Differential Outcomes of Lower Extremity Amputations Among Hispanic Diabetics

Objective: The U.S. Census has reported that 17% of the population is Hispanic, and this percentage grows every year. This population is at particular risk of diabetes and diabetes-related major amputations. South Texas provides an ideal epidemiological environment to evaluate outcomes among the growing Hispanic population. This study aims to elucidate outcomes of major lower extremity amputations (LEA) among Hispanic patients.

Methods: A retrospective chart review of LEA performed by vascular surgeons at a single institution between January 2014 and March 2017 was performed. Diabetic, self-identified Hispanic patients presenting with foot gangrene were included. LEA for trauma, acute limb ischemia, or malignancy were excluded. Demographic information was collected including age, sex, comorbidities, payer status, and discharge disposition. The primary outcome measure was 30-day stump complication, which included infection, dehiscence, and necrosis. Secondary outcome measure was 30-day major adverse limb event (MALE), which in all cases was an ipsilateral conversion to higher level amputation.

Results: 79% of the 117 eligible patients were Hispanic. The two cohorts were well-matched by age, sex, and body mass index. Hispanic patients had a significantly higher rate of 30-day stump complications compared to non-Hispanics despite having equivalent funding status and discharge disposition compared to their non-Hispanic cohorts (Table 1). 30-day MALE and stump infections among Hispanics were higher but did not reach statistical significance.

Conclusions: This study demonstrates that Hispanic patients are at higher risk of post-operative stump complications following LEAs despite ostensibly equivalent discharge disposition and access to funding. This illuminates a point of weakness in healthcare delivery that must be further investigated to pursue equal and adequate delivery of care.

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