

INTRODUCTION

- The aging population has resulted in an increase in the number of octogenarians with peripheral arterial disease requiring major amputation.
- Major amputations, defined as above ankle amputations, are highly morbid surgeries with elderly patients being more susceptible to adverse surgical outcomes.

OBJECTIVE

- Our goal was to assess short and long-term outcomes in octogenarians who undergo an above ankle amputation.

METHODS

- A retrospective single-center chart review was performed on patients aged 80 years of age or older who underwent a major amputation at a safety-net hospital between 2014-2023.
- Operative characteristics and the following outcomes were evaluated: intensive care utilization, hospital length of stay, post-operative mortality, and discharge disposition.

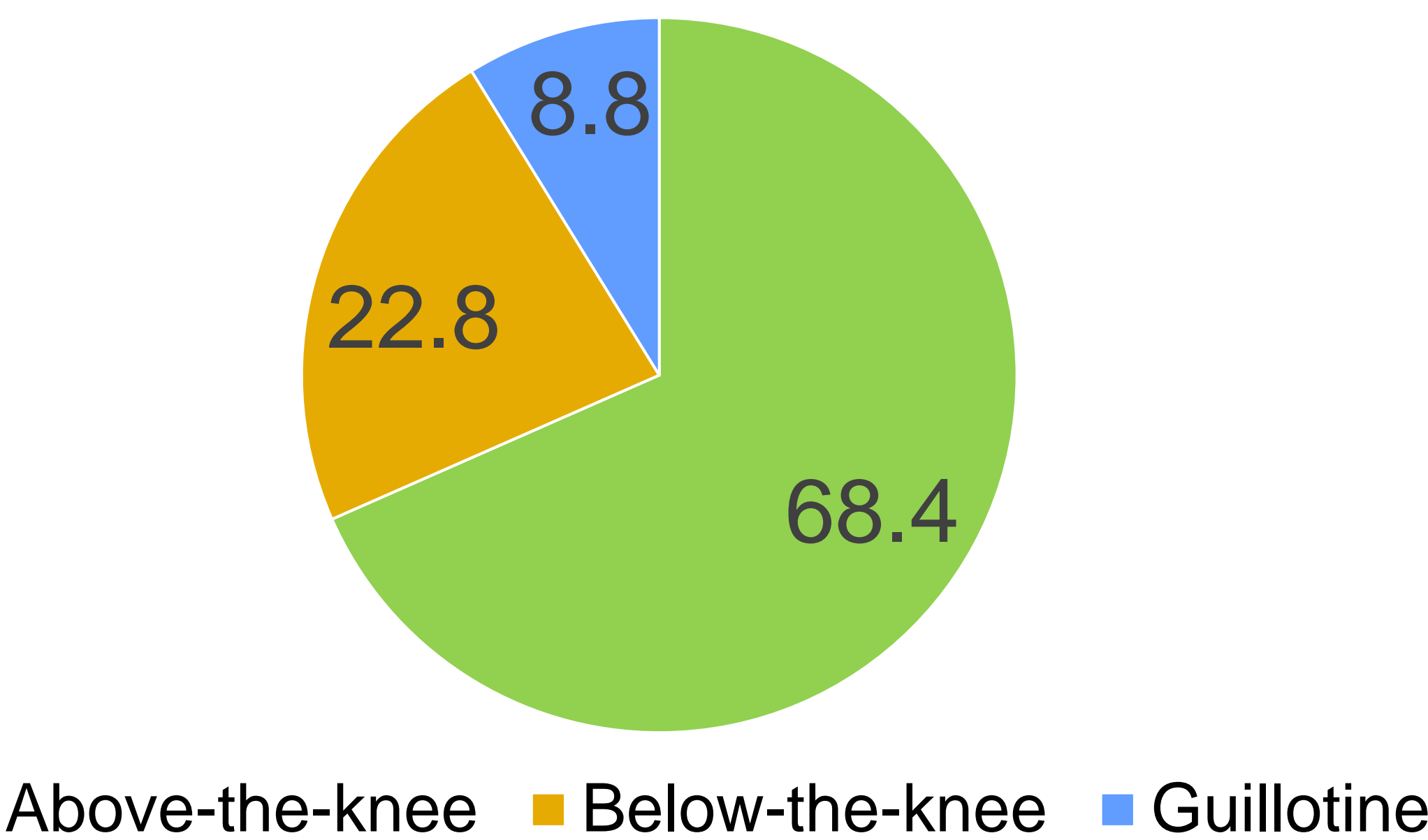
RESULTS

57 octogenarian patients underwent a major amputation.

