

INTRODUCTION

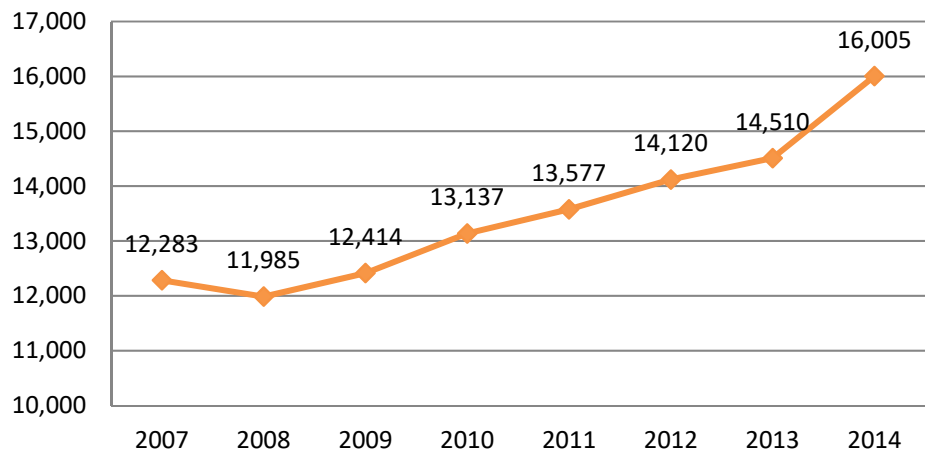
Currently, 1.9 million people are living with limb loss in the United States, with an average of 507 people continuing to lose a limb every day. This results in an estimated 185,000 amputations per year (1), and this number is expected to double by the year 2050 due to increasing rates of diabetes and vascular disease (1). Among those living with limb loss, the major causes of their amputations are vascular disease (54%) – including diabetes and peripheral arterial disease – trauma (45%) and cancer (less than 2%) (2). The most common causes of pediatric amputations, however, are lawn mower accidents (3). Non-whites comprise about 42% of the limb loss population in the U.S. (1). In 2008, the diabetes related amputation rate among African Americans was nearly four times that of whites (4).

A total of 16,005 amputations were performed in Texas hospitals in 2014. These amputations were performed for a variety of reasons, including diabetes and peripheral arterial disease complications. The following information details the trends and most current rates of amputation and diabetes in Texas.

1. AMPUTATION TRENDS OVER TIME

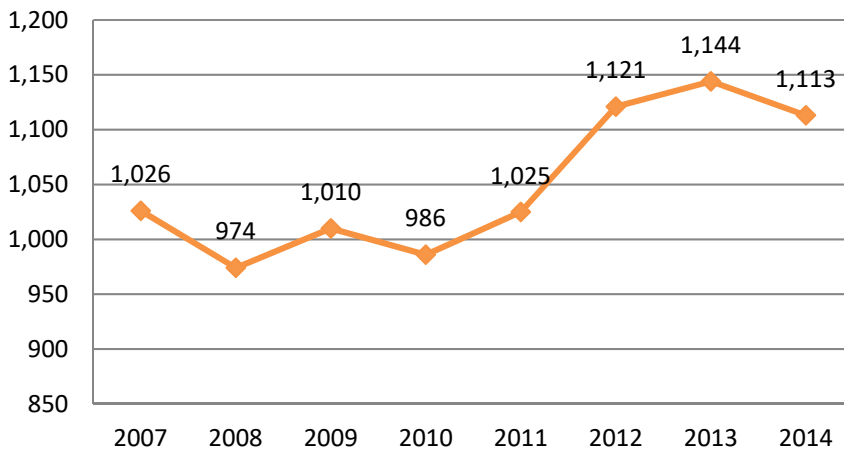
**1.1: Amputation Trends,
Texas (2007-2014)**

The number of total amputations performed in Texas each year increased 30.30% from 2007 to 2014 according to hospital discharge data. A total of 108,031 amputation procedures were performed in this time period. After dropping to 11,985 in 2008, amputations increased to 16,005 by 2014. (See Graph 1.1)



Source: Healthcare Cost and Utilization Project HCUPnet database <http://hcupnet.ahrq.gov/>

1.2: Upper-Extremity Amputation Trends, Texas (2007-2014)

