

Amp 2 Amputation data

Personal ID _____

First name _____

Family name _____

Amputation side In case of bilateral amputation, each amputation has to be registered separately

- Left
 Right

Amputation level

- Transpelvic amputation
 Disarticulation of hip joint
 Transfemoral amputation
 Disarticulation of knee joint
 Transtibial amputation
 Disarticulation of talocrural joint
 (including Syme)
 Amputation through any of the tarsal
 bones and/or joints (including Boyd,
 Pirogoff, Chopard)
 Amputation through one or more of
 the tarso-metatarsal joints
 (including Lisfranc)
 Other mid- or hindfoot amputation
 Amputation through one or more of
 the metatarsal bones
 Total toe amputation (metatarso-phalangeal
 disarticulation)
 Partial toe (Phalangeal) amputation
 Dig 1
 Dig 2
 Dig 3
 Dig 4
 Dig 5
 Other amputation at forefoot level

Specify _____

Date of amputation If exact year not known, give an
 estimate as accurate as possible. If month not known,
 enter YYYY-07-01. If month is known but not date,
 enter 15 for date.

Type of amputation procedure to be registered

- Primary amputation**
 i.e. not a re-amputation as defined below
 Re-amputation i.e. an amputation through or
 proximal to the next joint due to non-healing of a
 previously performed amputation
 Revision i.e. a surgical procedure following an
 unhealed or healed amputation, requiring the use of an
 operation theatre, with removal of soft tissue, bone, or
 both, but not changing the level of amputation)

Operation performed at (hospital)**Weight** (before amputation), (kg) _____**Height** (cm) _____

If no documentation of weight or height available, ask the patient!

BMI If no documentation of weight or height is available but
 BMI is available, please enter BMI, using one decimal!

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Underlying diagnosis leading to amputation

- Atherosclerosis without diabetes
 Other peripheral vascular diseases
 without diabetes
 Diabetes with or without vascular disease
 Trauma
 Tumor
 Infection unrelated to diabetes or vascular disease
 Acquired deformity
 Congenital deformity
 Other, Specify _____

Immediate cause(s)/indication(s) for the surgery

- Unrelievable pain
 Progressive gangrene
 Infection
 Acute vascular occlusion
 Generalized toxic or septic condition
 Tumor
 Trauma
 Deformity
 Other or contributing causes

Specify _____

- Unknown

Priority of amputation

- Acute /Emergency (within 12 hours)
 Sub-acute (13 hours - 1 week)
 Planned (> 1 week)

Surgical technique*For Transfemoral amputation:*

- Sagittal flaps
 Anterior and posterior flaps
 Adductor myodesis a.m. Gottschalk
 Other

Specify _____

Stump length

- Short length (upper 1/3 of femur)
 Medium length (middle 1/3 of femur)
 Long length (distal 1/3 of femur)

For Disarticulation of knee joint:

- Sagittal flaps
 Anterior and posterior flaps
 Other Specify _____

For Transtibial amputation:

- Sagittal flaps
 Anterior and posterior flaps
 Long posterior flap a.m. Burgess
 Skew flaps
 Other Specify _____

Stump length

- Short (length less than the width of the proximal base)
 Medium (length 1-2 times the width of the proximal base)
 Long (length more than 2 times the width of the proximal base)

Skin closure

- None (Open treatment)
 Sutures
 Staples
 Negative pressure technique (direct or planned)

Type of dressing (applied at surgery)

- Non-removable rigid dressing (e.g. plaster of paris)
 Removable rigid dressing (e.g. vacuum assisted dressing)
 Soft dressing (e.g. bandaging)
 No dressing

Supplementary nutrition

- Yes
 No

Antibiotic treatment

- Per-operative only
 Post-operative only
 Per- and post-operative

Anticoagulants

- Yes
 No

Previous (or simultaneous) amputation on contralateral extremity

- None
- Previous amputation on contra-lateral extremity, healed
- Previous amputation on contra-lateral extremity, not yet healed
- Unknown

Level of amputation of contralateral extremity

- Transpelvic amputation
- Disarticulation of hip joint
- Trans-femoral amputation
- Disarticulation of knee joint
- Transtibial amputation
- Disarticulation of talocrural joint (including Syme)
- Amputation through any of the tarsal bones and/or joints (including Boyd, Pirogoff, Chopard)
- Amputation through one or more of the tarso-metatarsal joints (including Lisfranc)
- Amputation through one or more of the metatarsal bones
- Other mid-foot amputation
- Total toe amputation (metatarsophalangeal disarticulation)
- Partial toe (Phalangeal) amputation
- Other amputation at forefoot level

Specify _____

Walking capacity before such deterioration that precipitated amputation

- Able to walk
- Not able to walk but could use the affected leg for support
- Not able to walk or support
- No information available

Co-morbidity Illness or disability that can be expected to negatively affect wound healing or rehabilitation

- Diabetes (if not primary cause of amputation)
- Rheumatoid arthritis
- Fracture
- Heart disease
- Chronic pulmonary disease
- Kidney disease
- Stroke
- Neurologic disease
- Dementia
- Vascular disease (if not primary cause of amputation)
- Impairment of vision and/or hearing
- Impairment of hand function
- Immunosuppressive therapy (e.g. cytostatic drugs, corticosteroids)
- Other
Specify _____
- None of the above

Smoking habits at date of amputation

A previous smoker, who is now using other nicotine containing products, should be recorded as previous smoker only

- Never smoked
- Previous smoker (has not smoked within the last year)
- Current smoker
- User of other nicotine containing products
- No information available

Preliminary prosthetic assessment at discharge

- Prosthetic fitting applicable
- Cosmetic prosthesis only applicable
- No prosthetic fitting applicable
- Insole and/or special shoes applicable
- Uncertain
- Not assessed