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Functional outcome of patients undergoing major amputation for disease of the foot in diabetes

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It is increasingly recognised that treatment and management for diabetic foot disease must be patient rather than ulcer centred. It has also been argued that amputation should be considered as a treatment rather than an outcome. Surprisingly, therefore, there are few published data on patient related outcomes other than mortality in the literature. Patient mobility is one readily measured outcome but is rarely done systematically in clinical practice. Here we present the 12 month outcomes of a cohort of 50 patients with diabetes who underwent major (above ankle) amputation at a secondary care centre in the UK between January 2009 and December 2010.
The mean age of the patients was 68.2 (range 47-94) years, 76% were male and 78% had Type 2 diabetes. 42% of patients underwent transfemoral and 58% transtibial amputations. 9 (18%) of patients died within 1 year of follow-up in a median time of 53 (range 13-246) days. Those who died were older (71.4 years vs 67.4 years) and less mobile pre-op (66.7% able to mobilise less than 10 m, vs 41.7%). Of those that survived 1 year of follow-up, mobility did not appear to improve; 26.8% of patients were either wheelchair bound or transferring only pre-op vs 58% wheelchair bound or transferring only at 1 year post-op. Only one patient had unlimited mobility with a prosthesis at one year of follow-up. These data suggest that, as the one year outcome for patients with diabetic foot disease following major amputation in terms of both mobility and mortality is poor, extreme care should be taken to assess the benefit to the patient when considering this procedure