

Gaza Trauma Working Group

Limb reconstruction sub-group

Definitions agreed on the meeting of August 6th 2018

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
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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 month 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