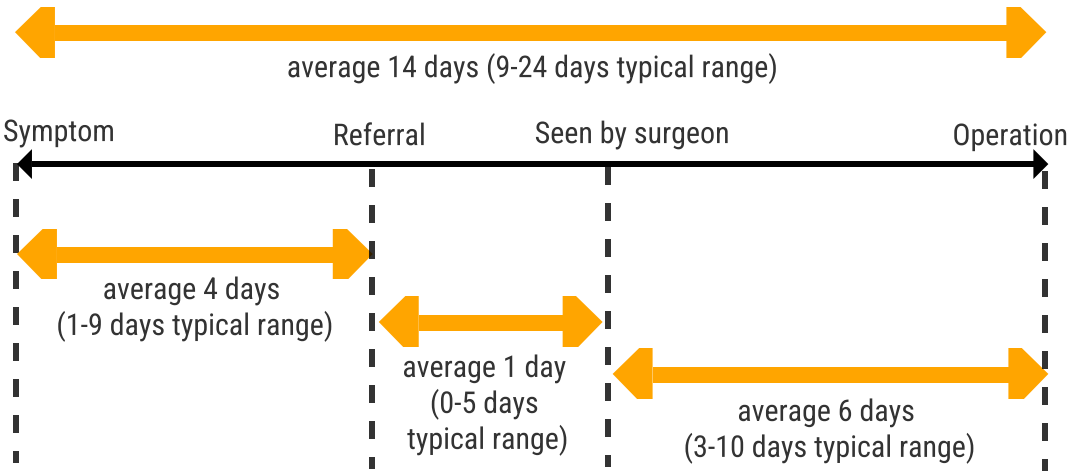


Reasons for surgery



Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



Overall, 52% of patients were treated within the recommended 14 days

In 8 units, the average time was more than 20 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.

Outcomes of surgery in 2025

