

# A Survey of the Lower Limb Amputee Population in Scotland 2020 and 2021 Executive Summary



**SPARG**  
Scottish Physiotherapy Amputee  
Research Group

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# **1 Acknowledgements**

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SPARG would also like to thank the British Association of Chartered Physiotherapists in limb Absence Rehabilitation (BACPAR) for providing the funding to allow us to produce this report.

This 2020 & 2021 SPARG report is the first which compiles two years of data and reminds the reader of data from 2017 onwards. SPARG anticipate this to allow a more comprehensive comparison of the impact of COVID-19 and the impact this had on service delivery.

## 2 SPARG 2020 & 2021 Annual Report: Executive Summary

- The population of those with a major lower limb amputation in Scotland continue to have a median age of 66 years and 70% are male. The ratio of transtibial (TTA) to transfemoral (TFA) amputations is 1.4:1, this is largely unchanged since 2017
- The prevalence of diabetes in this cohort continues to increase with 55% recorded in 2021
- 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 limb-fitting is between TTA and TFA level of amputation.
- In 2020 63% of those with TTA and 17% of those with TFA were limb-fitted. This is the lowest percentage limb-fitted after a TFA since 2017
- In 2021 there was an increase in limb-fitting overall; 69% of those with a TTA and 27% of those with a TFA were limb-fitted
- 2021 recorded the highest 30-day mortality (6.1%) in the last 5 years
- Recorded falls in hospital and at home reduced in 2020/2021, however those who became bilateral in the same episode had the highest % of falls recorded in hospital (25%)
- The median days to in-patient discharge, when fitted with a prosthesis were at the lowest in 2020 and 2021
- A positive change score in Locomotor Capabilities Index-5, indicates an improvement in mobility following amputation and a negative change score demonstrates a deterioration. The greatest level of community mobility achieved after amputation was in those with a unilateral TTA followed by bilateral TTA and lastly unilateral TFA
- In 2020 and 2021 the cohort with bilateral TTA did not improve as much as in previous years and now have a similar mobility as those with a unilateral TFA

At the time of writing this report, SPARG members expected there to be significant deterioration in the outcomes of those with an amputation in 2020/2021 due to the constraints of COVID-19 in Scotland. However this does not appear to have translated to the SPARG data reported. The more detailed Models of Care (MOC) may highlight why this was not the case (Section 10). Many hospitals and limb fitting centres adapted their service delivery to accommodate this patient cohort and as such we have not seen the increased mortality, delayed milestones and reduced limb fitting rates we had anticipated.

**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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