

# A Survey of the Lower Limb Amputee Population in Scotland 2022 and 2023

## Executive Summary



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## 2 SPARG 2022 & 2023 Annual Report: Executive Summary

- The number of amputations in Scotland significantly increased in 2023 (914). The number of hip disarticulations in this year was also notably high (14).
- The population of those with a major lower limb amputation (MLLA) in Scotland continue to have a median age of 66 years and 71% are male. The ratio of transtibial (TTA) to transfemoral (TFA) amputations is 1.5:1, this is largely unchanged.
- The prevalence of diabetes in this cohort has started to stabilise since 2020 at around 55%.
- Dysvascular aetiology remains the leading cause of amputation in Scotland.
- The number of patients limb-fitted overall remains constant at 40%–45%. The main difference in numbers of patients limb-fitted is between TTA and TFA level of amputation.
- In 2022, 65% of those with TTA and 15% of those with TFA were limb-fitted.
- In 2023, 66% of those with a TTA and 19% of those with a TFA were limb-fitted. Although there was an increase in TFA patients limb-fitted in 2021 (27%), this has reduced again to below 20% through 2022-23 and seems to be the new normal.
- In 2023, TORT limb-fitted the lowest percentage of TFAs since SPARG reports began (7%). During COVID-19, TORT lost their in-patient rehabilitation beds and set up an outreach service within patients' homes. This has continued since COVID-19 and is thought to be a positive change. It will be interesting to monitor whether this lower rate of limb-fitting for TFA patients continues, and if the outreach service has enabled more targeted limb-fitting decision making.
- The median days from casting to delivery for TFA patients increased from 9 to 14 days in 2022, and remained at this in 2023.
- The median days from casting to delivery for TTA patients increased from 7 to 14 days in 2023.
- The median days to in-patient discharge when limb-fitted, increased slightly in 2022-23 but remained lower than the pre-COVID-19 length of stay.

**The full report can be accessed from the BACPAR website (BACPAR website: <https://www.bacpar.org/resources/sparg-resources/sparg-public-reports/> )**

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