



Reframing Amputation Prevention: A Call For Earlier Action In Wound Care

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Despite advances in wound care technology, diabetic foot amputations remain persistently high. A growing body of research suggests that delayed vascular assessment plays a significant role in poor outcomes. Early vascular intervention, improved patient education on offloading and stronger interdisciplinary collaboration can help reduce preventable amputations.

So Many Lost Limbs

In medicine, there are moments when we fool ourselves into believing we have solved a problem, only to find that the problem has quietly evolved, adapting to our solutions. We have better tools, sharper imaging and more advanced dressings than ever before. And yet, the amputations continue. The numbers do not celebrate our progress; they confront us with a paradox: How can we have come so far, yet lost so many limbs?

For years, it seemed logical that advancements in wound care—better dressings, imaging and

offloading techniques—would naturally lead to fewer amputations. We have more tools than ever to manage diabetic foot ulcers. Shouldn't that mean fewer limbs lost?

And yet, the statistics tell a different story. Diabetic foot-related amputations remain alarmingly high, with some studies indicating that up to 85% of lower limb amputations are preventable with timely intervention.¹ If technology alone isn't solving the problem, what's missing?

A Pattern That Keeps Repeating

A closer examination of patient care patterns reveals a consistent issue: intervention happens too late. Patients often see multiple providers before a thorough vascular assessment is conducted. Throughout this process, they may receive antibiotics, undergo surgical debridement and try various dressings—yet their underlying circulation issues may go unaddressed. By the time ischemia is recognized, treatment options become more limited. This delay

is a critical failure, as early vascular intervention has been shown to dramatically improve wound healing rates and reduce amputation risk.²

The Cost of Delay: A Deeper Look

It is tempting to assume that when a patient loses a limb, it was inevitable. That there was no moment in time when a different choice—an earlier vascular referral, a clearer explanation of offloading—could have changed the course of events. But this assumption is dangerous because it excuses inaction. Studies suggest that early arterial screening and intervention could reduce major amputations significantly.³ Yet, vascular assessments are often overlooked, delayed, or deprioritized amid other pressing concerns. If we are serious about prevention, we must challenge the systems that allow these delays to persist.

What Needs To Change?

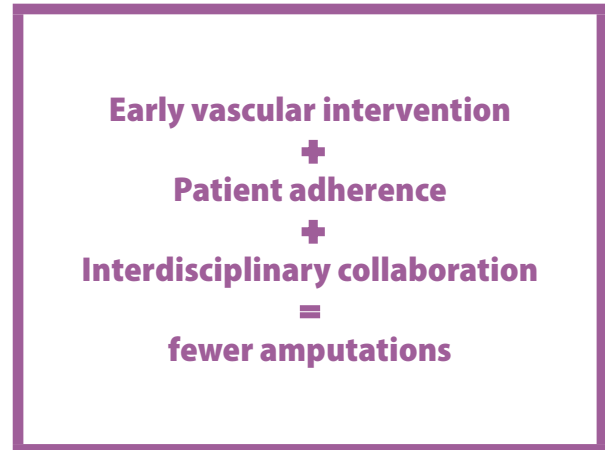
- *A non-healing wound is a vascular emergency until proven otherwise.* If a diabetic foot ulcer isn't improving within four weeks, it's not just slow healing—it's a red flag. The Society for Vascular Surgery emphasizes the need for early arterial screening, as timely revascularization can significantly reduce the risk of major amputation.³
- *Offloading isn't a given—it's a continuous conversation.* Patients may receive total contact casts, walkers or specialized footwear, but that doesn't mean they're using them consistently. Research suggests that patient adherence to offloading devices is often lower than clinicians estimate.² True offloading requires reinforcement at every visit, assessing for proper use and ensuring that education translates into action.

A Shift in Mindset: Wound Care As Vascular Advocacy

Diabetic foot ulcers aren't just wounds; they are symptoms of systemic dysfunction—vascular disease, neuropathy and metabolic imbalance. Managing the wound without addressing circulation is like treating smoke while ignoring the fire.

As wound care providers, we must become active vascular advocates. This means:

- Making vascular screening routine—not an afterthought.
- Escalating care the moment healing plateaus—not waiting for ulcers to worsen.
- Strengthening collaboration across specialties so patients receive comprehensive care.



Key Takeaways: Reframing Amputation Prevention

- *A Non-Healing Wound is a Vascular Emergency.* If a diabetic foot ulcer isn't improving within four weeks, vascular status must be evaluated immediately.
- *Routine Vascular Screening Must Be Standardized.* Delayed vascular assessment leads to preventable amputations. Early revascularization improves healing rates and reduces major amputations.
- *Offloading Compliance Needs Continuous Monitoring.* Patients often underuse offloading devices, which significantly impacts healing. Reinforcing proper use at every visit increases adherence and better outcomes.
- *Stronger Collaboration Between Specialties is Critical.* Many patients aren't referred for vascular evaluation soon enough. A team approach, including wound care specialists, primary care providers, endocrinologists and vascular surgeons, is essential.

- *We Must Shift The Mindset From Wound Treatment To Root Cause Management.* Treating wounds without addressing circulation is ineffective. Wound care providers must advocate for earlier intervention and interdisciplinary care.

Simply stated; early vascular intervention plus patient adherence plus interdisciplinary collaboration results in fewer amputations.

Conclusion

We have the knowledge, research and technology to intervene earlier and more effectively. But systemic delays, lack of routine vascular screening and gaps in interdisciplinary communication are costing patients their limbs.

Amputations don't have to be inevitable. They will continue to happen unless we shift our mindset from treating wounds to treating the underlying causes of poor healing.

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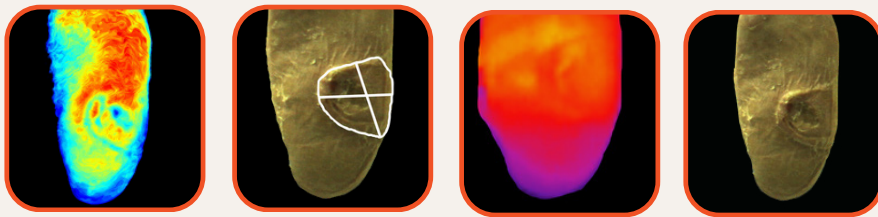


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