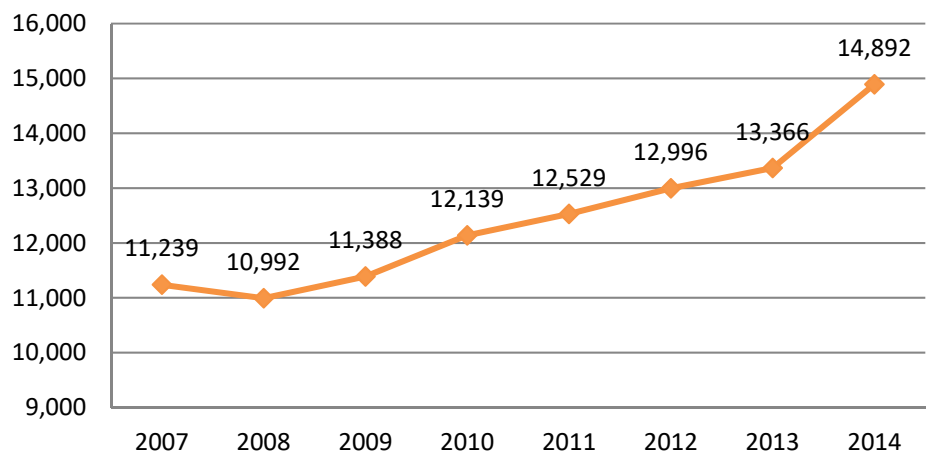


The number of upper-extremity amputations performed from 2007 to 2014 totaled 8,399. The lowest incidence of these amputations (974) occurred in 2008, while 2014 saw the most upper-extremity amputations (1,144), which is an 8.48% increase since 2007. (See Graph 1.2)

Source: Healthcare Cost and Utilization Project HCUPnet database <http://hcupnet.ahrq.gov/>

1.3: Lower-Extremity Amputation Trends, Texas (2007-2014)

The number of lower-extremity amputations performed each year increased by 32.50% from 2007 to 2014. A total of 99,541 lower-extremity procedures were performed in this time period. The lowest incidence of these amputations (10,992) occurred in 2008. The numbers climbed after that until they reached their highest point (14,892) in 2014. (See Graph 1.3)

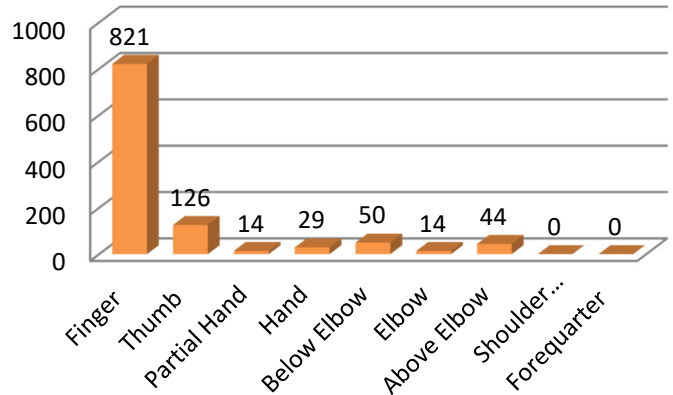


Source: Healthcare Cost and Utilization Project HCUPnet database <http://hcupnet.ahrq.gov/>

2. TYPES OF AMPUTATIONS PERFORMED

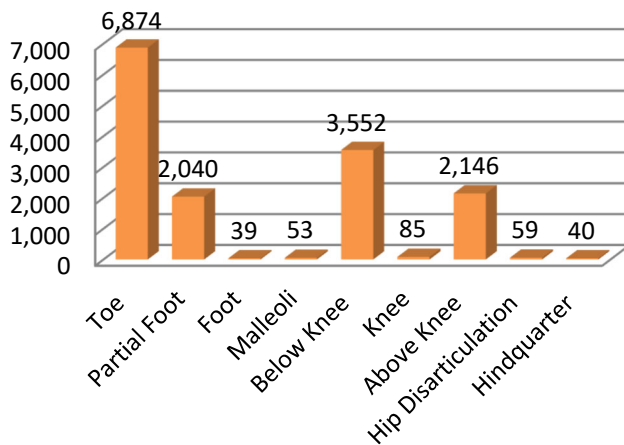
1,098 upper-extremity amputations were performed in 2014. The most common minor upper-extremity amputations were of the fingers (821), and the most common major upper-extremity procedures were above (44) and below (50) the elbow. (See Graph 2.1)

2.1: Upper-Extremity Amputations, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