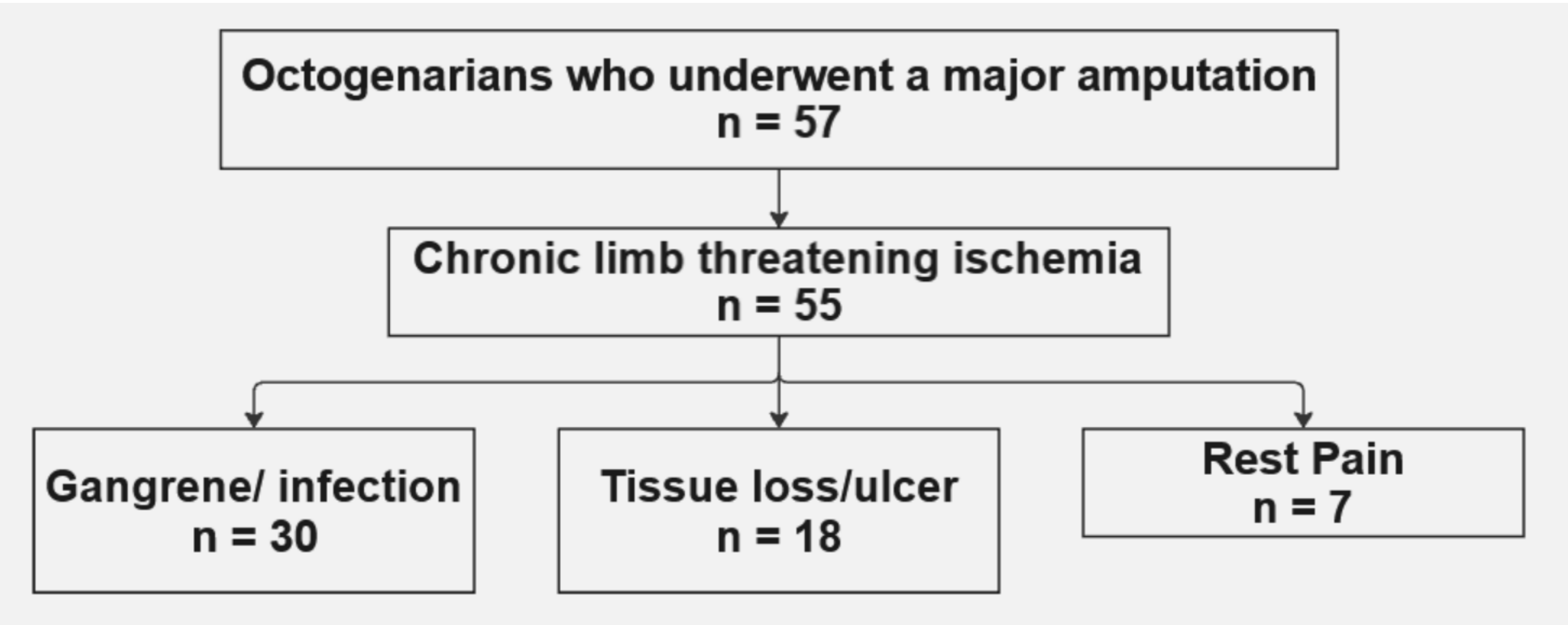
Table 1. Study Demographics

Variables	n= 59
Age at surgery, mean (SD)	84.8 (3.5)
Male sex, n (%)	34 (57.6%)
Race, n (%)	
White	11 (18.6%)
Black	39 (66.1%)
Other	9 (15.3%)
BMI >30 kg/m2	7 (12.3%)
Pre-op living at home	33 (55.9%)
Hispanic, n (%)	7 (11.8%)
Primary Language (%)	
English	37 (62.7%)
Other	22 (37.3%)

Amputation level (%)



The main indication for amputation was chronic limb threatening ischemia (96.5%) with 3.5% for acute limb ischemia.

