

Clinical outcomes of patients with diabetes undergoing a lower limb angiogram in 2009 & 2010 - a 1 year follow up study.

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Background: People with diabetes are 23 times more likely to undergo a lower extremity amputation (LEA). The literature suggests higher rates of limb salvage are achievable with early surgical intervention & revascularisation compared to conservative therapy. We wanted to assess the outcomes of patients with diabetes with symptomatic peripheral vascular disease. **Methods:** We retrospectively identified all patients with diabetes who underwent a lower limb angiogram between 1/1/09 to 31/12/10. Their foot disease history, index presentation, & one year clinical outcomes were recorded. **Findings:** 80 patients (54M) were identified, with a mean age of 75.8yrs. 94% had T2DM, with 43% on insulin. 36 had undergone previous lower limb surgical intervention, with 36% of these having multiple procedures. 62 patients had CVD, & 43 were current or ex-smokers. In the index admission, 21 patients presented with claudication, 56 had critical ischaemia (CI) (ulcers, gangrene or rest pain). Of those with claudication, 9 were treated conservatively & 12 underwent revascularisation. In the CI group, 17 were treated conservatively, 26 had revascularisation & 13 underwent amputation (3 major & 8 minor). **Outcomes:** At one year follow-up, in the claudicant cohort, 22% of patients remained symptom free in the conservatively-treated arm compared to 67% treated with revascularisation. In the CI cohort, 41% remained asymptomatic in patients initially treated conservatively, compared to 46% treated with revascularisation. 36% of patients who had had previous re-vascularisation had an amputation during the one year of follow-up, compared to 27% in those who had not had previous surgery. 50% of patients admitted with gangrene underwent amputation at some stage during the one year follow up, compared to only 40% admitted with ulcers and rest pain. **Discussion:** Our findings echo those of previous studies, suggesting the proportion of patients who become symptom free at follow-up is higher in the surgical intervention group compared to those treated conservatively. This difference is reflected in patients presenting with both claudication & CI. Further work is needed to develop a

risk stratification system that predicts factors with increased likelihood of limb loss allowing for more aggressive & early therapy.