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In major amputations diabetes is not a risk factor for short-term mortality or re-amputation.

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Background: Diabetes is considered a risk factor in patients undergoing a major lower extremity amputation. In a recent paper by our group we found no increased mortality at 30 days, three month or one year in the diabetic patients. We wanted to look at short-term mortality and re-amputation rate with respect to diabetes in a new consecutive cohort in our amputation unit**. Material:** In a one-year period from June 2010 to May 2012 we found 70 patients with a major lower extremity amputation in our amputation database. All patients were reviewed retrospectively and the data collected included demographic data, co-morbidities including diabetes, ASA rating, amputation level (below knee amputation (BKA), through knee amputation (TKA) and above knee amputation (AKA)), in-hospital mortality, cause of death (if stated in medical charts) and length of stay in days. Preoperative status of perfusion, skin perfusion test and distal blood pressure were evaluated if present. All patients were evaluated for vascular reconstructive surgery. **Results:** The number of diabetic patients (DB) was 30(42%). Of these six (20%) had a reamputation compared to nine (29%) (p=0.792) in the non-diabetic (non-DB) group. In the DB group four patients (13%) died within 30 days whereas eight (20%) in the non-DB group died (p=0.498). The mean age of the DB patients who died were 83.0 (SD 10.1) compared to the non-DB 77,9 (SD 8.9). The mean age for all amputated DB patients is 68.9 (SD 12.4) and non-DB patients 74.11 (SD 11.9). Length of stay (LOS) was in the DB group 31.3 (SD 19.8) days and in the non-DB group 28.9 (SD16.1) days. (p=0.603) The BKA/AKA ratios in the two groups were 2.7 (DB) and 1.22 (non-DB). Out of the 70 major amputations 44 were BKA, 22 (50%) in DB patients. The revision rate in BKA between DB patients and non-DB did not differ (p=1.00). **Conclusion:** Diabetes is a risk factor for major amputations but we have found no evidence supporting that diabetes is a risk factor for complications after a major amputation with regards to reamputation, short-term mortality or length-of-stay. Even though we expected the diabetic patients who died within 30 days following amputation to be younger than the non-diabetic patients, this was not supported by our data.