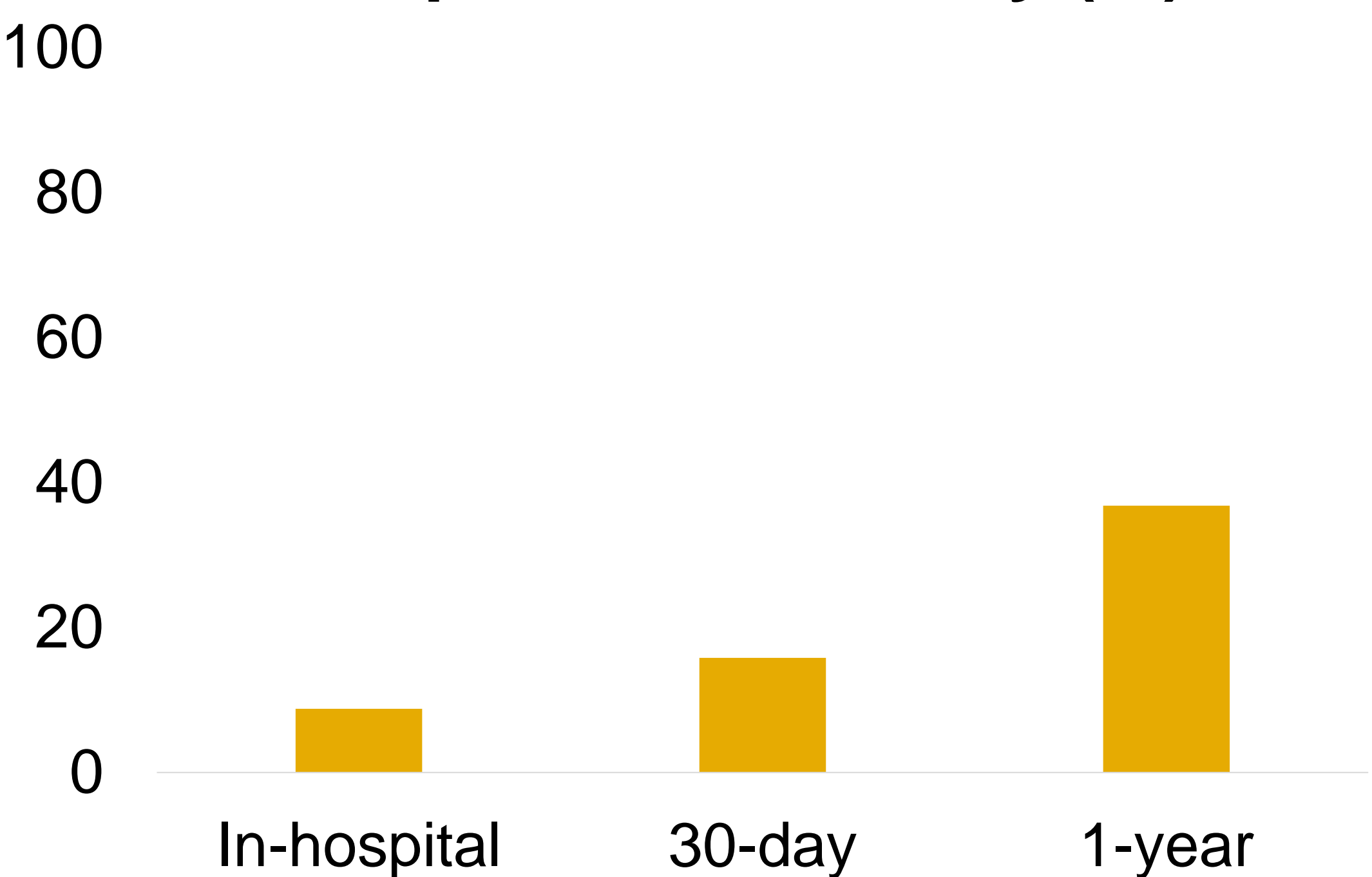


Post-operative intensive care required for 33.3% of patients

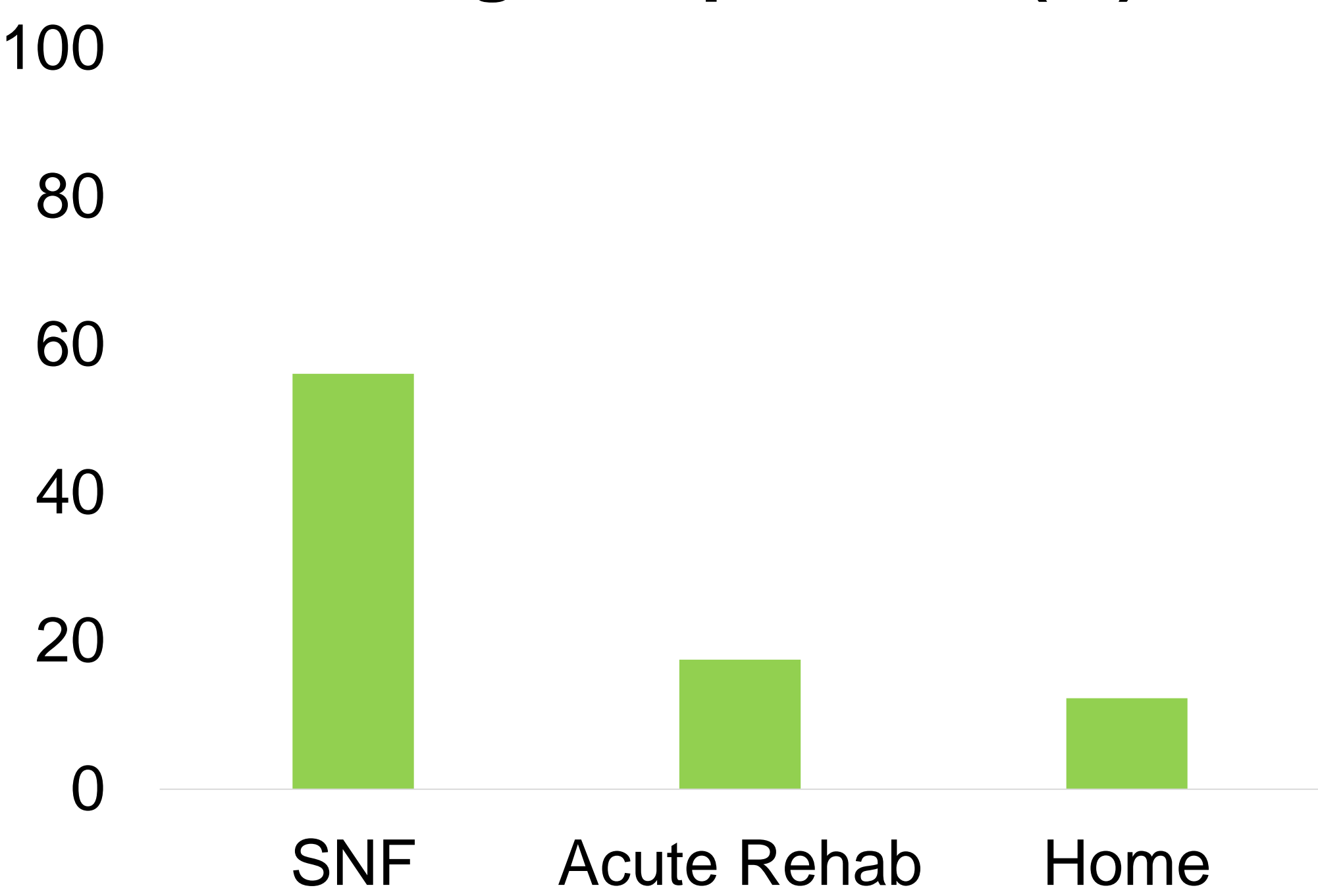


Mean hospital length of stay of 13.5 days

Post-operative Mortality (%)



Discharge Disposition (%)



CONCLUSIONS

- Major amputations in octogenarians are morbid with high intensive care utilization, prolonged lengths of stay, and need for long-term care facilities. At one year, over one-third are deceased and the majority are non-ambulatory.
- Earlier revascularization, infection control, and goals of care discussions are opportunities for improvement in this patient population.

ACKNOWLEDGEMENTS

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