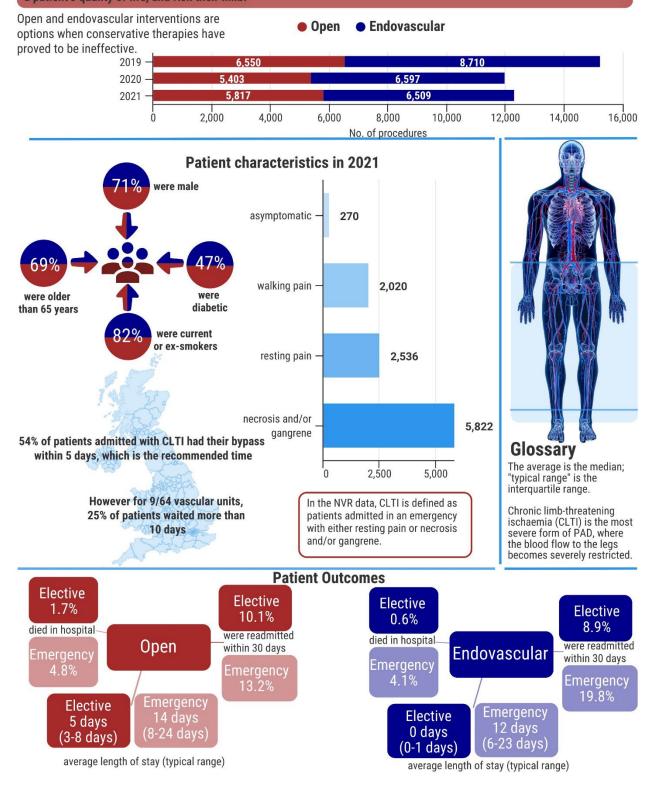
# Lower limb revascularisation for peripheral arterial disease to prevent limb loss

Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.



# Lower limb major amputation for peripheral arterial disease

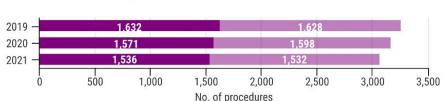
Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

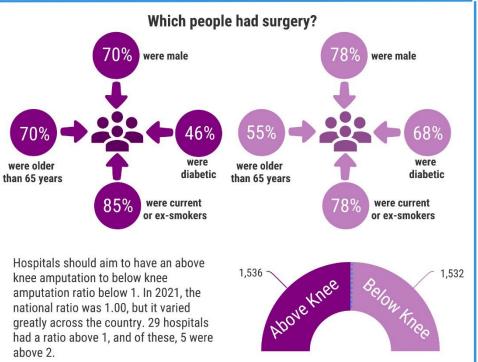
Above Knee

#### Impact of COVID-19

There has only been a slight reduction in the number of procedures submitted on the NVR from 2019 to 2021.



Below Knee





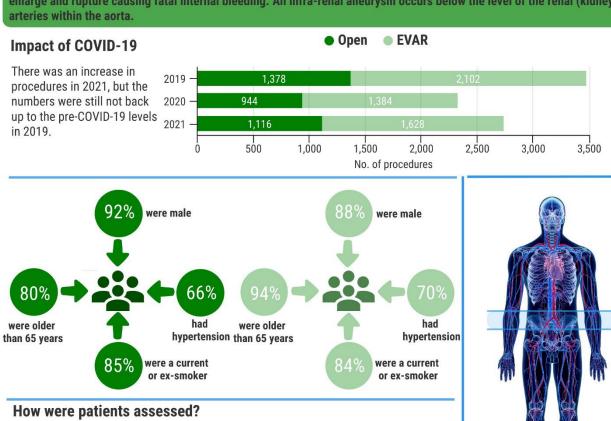
## **Glossary**The average is the median; "typical range" is the interquartile range.

