AB034. 241. Major lower extremity amputation—impact of the "aggressive revascularisation era" on post-operative mortality rates

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Background: Despite significant advances in endovascular technologies and techniques, major lower extremity (MLE) amputation remains a highly morbid, though necessary, part of the surgical armamentarium when treating peripheral vascular disease. Our study sought to determine the mortality rate for non-traumatic MLE over a 6 and a half year period.

Methods: Patients who underwent a non-traumatic MLE were identified using Hospital In-Patient Enquiry data and theatre logbooks. These sources, in addition to medical chart review, were used to determine the indication for MLE amputation, age at amputation, post-operative length of stay (LOS), and discharge destination, among other data.

Results: Over the period December 17th 2010 to May 11th 2017, 127 MLEs were performed. Fifty-seven patients underwent above knee amputation (AKA) alone, 52 patients had a below knee amputation (BKA) alone, two patients required bilateral AKA, two patients underwent bilateral BKA, and five patients had conversion of a BKA to an AKA. In total, 118 patients underwent MLE during this time period. Patients ranged in age from 28 to 100 years old (median 74 years). Median LOS following amputation was 21.5 days (4 to 140 days). Five patients (4.2%) died within 30 days of amputation, while 25 patients (21.1%) died within 1 year. Median survival post MLE amputation was 8 months.

Conclusions: While the advent of aggressive revascularisation strategies has seen a decrease in the incidence of MLE amputation, the procedure remains a relatively common one, with significant associated morbidity and mortality. Our mortality rate at 30 days and at 1 year is consistent with published international data.

Keywords: Amputation; revascularisation; mortality; morbidity

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