2.2: Lower-Extremity Amputations, Texas (2014)



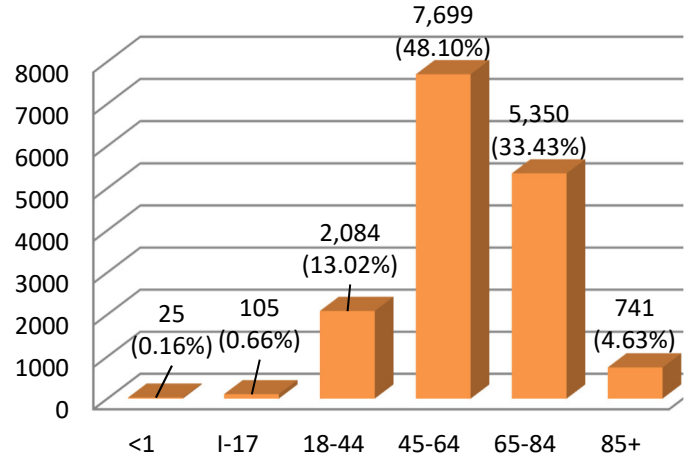
14,888 lower-extremity amputations were performed in 2014. In terms of minor lower-extremity amputations, toes (6,874) were amputated more often than part of the foot (2,040). For major lower-extremity amputations, below-knee (3,552) amputation was the most common procedure. (See Graph 2.2)

Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

3. WHO LOSES A LIMB?

In 2014, most amputations were performed on individuals aged 45-64 years old, followed by the age group of 65-84 year olds (See Graph 3.1).

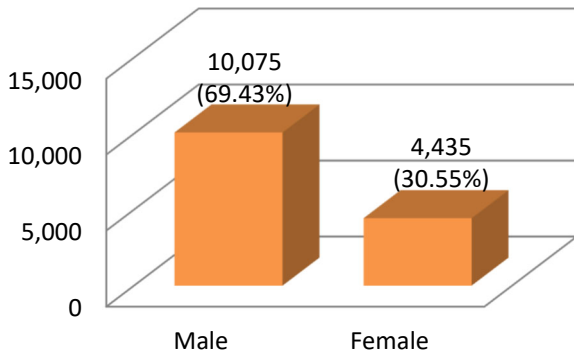
3.1: Amputations by Age Groups, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

There were about 2 times more amputations performed on male patients in Texas than on female patients (See Graph 3.2).

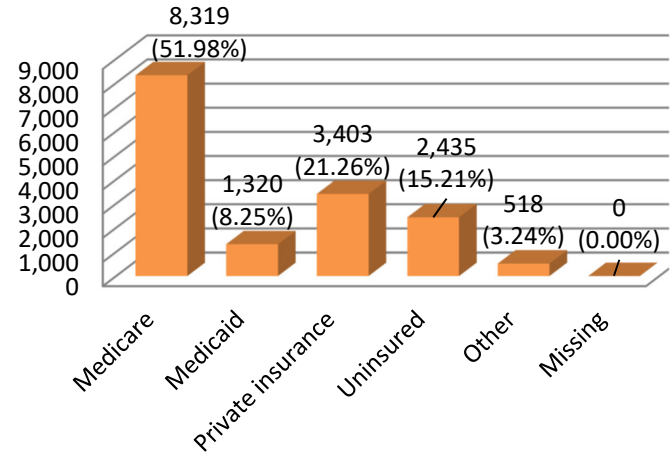
3.2: Amputations by Sex, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

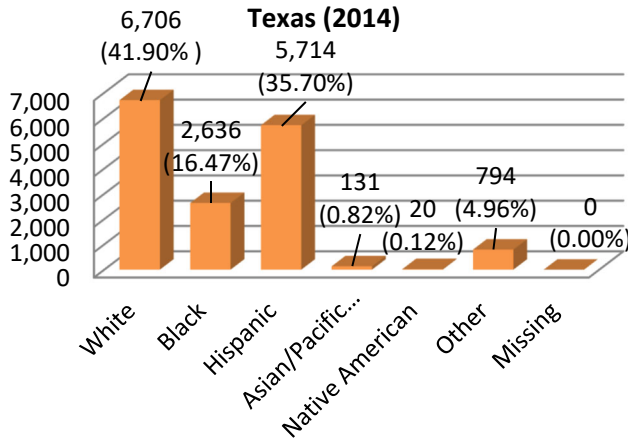
Medicare recipients ranked as the most common group to have an amputation procedure (See Graph 3.3).