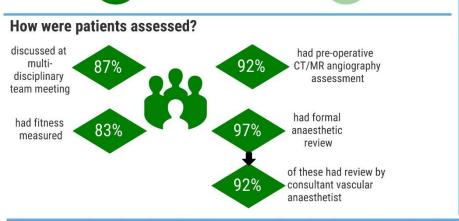
#### Patient outcomes after surgery

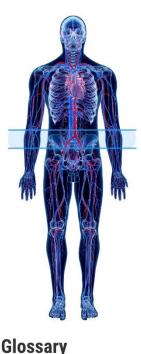


## Repair of abdominal aortic aneurysm (AAA to prevent rupture

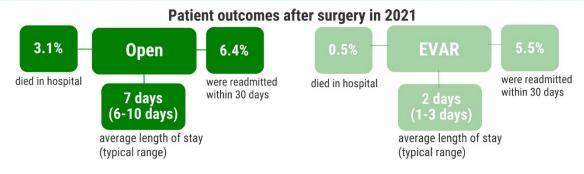
AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. An infra-renal aneurysm occurs below the level of the renal (kidney)







#### The average is the median; "typical range" is the interquartile range.

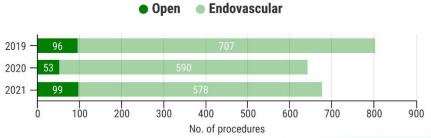


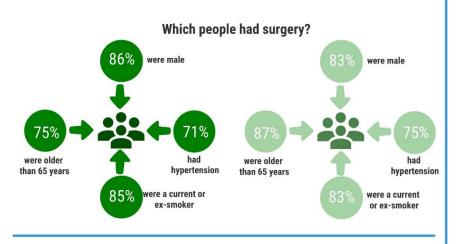
## Repair of elective complex aortic aneurysms to prevent rupture

The term complex is used to describe those aneurysms that occur above the level of the renal (kidney) arteries. These are more complicated that the standard infra-renal repairs and require specialist teams, often within a specialist hospital.

#### Impact of COVID-19

The numbers have fluctuated over recent years with 803 procedures in 2019, 643 in 2020 and 677 in 2021. This represented a reduction of around 16% between 2019 and 2021.





The most common complex endovascular procedures were:

**Fenestrated EVARs (FEVAR)**, which involves a graft containing holes (fenestrations) to allow the passage of blood vessels from the aorta.

Branched EVAR (BEVAR), which involves separate grafts being deployed on each blood vessel from the aorta after the main graft has been fitted.

Thoracic endovascular aortic/aneurysm repair (TEVAR), which involves a repair of the aorta within the chest region of the body.



Glossary

The average is the median; "typical range" is the interquartile range.

#### Patient outcomes after surgery in 2019-21

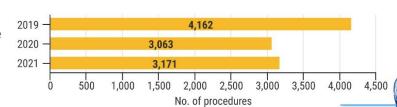


### Carotid artery surgery to prevent stroke

A procedure in which build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).

#### Impact of COVID-19

There was a large decrease in the number of CEAs carried out in 2020. compared to 2019. This number only slightly increased in 2021.



#### Which people had surgery? **Reasons for surgery** 3% Other were male 4% **Asymptomatic** 13% Visual were diabetic were older than 65 years 37%

### 43% Mini-Stroke Stroke had heart disease

### Glossary

A mini stroke, also known as a transient ischaemic attack (TIA), resolves completely within 24 hours.

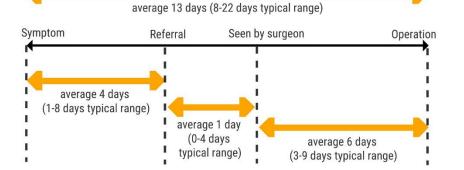
Visual loss (amaurosis fugax) is the loss of vision in one eye due to an interruption of blood flow to the retina.

The average is the median; "typical range" is the interquartile range.

A patient showing symptoms is known to be symptomatic.

### Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



The average delay for symptom to surgery in NHS vascular units ranged from 4 to 24 days

