SwedeAmp

Formulär 2 Amputation data Version 8, november 2025

Amp 2 Amputation dat

Personal ID _____

First nam _____

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 estimatie 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 _____
- ☐ Unknown

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 applied at surgery
- ☐ Negative pressure technique applied later to improve secondary healing

Type of dressing (applied at surgery)

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

Supplmentary 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 orrehabilitation

- ☐ 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