

Diabetic Patients requiring Amputations Pathway in Blackpool Teaching HospitalS Dissanayake¹, N Khan¹, D Prestwich¹, J Robinson¹, E Jude²¹Blackpool Teaching Hospital, Whinney Heys Road, Blackpool; ²Tameside Hospital NHS Foundation Trust, Ashton-under-Lyne, UK

Amputations are a major complication of diabetes and the amputation rates vary across the UK. We set out to look at the amputation rates in our hospital and if clinicians followed the pathway for patients requiring amputation. **Methods:** Retrospective analysis of hospital records of patients who had diabetes related amputations during the period between March 2013 and February 2014. **Results:** Fifty-one patients (58 amputations) were included in the study (40 males; mean age: 65±12.5 years; 15 % type 1 diabetes) in which 5 patients needed multiple amputations. 48% had HbA1C ≤ 7.5% (59mmol/l). 78 % (n= 45) of the amputations were performed as Emergency cases, while only 22 % (n=13) had Elective amputations. 64% (n=36) were minor amputations including toe/toes and 36 % (n=22) were major amputations; 19% (n=11) below knee and 10% (n=6) above knee while only 8.6% (n=5) were foot amputations. 34 % (n=20) of amputations were for ischaemia, gangrene and vascular insufficiency; whereas 66% were mainly due to infection, osteomyelitis and infected foot ulcerations. 67% of the above knee amputations and 73% of below knee amputations were carried out as emergency procedures. 49 % had documented previous vascular disease while 45 % had severe peripheral neuropathy. 25% (n=13) had established renal disease; 38% (n=5) of patients with CKD underwent major leg amputations during this period. 28.5% of elective operations were carried out as day cases. Mean duration of stay for elective and emergency amputations were 6 days (0-20 days) and 22 days (4-71 days) respectively (P<0.001); with 80 % of latter stayed more than 1 week. Overall mortality during this period in this group of patients were reported to be 9.8 % (n=5) **Conclusions:** Diabetic foot related amputations remain a major cause of the morbidity and mortality with higher prevalence amongst male patients. Significant proportion of the patients present as emergency cases required major amputations and had prolonged hospital stay. Patients with CKD and those with suboptimal glycaemic control had a higher proportion of major amputations. Diabetic foot infections accounted for majority of the amputations. Better glycaemic control and prompt management of infection and renal insufficiency might reduce the number of patients undergoing amputations.