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Deputy Róisín Shortall, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 12284/20**

**To ask the Minister for Health the number of full and partial lower limb amputations that were carried out in each of the years 2017 to 2019; the number of patients by county that had diabetes; and if he will make a statement on the matter**

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Diabetes on your question and have been informed that the following outlines the position.

County	2017		2018		2019	
	Cases with lower limb amputations	Cases with lower limb amputations with diabetes	Cases with lower limb amputations	Cases with lower limb amputations with diabetes	Cases with lower limb amputations	Cases with lower limb amputations with diabetes
Carlow	15	11	18	14	12	8
Cavan	~	~	7	~	11	6
Clare	30	21	28	21	23	17
Cork	73	48	86	48	77	48
Donegal	17	10	15	8	31	21
Dublin	222	146	289	204	295	195
Galway	63	37	48	34	38	26
Kerry	25	16	38	22	29	17
Kildare	52	37	46	35	48	38
Kilkenny	14	9	17	13	16	14
Laois	19	14	20	16	19	10
Leitrim	~	~	8	~	11	6
Limerick	54	31	63	47	49	41
Longford	7	~	6	~	9	7
Louth	26	16	18	9	24	12
Mayo	32	19	39	19	23	17
Meath	22	11	20	9	29	14
Monaghan	8	~	12	~	~	~

Offaly	11	7	17	10	18	15
Roscommon	13	8	16	10	8	~
Sligo	12	6	9	6	9	~
Tipperary	34	15	35	21	46	29
Waterford	26	18	29	17	33	22
Westmeath	20	13	14	8	16	11
Wexford	34	21	34	22	48	35
Wicklow	39	23	44	32	30	20

**Notes:**

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-patient Enquiry (HIPE) system during 2017-2019.
- In-patient and day case discharges are reported only; ED and Out-patient attendances are not recorded on HIPE. Patients of No Fixed Abode or not normally resident in Ireland have been excluded. It is important to note that this data is based on hospital discharges only and does not include patients undergoing treatment who are not admitted to hospital. Furthermore, the data is based on hospitalisations which may include multiple admissions for the same patient. Therefore the data presented here cannot be construed as an estimate of the prevalence of the treatment specified.
- For every discharge HIPE captures a principal diagnosis and up to 29 additional diagnoses, and up to 20 procedures, in addition to administrative and demographic information.
- Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (from 2015 8th edition is used). ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification.
- The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.
- The Healthcare Pricing Office does not report cells where the number of discharges reported to HIPE is between 1 and 5. In this output, such cells have been presented as ~.

**Definitions used:**

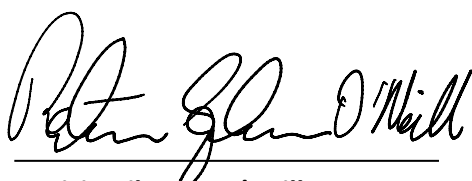
- Full or Partial lower limb Amputation: any procedure with a code of 44367-01 Disarticulation at knee, 44367-02 Amputation below knee, 44370-00 Amputation at hip, 44373-00 Hindquarter amputation, 44367-00 Amputation above knee, 44338-00 Amputation of Toe, 44358-00 Amputation of toe including metatarsal bone, 90557-00 Disarticulation through toe, 44361-00 Disarticulation through ankle, 44364-00 Midtarsal amputation, 44364-01 Transmetatarsal amputation, 44361-01 Amputation of ankle through malleoli of tibia and fibula.
- Diabetes: any diagnosis with a code of E10 Type 1 Diabetes, E11 Type 2 diabetes, E13 Other specified diabetes mellitus, E14 Unspecified diabetes mellitus.
- County: The county of residence code identifies the place where the person would normally reside, i.e. 'home address'. Those from a foreign country that are now resident in Ireland would have a code assigned for where they now live in Ireland.

### **Additional Information from NCP Diabetes:**

Limb loss is one of the most devastating complications of diabetes and represents an enormous burden on individuals, their families and on the health and social care system in general. Reducing the number of diabetes-related amputations is a major goal of the National Clinical Programme (NCP) for Diabetes. Over the past number of years, the HSE has appointed 31 new diabetes specialist podiatrists. The first 22 of these posts have been deployed in the acute (hospital) setting with a focus on dealing with the management of patients with active foot disease. The National Clinical Programme for Diabetes is aware of many examples of excellent multidisciplinary care pathways that have been put in place around these new hospital podiatry appointments with local audits demonstrating improved decision making and reduction in length of stay for complex diabetic foot patients. The most recent HSE specialist podiatry appointments have been made in primary care. Each Community Health Organisation now has at least one community-based podiatrist assigned to provide care to patients at risk of future ulceration or limb loss.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,



**Patricia Gilsean O'Neill**  
**General Manager**