

OP-03: Early results of an amputee care pathway: a single unit experience

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Introduction: Major lower limb amputation in critical limb ischemia is associated with significant mortality, morbidity and poor quality of life. The first multidisciplinary amputation care pathway in Sri Lanka was established in January 2022 to improve survival, use of prostheses and reintegration into society. In this study, we present the early outcomes of this amputation care pathway.

Methods: All patients with critical limb ischemia who underwent major lower limb amputation in the University Vascular Unit of the National Hospital of Sri Lanka (NHSL) were included in the amputation care pathway. The patients underwent amputation due to non-revascularizability of the limb, failed revascularization, non-functional limb or sepsis. Patients were prospectively followed up at three-monthly intervals regarding their adherence to the care pathway, quality of life and use of prosthesis. The level of quality of life was measured using a standard tool; the 5Q-5D-5L index.

Results: Thirty amputees were included in the study. The mean age was 62 years (37–82 years). The majority were female (60.0%) with diabetes mellitus (90.0%), hyperlipidaemia (56.7%) and hypertension (43.3%). All patients received preoperative optimization when possible and physiotherapy, occupational therapy and prosthesis input before discharge. 30-day and 90-day mortality were 33.3% and 46.6%, respectively. Twelve defaulted follow-up and only four were following the care pathway at the three-month analysis. Distance of residence <50 km to NHSL (75.0% vs. 8.0%; $p<0.05$); was the only significant factor affecting compliance with the care pathway. The mean 5Q-5D-5L value before amputation was 0.62 (0-1). The mean quality of life score in the patients who followed the amputation care pathway at the three-month follow-up was 0.75. None were using prostheses at the 3-month follow-up.

Conclusions: Early results of the amputation care pathway demonstrate the potential for improving perioperative mortality, quality of life and prosthesis use. Establishing new centres or liaising with existing regional centres will enable the continuation of post-amputee rehabilitation to improve the outcome of this patient cohort.

Keywords: amputee care pathway, post-amputee rehabilitation, quality of life