

## P3

### **How feasible is day-case infra-inguinal angioplasty in diabetic ischaemic patients?**

RA Phelan<sup>1</sup>, P. Sidhu, J Wilkins<sup>2</sup>, D Evans<sup>2</sup>, H Walters<sup>2</sup>, H Rashid<sup>3</sup>, K Jones<sup>3</sup>, M Doxford<sup>1</sup>, ME Edmonds<sup>1</sup>

<sup>1</sup>Diabetic Foot Clinic, <sup>2</sup>Department of Diagnostic Radiology and <sup>3</sup>Department of Vascular Surgery, King's College Hospital NHS Trust, London, UK

Infra-inguinal angioplasty is normally carried out as an inpatient procedure. This study shows that day-case angioplasty was possible in 19/32 (59.3%) of diabetic foot patients, who needed elective angioplasty for tissue loss. These patients were initially reviewed in a pre-assessment radiology clinic to assess their suitability for day-case angioplasty and 19/32 were considered appropriate. However, 13/32 patients were not suitable for day-case angioplasty. Six patients had severe renal failure (5 were on dialysis), 6 lived alone and had nobody who would be with them at home after the angioplasty and 1 patient was on warfarin therapy.

Thus in total, 19 patients underwent day-case angioplasty, which was carried out in the superficial femoral artery (11), popliteal (9), tibio-peroneal trunk (3), anterior-tibial (3) and posterior-tibial artery (2). Nine patients had angioplasty in arteries both above and below the knee. However, 2/19 were admitted from day-care, one because of unstable blood glucose and the other for unstable blood pressure but the remaining 17 patients were discharged on the same day with no complications.

Infra-inguinal angioplasty was feasible in arteries both above and below the knee including tibial and peroneal vessels in over 50% of diabetic patients with peripheral vascular disease and tissue loss.