Recommended Reading



The indirect impact of COVID-19 pandemic on limb preservation care: a retrospective analysis of trends in lower limb revascularisation

Anthony L, Gillies M, Tran M, Goh D

Abstract: Disruptions caused by COVID-19 pandemic have profoundly influenced the management of many conditions, especially vascular pathologies including limb preservation care. The aim of this study is to evaluate the impact of the pandemic on patients with peripheral arterial disease (PAD) focusing on lower limb revascularisation procedure volume, their indication and urgency of surgery. The Australian Vascular Audit (AVA) was used to capture data on revascularisation procedures before and after the onset of the pandemic in Victoria, Australia. This study found that the volume of revascularisation for PAD increased significantly during the pandemic indicating that patients with PAD had significant deterioration of their condition during the pandemic. This is likely multifactorial; due to disruptions to standard provision of podiatry, vascular surgery and endocrinology services to these patients, a decline in overall health and changes in health-related behaviours due to restrictions and infection control methods imposed during the pandemic. The number of elective and semi-urgent procedures also increased during the pandemic which reflects the significant deterioration of PAD patients during the pandemic. This study highlights a concerning trend of worsening PAD when routine care of these patients is disrupted. Such data should be instrumental in contingency planning and resource allocation for managing the ongoing pandemic.

Read at: J Foot Ankle Res. 2023 Aug 9;16(1): 48. DOI: 10.1186/s13047-023-00648-6

Diabetic foot complications among Indigenous peoples in Canada: a scoping review through the PROGRESS-PLUS equity lens

Blanchette V, Patry J, Brousseau-Foley M, Todkar S, Libier S, Leclerc AM, et al.

Abstract: Indigenous peoples in Canada face a disproportionate burden of diabetes-related foot complications (DRFC), such as foot ulcers, lower extremity amputations (LEA), and peripheral arterial disease. This scoping review aimed to provide a comprehensive understanding of DRFC among First Nations, Métis, and Inuit peoples in Canada, incorporating an equity lens. A scoping review was conducted based on Arksey and O'Malley refined by the Joanna Briggs Institute. The PROGRESS-Plus framework was utilized to extract data and incorporate an equity lens. A critical appraisal was performed, and Indigenous stakeholders were consulted for feedback. We identified the incorporation of patient-oriented/ centered research (POR). This study provides a comprehensive understanding of DRFC in Indigenous peoples in Canada. It not only incorporates an equity lens and patient-oriented/ centred research but also demonstrates that we need to change our approach. More data is needed to fully understand the burden of DRFC among Indigenous peoples, particularly in the Northern region in Canada where no data are previously available. Western research methods are insufficient to understand the unique situation of Indigenous peoples and it is essential to promote culturally safe and quality health-care. Efforts have been made to manage DRFC, but continued attention and support are necessary to address this population's needs and ensure equitable prevention, access and care that embraces their ways of knowing, being and acting.

Read at: Front Endocrinol (Lausanne). 2023 Aug 14;14: 1177020. DOI: 10.3389/ fendo.2023.1177020

Disparities in limb preservation and associated socioeconomic burden among patients with diabetes and/or peripheral artery disease in the United States

McDermott K, Bose S, Keegan A, Hicks CW

Abstract: Racial, ethnic, socioeconomic and geographic disparities in limb preservation and nontraumatic lower extremity amputation (LEA) are consistently demonstrated in populations with diabetes and peripheral artery disease (PAD). Higher rates of major LEA in disadvantaged groups are associated with increased health care utilization and higher costs of care. Functional decline that often follows major LEA confers substantial risk of disability and premature mortality, and the burden of these outcomes is more prevalent in racial and ethnic minority groups, people with low socioeconomic status and people in geographic regions where limited resources or distance from specialty care are barriers to access. We present a narrative review of the existing literature on estimated costs of diabetic foot disease and PAD, inequalities in care that contribute to excess costs, and disparities in outcomes that lead to a disproportionate burden of diabetes- and PADrelated LEA on systematically disadvantaged populations.

Read at: Semin Vasc Surg. 2023 Mar;36(1): 39-48. DOI: 10.1053/j.semvascsurg.2023.01.007

Defining vascular deserts to describe access to care and identify sites for targeted limb preservation outreach

DiLosa K, Nguyen RK, Brown C, Waugh A, Humphries MD

Abstract: Access to care plays a critical role in limb salvage in chronic limb-threatening ischemia (CLTI). A 'medical desert' describes a community lacking access to medical necessities, resulting in increased morbidity and mortality. We sought to describe vascular deserts, which we defined as regions with decreased access to specialty care. All California providers performing vascular surgery procedures were identified through online provider and health-care facility searches. Maps depicting care regions demonstrated decreased provider coverage with increasing specialty care, with the VQI provider map showing the most prominent 'desert; regions. Access to vascular care plays a significant role in limb salvage. Through mapping vascular deserts, patient demographics, and social factors in desert regions are better understood, and areas that would benefit most from targeted outreach and limb preservation programs for CLTI are identified.

Read at: Ann Vasc Surg. 2023 Sep;95:125-132. DOI: 10.1016/j.avsg.2023.05.025

Impact of implementing a diabetic limbpreservation program on amputation outcomes at an academic institution in a majorityminority state

Lew E, Collins NP, Marek J, et al.

Abstract: Diabetic foot osteomyelitis may precede major limb amputations and lengthy hospital admission. These complications impact patients' morbidity and mortality. Health-care institutions with dedicated limb-preservation teams realize reduced amputation rates and improved quality of care. This study evaluates the outcomes following the implementation of a rigorous diabetic limbpreservation program at an academic institution. After the implementation of a limb-preservation team, there was a precipitous drop in major limb amputations in favour of minor amputations. The average hospital LOS decreased. These findings demonstrated improved clinical care and outcomes in patients with lower extremity osteomyelitis and reinforce the importance of a diabetic footpreservation service within health-care institutions.

Read at: Int J Low Extrem Wounds. 2023 May 9:15347346231169879. DOI: 10.1177/15347346231169879

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