

## IP survey IP1934

This report was generated on 25/01/23. Overall 3 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

### I have read the information above which explains the purpose of the project and how any information I provide will be used



### I consent (agree) to NICE using the information I have given in the ways described above



### How did you hear about this survey?



### Are you (the person completing the questionnaire):



### Your age (in years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
3	224	74.67	8.50	66	83	17

### How long ago did you have the procedure?

6/7 months ago

**In years**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
2	4	2	1.41	1	3	2

**In months (OR In months)**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
0	-	-	-	-	-	-

**In months (OR In weeks)**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
0	-	-	-	-	-	-

**To which gender identity do you most identify?**



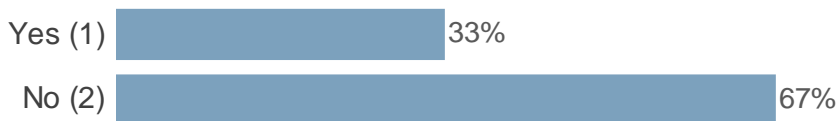
**Did the procedure work?**



**If somewhat or no, please provide further details along with information about whether symptoms later reoccurred.**

since had leg amputation  
 first time no - did it again and seems to work

**Did you have any side-effects following your procedure?**



**If yes, please provide further details along with information about whether symptoms later reoccurred.**

2 toes taken off

**How long did it take you to recover from the procedure?**

virtually instantly - waiting on a hip replacement -- day or two recovery - no real pain from the procedure

can't say exactly

3 days

**How did the procedure positively affect your condition and/or your quality of life?**

**Please consider things such as:**

- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

if no procedure - prob meant amputation - procedure worked - -it didn't impact mobility as i was waiting on a hip replacement qual of life was low due to hip

it didn't work - leg amputated since

saved my leg

**How did the procedure negatively affect your condition and/or your quality of life?**

**Please consider things such as:**

- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

no, no negative aspects

it didn't work - leg amputated since

knocked me back because of the pain - lost work, lost weight, couldn't drive

**Did you require anymore treatment, including procedures or surgery after this procedure?**

Yes (3)		100%
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No (-)

**If yes, please provide further details.**

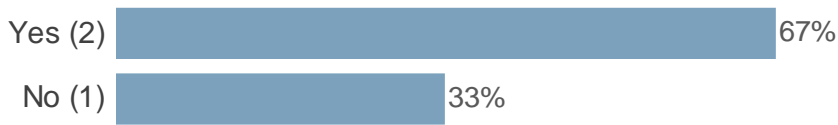
follow up appointment to check me out

leg amputated after foot amputated

yes, 2 x toe amputation, and a piece of foot

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**Would you recommend this procedure to another patient with your condition?**



**If yes, what might you tell them?**

if it prevents you having your leg lopped off then yes  
take a chance to save your leg - i know of others it didn't worklon

**If the procedure had an impact on any other areas of your life that are not covered by the questions above please tell us about them here.**

no, it did what it said it said on the tin  
can't really say that but it might work for other people  
seemed very experimental - took a 50/50 chance to get my life back