



SWSC 2020 On-Demand Meeting Abstracts

19. OUTCOMES OF MAJOR LOWER EXTREMITY AMPUTATIONS IN DYSVASCULAR PATIENTS: ROOM FOR IMPROVEMENT

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Background: Dysvascular patients account for >80% of all major lower extremity amputations in the United States with a higher rate of morbidity than the average amputee. This study aims to determine if discharge disposition and decreased post-operative hospital length of stay expedites time to independent ambulation and decreases overall morbidity.

Methods: A single-institution retrospective review of dysvascular patients undergoing trans-tibial or trans-femoral amputations from 01/2016-12/2018 was performed. Patients who were not previously ambulatory or were transferred/died during their initial hospitalization were excluded. Primary outcomes included post-operative hospital length of stay, discharge disposition, and days to ambulation with prosthesis.

Results: During the study period, 143 dysvascular patients underwent major lower extremity amputations; 13 were excluded. Patients were 57 ± 13 years of age and 73% were male. Patients evaluated by Physical Therapy (PT) within 1 day of formal amputation had a decreased post-operative length of stay (5.6 vs 6.5 days, $p=0.029$). Variability existed largely due to timing of ordering and communicating the consult. Most patients were discharged to home (39%) or a skilled nursing facility (SNF) (34%), rather than acute rehabilitation facilities (rehab) (27%). Patients discharged to home were more likely to be younger males, while those discharged to SNF had a higher incidence of coronary disease and ESRD. Patients discharged to rehab had a shorter post-operative length of stay (4 days) than those discharged to SNF or home (8 and 5 days, respectively; $p=0.008$). Of those discharged to rehab, 54% received a prosthesis, while only 36% of patients discharged to SNF and 45% of those discharged to home received a prosthetic. Time to ambulation was significantly shorter for patients discharged to rehab (98 days vs home=170 days; SNF=194 days; $p=0.003$), [Figure].

Conclusion: This study demonstrates modifiable factors, including early PT evaluation and placement to acute rehab, which decreased post-operative length of stay and expedited time to functional ambulation, and thus functional independence. A need exists for a standardized protocol employed by a multidisciplinary team to optimize the perioperative course in dysvascular patients undergoing major lower extremity amputation to improve outcomes.



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Post-operative days to ambulation with prosthesis by discharge disposition

