



Editorial

The need for specialized limb salvage units in Spain: a call for reflection

Reflexión sobre la necesidad de unidades especializadas en salvamento de extremidades en España

Limb salvage units are essential for reducing major amputations. This medical and social challenge requires attention and action. It is essential to implement strategies that prioritize limb preservation, improving patients' quality of life and reducing the emotional and financial impact of amputations.

Through this editorial, we aim to highlight the importance and urgency of designing and promoting the development of specialized limb salvage units in hospitals across this country. These units are fundamental for effectively addressing the increasing number of patients with critical limb ischemia, reducing major amputation rates, and improving patients' quality of life by offering more appropriate therapeutic alternatives and promoting functional rehabilitation. It is imperative that this initiative be prioritized to ensure a more comprehensive approach to the treatment of conditions that may lead to limb loss.

Although critical limb ischemia represents a significant proportion of hospital admissions in our angiovascular and vascular surgery services, it is often afforded less relevance compared with other vascular pathologies. This underestimation may be due to the mistaken perception that its impact is less severe.

However, it is crucial to emphasize that critical limb ischemia has a mortality rate that exceeds that of many oncologic diseases (1). This underscores the need for greater attention and resources for the management of this condition, as well as increased awareness of its severity.

In many cases, major amputations are considered a primary treatment option in our services, even without prior arteriographic evaluation. This practice may lead to suboptimal clinical decisions, highlighting the need to adopt a more systematic and evidence-based approach to adequately assess and treat critical limb ischemia (2).

Major amputations not only entail physical consequences but also generate a significant emotional and social impact. Loss of independence, depression, and social isolation are common and devastating outcomes for patients, who often perceive amputation as both a personal and therapeutic failure. In addition, there is growing public interest in the need to implement new strategies and treatments in our centers that contribute to a meaningful reduction in the social and economic costs associated with amputations.

The current situation in Spain invites reflection. According to data collected in the registries of our scientific society, the number of major amputations does not align with the

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standards of clinical practice recommended in consensus documents from various international scientific societies.

The medical literature indicates that although amputations may be necessary in certain circumstances, they constitute a suboptimal solution due to their negative impact on patients' quality of life. Several studies have shown that fewer than 30% of patients undergoing major amputation achieve satisfactory functional rehabilitation. Moreover, postoperative mortality within the first year after a major amputation may exceed 50% (3,4). Therefore, rather than being a "lower surgical impact" option compared with arterial revascularization, amputations become a therapeutic alternative with a discouraging vital prognosis.

Of note, the creation of specialized limb salvage units has been shown to be effective in reducing amputation rates in various countries. The literature supports a reduction in major amputations in centers with multidisciplinary teams dedicated to revascularization and comprehensive management of lower extremity vascular diseases (5). These units enable more thorough evaluations and are staffed by personnel specialized and trained in advanced endovascular and surgical revascularization techniques. Furthermore, they provide postoperative care that improves the likelihood of successful limb preservation (6).

The establishment of these units is justified not only by clinical benefits. Avoiding a major amputation preserves patients' quality of life and, at the same time, reduces costs associated with prolonged rehabilitation, social care, and health system expenditures related to dependency following limb loss.

Spain has excellent professionals capable of incorporating techniques and technologies with proven efficacy in other areas of our specialty, and who are even international leaders in various competencies. However, regarding the treatment of critical limb ischemia, the implementation of complex endovascular techniques shows heterogeneous geographic distribution due to limitations in materials, resources, and specialized training. It is time to leverage this potential and move toward the creation of specialized limb salvage units that benefit both patients and society as a whole.

As members of this society, long involved in the treatment of critical limb ischemia, we believe it is essential to foster a culture of change that drives our centers toward the level of excellence already demonstrated in other areas. Currently, many services in our country have units and professionals dedicated to the treatment of specific pathologies that require a differentiated approach due to their complexity or prevalence (eg, endovascular treatment of complex aortic disease, carotid stenting, vascular malformations). This specialization has been key to achieving high-quality standards.

Major amputation should not be considered in 2025 as just another treatment option, but rather as a last resort, applicable only when all alternatives have been thoroughly evaluated and ruled out. The purpose of this letter to the editor is not to create divisions, but to open a space for thoughtful reflection aimed at optimizing and universalizing the quality of care for our patients.

We believe this is an opportunity for the Spanish Society of Angiology and Vascular Surgery to position itself at the forefront and promote the adoption of these measures, leading the change toward more equitable and advanced care for all patients. It is time to act collectively to address the current pandemic of critical limb ischemia and reduce major amputation rates in our country. Achieving this goal is our direct responsibility and lies within our sphere of competence.

We believe our patients deserve this effort, and we consider that the creation of specialized limb salvage units could be a valuable option to achieve this objective.

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