Introduction

Limb reconstruction is a labour intensive, complex, time consuming, expensive, but generally effective investment. In economic terms, limb reconstruction is cheaper than persistent deformity with associated disability or an amputation with a need for life-long provision of prostheses. Most patients undergoing limb reconstruction will require:

- 2 or more operations,
- Multiple X-rays at varying intervals throughout the treatment period
- Blood tests at similar intervals
- Doctor/Nurse review at each visit
- Continued physiotherapy
- Psychological support

Definitions

**Upper Limb:** includes all the structures (shoulder, arm, forearm and hand) from the fingertips to the shoulder girdle along with the neurovascular bundle supplying the upper limb.

**Lower Limb:** includes all the structures (hip, thigh, leg and foot) from the toe tips to the pelvic girdle along with the neurovascular bundle supplying the lower limb.

**Limb reconstruction procedures:** surgical techniques performed in post-trauma patients, in order to improve the structure (shape and length), function and cosmetic outcome of injured limbs. It includes both isolated or combined orthopedic and plastic interventions.

**Early reconstructive procedures:** include wound debridement, simple bone stabilization with ex-fix, and all vascular and plastic procedures undertaken in order to achieve a proper coverage of the wound.

**Late reconstructive procedures:**

- All plastic procedures more than 3 months after the initial injury
- Surgeries addressing non-healing fractures more than 6 months after the initial injury
- Surgeries addressing bone gaps or limb shortening
- Correction of post-traumatic deformities
- Surgeries for osteomyelitis cases more than 3 months after the initial injury