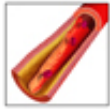


Spending on vascular care not tied to amputation reduction

26 November 2013



"There is little evidence that higher regional spending is associated with lower [amputation](#) rates," the authors write.

More information: [Abstract](#)
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(HealthDay)—There are significant regional differences in spending on vascular care in patients who ultimately need amputation for severe peripheral arterial disease, according to a study published online Nov. 20 in *JAMA Surgery*.

Philip P. Goodney, M.D., from the Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and colleagues retrospectively analyzed data on 18,463 U.S. Medicare patients who underwent a major [peripheral arterial disease](#)-related amputation from 2003 to 2010. Data were correlated to price-adjusted Medicare spending on [revascularization procedures](#) and related vascular care in the year before amputation, across hospital referral regions.

The researchers found that among patients undergoing an amputation, 64 percent were admitted to the hospital in the previous year for revascularization, wound-related care, or both. Including the year before amputation, the mean cost of inpatient care (including the amputation procedure itself) was \$22,405, but ranged significantly from \$11,077 (Bismarck, N.D.) to \$42,613 (Salinas, Calif.) (P

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