**Supplemental Digital Content Table 1. Critical Principles Amputation Surgery and Amputee Care from the recent conflicts.**

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|  \*Traumatic and trauma-related amputations should be managed in an open, length-preserving fashion. |
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|  \* Guillotine amputations are virtually never indicated, are not that much faster, and this antiquated  |
|  technique sacrifices valuable viable tissue which subsequently compromises residual limb length. |
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|  \*Except for early amputations performed entirely proximal to the zone of injury, closure should be  |
|  delayed due to frequent contamination and slowly-evolving wounds. Serial debridement and  |
|  irrigation procedures are often required prior to definitive revision and closure. |
|   \*Perform gentle traction neurectomies of all named and/or grossly visualized nerves. Avoid de- innervating proximal muscles groups, particularly within upper extremity amputations. |
|  \*So-called flaps of opportunity may be utilized in lieu of "textbook" flaps to salvage viable residual |
|  limb length and preserve functional joint levels. \*Heroic measures (e.g., skin grafts, local flaps and/or free tissue transfer) are indicated to salvage viable proximal elbow and knee joints.  |
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|  \*Despite aggressive debridements and delayed closure, infections and wound complications are |
|  common. These complications should be aggressively managed. Prolonged local wound care  |
|  delays rehabilitation, contributes to psychological distress and prosthesis rejection, and contributes |
|  to global patient deconditioning. |
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|  \*Follow-up with the surgeon can help identify patients with anatomic problems which are  |
|  correctible, and surgical intervention on persistently symptomatic residual limbs can improve  |
|  function, relieve pain, and increase both patient satisfaction and prosthesis use and/or  |
|  acceptance. |
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|  \*Heterotopic ossification (HO) is common following both military and civilian amputations. Asymptomatic |
|  HO requires no specific treatment, and over 1/2 of patients with HO can be managed conservatively. |
|  If excision is required, tissue sparing complete excision performed at least six months from injury |
|  produces reliable symptom relief and low rates of both radiographic and symptomatic recurrence.  |
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