3.3: Amputations by Payer Type, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

3.4: Amputations by Race/Ethnicity, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database
<http://hcupnet.ahrq.gov/>

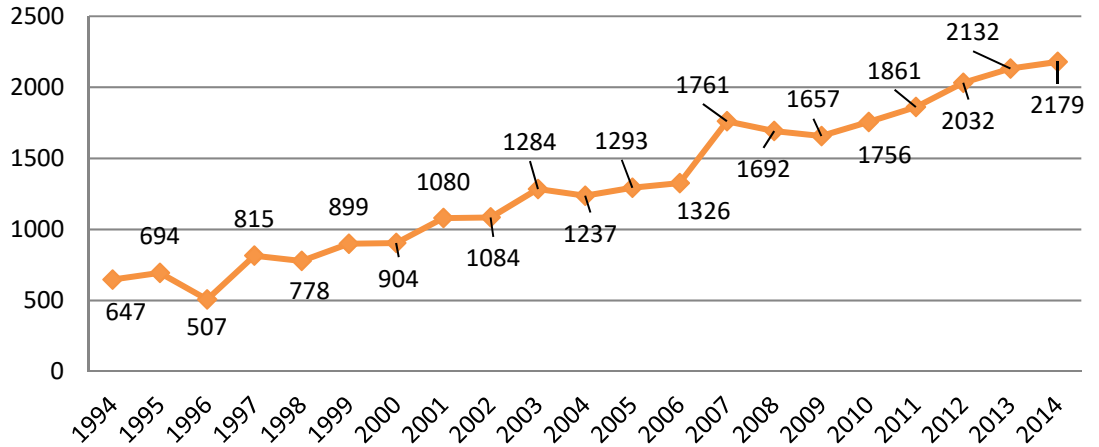
We can see that the African American population of Texas bears the heaviest burden of amputation (0.085% of the African American population underwent amputations), followed by Hispanics (0.057% of the Hispanic population underwent amputations). This is evident when compared with the percentage of the white population that underwent amputations (0.034%), and with amputations in the state's population as a whole (0.061%). (See Graph 3.4)

* According to Census Bureau estimation data (<http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>), the population of Texas in 2014 was about 26,092,033 made up of about 19,499,105 white residents, 9,962,643 Hispanic residents, and 3,094,227 African American residents.

4. DIABETES TRENDS

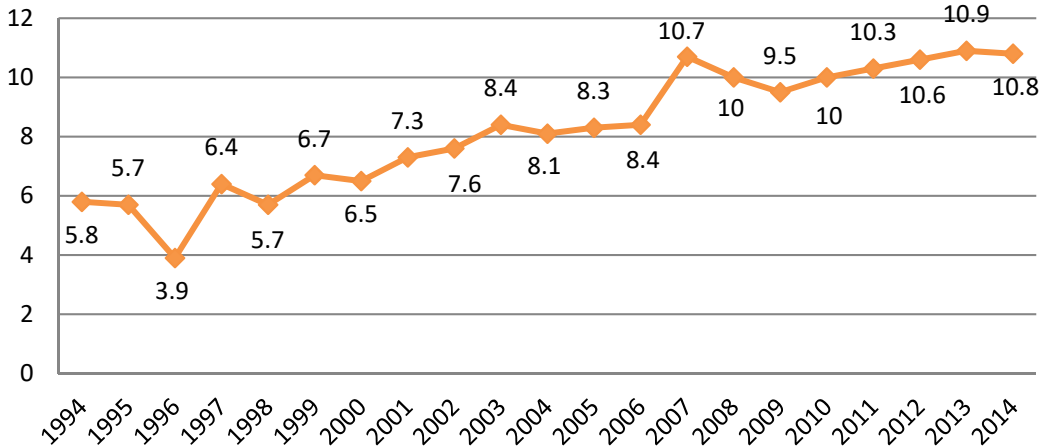
4.1: Diabetes Trends (in thousands; age 18+), Texas (1994-2014)

In 2014, a total of 2,179,645 Texans indicated that they had been diagnosed with diabetes at some point in their lives. The prevalence of diabetes in the adult population of Texas increased 236.8% from 1994 to 2014. (See Graph 4.1)



Source: CDC Behavioral Risk Factor Surveillance System <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

