**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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