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Obstacles and rewards in establishing a multidisciplinary amputation unit

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Background: Major amputation of the lower extremity is associated with a high mortality rate due to advanced age and multiple co-morbidities. In patients amputated in our hospital in 2009 we have reported a one month mortality of 30 % and a three month mortality of 44 %. Due to these discouraging figures we decided to make a systematic approach and standardize treatment and care in a multidisciplinary ward by involving orthopedic surgeons, anaesthesiologists, diabetologists, nurses and physiotherapists. We planned to standardize: Medication, pain treatment regimes, operation techniques, stump treatment, mobilization and fluid and blood resuscitation, with the aim of reducing mortality and length of stay. **Material:** The full standardized protocol was planned to be implemented January 2012. The planning process took place through 2011. The mortality rate in 2011 was recorded. In 2011 69 patients had a major amputation. The completion rate of observations in 2012 was evaluated after the first six patients. **Results:** The planned observations and actions were fulfilled in: Pain score 67 %, weight 39 %, mobilisation 81 % , daily fluid status 83 %. The mortality rate in 2011: 1 month: 19 %. 3 month: 22 %. Compared with 2009 the population did not differ with respect to age or sex. **Discussion:** Implementing a standardized treatment is not only planning and implementing but surveillance and continuous follow up are needed to ensure compliance with the protocol. The improved survival rates in 2011 is encouraging and indicates that increased awareness may have a huge impact on crude endpoints as mortality rates. The future will reveal whether full implementation of the protocol will improve mortality rates even more. **Conclusion:** Implementing a multidisciplinary amputation unit is a challenge but our observations shows that even increased awareness is rewarding. The future will demonstrate the impact of the complete implementation process.