4.2: Rates of Existing Diabetes Cases per 100 Adults (18+), Texas (1994-2014)



The annual rate of existing cases of diabetes among adults in Texas increased 86.21% from 1994 to 2014. (See Graph 4.2)

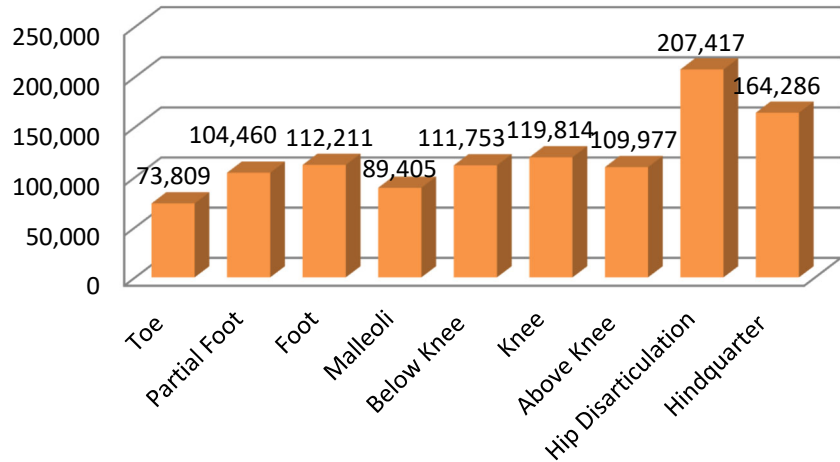
Source: CDC Behavioral Risk Factor Surveillance System <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

5. HEALTHCARE COSTS

For persons with a unilateral lower-extremity amputation, the two year healthcare costs, including initial hospitalization, inpatient rehabilitation, outpatient physical therapy, and purchase and maintenance of a prosthetic device, is estimated to be \$91,106. The lifetime healthcare cost for persons with a unilateral lower extremity amputation is estimated to be more than \$500,000 (5). It is anticipated that these healthcare costs would be higher for a person with a proximal amputation level and bilateral amputation status, due to higher prosthetic costs.

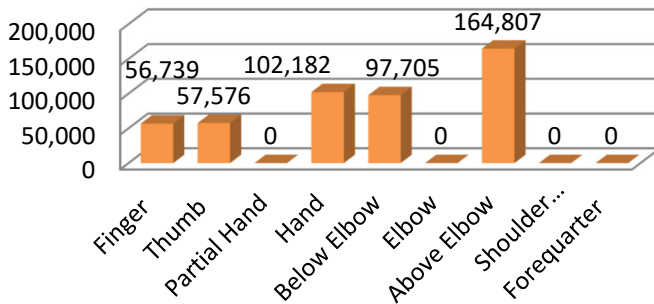
Charges represent what the hospital billed for the case, and may not represent all discharges for amputations. (See graph 5.1)

5.1: Overall Healthcare Charges for Lower-Extremity Amputations, Texas (2014)



Source: Healthcare Cost and Utilization Project HCUPnet database <http://hcupnet.ahrq.gov/>

5.2: Overall Healthcare Charges for Upper-Extremity Amputations, Texas (2014)



Charges represent what the hospital billed for the case, and may not represent all discharges for amputations. (See graph 5.2)

Source: Healthcare Cost and Utilization Project HCUPnet database <http://hcupnet.ahrq.gov/>

6. REFERENCES

1. Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the Prevalence of Limb Loss in the United States: 2005 to 2050. *Archives of Physical Medicine and Rehabilitation*2008;89(3):422-9.
2. Coalition LLTFA. Recommendations from the 2012 Limb Loss Task Force: Roadmap for Preventing Limb Loss in America. [White Paper]. 2012 February 9-12.
3. Bryant PR, Pandian G. Acquired limb deficiencies. 1. Acquired limb deficiencies in children and young adults. *Archives of Physical Medicine and Rehabilitation*2001;82(3B):00s3-s8.
4. Li Y, Burrows NR, Gregg EW, Albright A, Geiss LS. Declining Rates of Hospitalization for Nontraumatic Lower-Extremity Amputation in the Diabetic Population Aged 40 Years or Older: U.S., 1988-2008. *Diabetes Care*2012;35(2):273-7.
5. MacKenzie EJ. Health-Care Costs Associated with Amputation or Reconstruction of a Limb-Threatening Injury. *The Journal of Bone and Joint Surgery (American)*2007;89(8):1685.