

The role of Perioperative Care for Older People (POPs) teams in the management of outcomes and predictive factors in lower limb amputation in the older patient

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Background

- Critical limb-threatening ischemia (CLTI) is defined by presence of peripheral artery disease, rest pain, +/- gangrene or ulceration.¹
- Management often involves a major amputation which has a 30-day in-hospital mortality of 6.6%. Despite improvements in secondary risk management, 5-year mortality remains high.¹
- Understanding how comorbidity affects amputation survival may help support patient optimisation and shared decision-making.

Method

- We assessed the outcomes of patients who were reviewed by the POPS team using a comprehensive geriatric assessment (CGA) before undergoing a major lower limb amputation.
- We retrospectively analysed records from 60 patients with CLTI who were admitted in an emergency setting, reviewed by the POPS team, and underwent a major lower limb amputation during 2022.
- The primary outcome measure was death following surgery. Data was collected from the patient records and analysed using the Chi square test.

Results

- The 30-day mortality was 5% (3 patients) and 1-year mortality 43% (26 patients).
- Average age at time of death was 77 years.
- Age ($p=0.022$) and co-morbidity ($p=0.021$) were the strongest prognostic factors for mortality.
- Other factors like clinical frailty score (CFS), albumin concentration and length of hospital stay showed non-significant correlations with mortality in patients who underwent lower limb amputation.

Conclusions

- This study highlighted prognostic factors that could enable doctors to identify high-risk patients who may benefit from optimisation and detailed shared decision-making prior to undergoing a major lower limb amputation.
- As mortality is not necessarily modifiable, even in the context of a CGA in this group, it also highlights the need for advanced care planning before discharge.

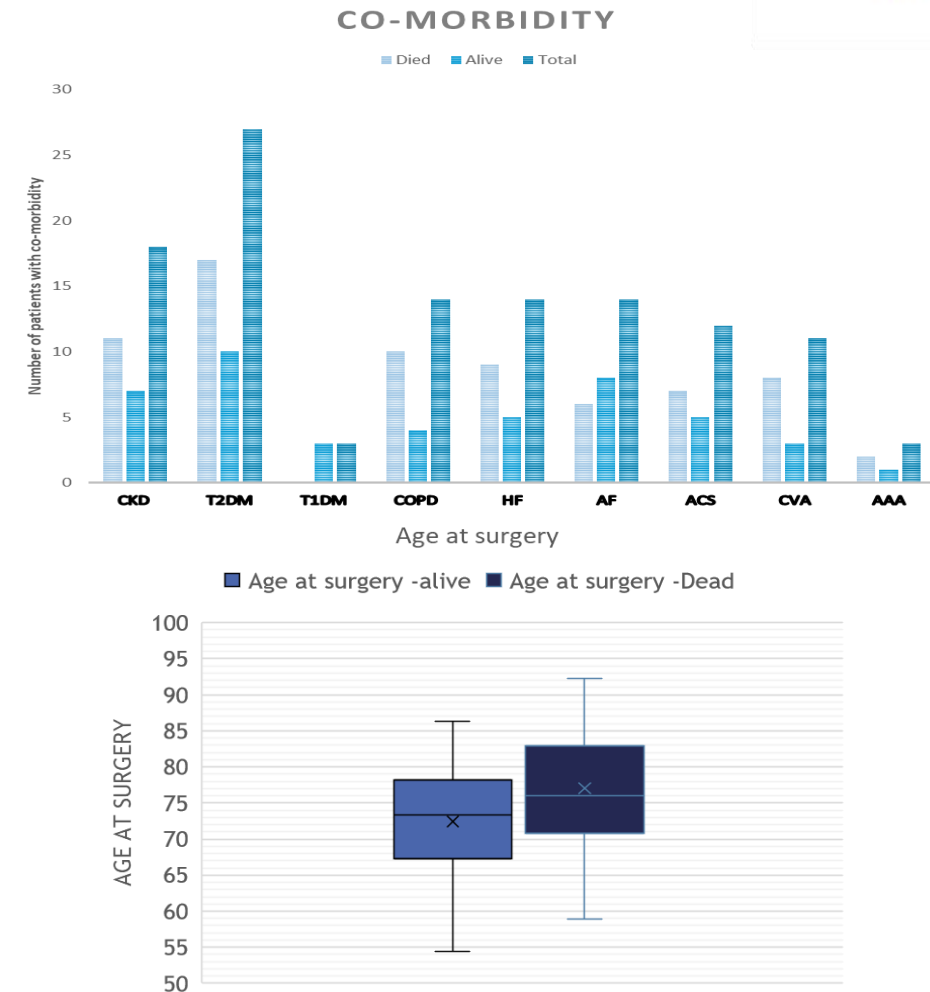


Fig 1. Graphs showing the statistically significant correlations with mortality