

Friday 14th November 2014

The aim of this study was to explore remediable factors in the process of care of patients (16 and over) who undergo lower limb amputation.

The report will provide comment on the following.

The pre-operative care of the patient including:

- Clinical assessment, decision making, discharge planning and record keeping
- The optimisation of comorbidities
- Diabetes control

The peri-operative care of the patient including:

- The pre-operative preparation of the patient
- The scheduling of operations
- The seniority of clinicians involved

The post operative care of the patient including:

- Rehabilitation
- Complications
- Pain management

The facilities available across hospitals



Venue:
RCOG
27 Sussex Place
London
NW1 4RG

The Programme

10.00 - 11.00 Tea/coffee and registration

The day will be chaired by: Mr Bertie Leigh, Chair of NCEPOD

11.00 Report findings presented by: Mrs Heather Freeth
Dr Mark Juniper
Professor Mike Gough

12.30 Questions and Answers

13.00 Lunch (Please advise us of any special dietary needs)

14.00 Afternoon speakers to be announced

15.30 Panel questions

16.00 Tea/coffee and close

How to book:

- FAX booking form to: 020 7250 0020
- EMAIL your full details to: reportlaunch@ncepod.org.uk quoting AMPUTATION in the subject header
- POST the slip below to:
Freepost RTBS-XCXG-RGLA
NCEPOD
Abbey House, 74-76 St John Street, LONDON, EC1M 4DZ

Cancellations cannot be refunded once the invoice has been issued, however substitute delegates are welcome.



Detach here

LOWER LIMB AMPUTATION- Friday 14th November 2014

Delegate details: Please fill in all details in **BLOCK CAPS**

Title:	Forename:
Surname:	
Job title:	
Organisation/Trust:	
Address:	
Postcode:	
Email:	

Please complete a separate form for each delegate. Photocopies are acceptable.

Payment: The fee for the report launch will be **£65** per person

<input type="checkbox"/> By cheque	A cheque for £ _____ is enclosed Please make cheques payable to NCEPOD
<input type="checkbox"/> By invoice	Name: _____

Address (incl. dept):

<input type="checkbox"/> By BACS	CAF Bank Sort Code 40-52-40 A/C No. 00008298
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Please send BACS remittance form as confirmation of payment by post, fax or email. Please see 'how to book' details above.

Signed: _____ Date: ____/____/2014