



Ministry
of Defence

Quarterly Afghanistan and Iraq Amputation Statistics

7 October 2001 – 31 March 2013

30 April 2013

Issued By:

Defence Statistics (Health)
Ministry of Defence
Oak 0 West, #6028
Abbey Wood North
Bristol
BS34 8JH

Enquiries

Press Office:
020 721 83253

Statistical Enquiries:

Head of Defence Statistics
(Health)
Tel: 030 679 84423
Fax: 0117 9319632
DASA-Health-PQ-FOI@mod.uk

Internet:

<http://www.dasa.mod.uk>

Feedback is Welcome

If you have any comments or questions about this publication or about Defence Statistics' statistics in general, you can contact us as follows:

E-mail:

DASA-enquiries-mailbox@mod.uk

INTRODUCTION

1. This quarterly report provides statistical information on the number of UK Service Personnel who as a result of an injury sustained whilst deployed in Iraq or Afghanistan have suffered a traumatic or surgical amputation. This ranges from the loss of part of a finger or toe up to the loss of entire limbs. In addition, the numbers of "significant multiple amputees" - as defined by the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition) - have been provided on an annual basis. This report covers the time period 7 October 2001 to 31 March 2013 and includes operations from Afghanistan (Op VERITAS, 7 October 2001 – 31 March 2006 and Op HERRICK 1 April 2006 – ongoing) and Iraq (Op TELIC, 1 March 2003 – 21 May 2011).
2. This report has been provided in response to the increasing number of requests for information about injured UK Service Personnel. The MOD are committed to making information on Operational Casualties public but have to draw a line between how much information is provided regularly in the public domain and information which compromise operational security of UK Armed Forces personnel or which risks breaching an individual's right to medical confidentiality. This report is supporting the MOD's commitment to release information wherever possible.
3. The total number of significant multiple amputees recorded in this report (**Table 3**) are a subset of the overall number of amputees (**Tables 1 and 2**). Within each quarter or financial year a significant multiple amputee recorded in one time period (**Table 3**) may have sustained their original amputation in the same or earlier time period (**Tables 1 or 2**).

KEY POINTS

PATIENTS AS A RESULT OF DEPLOYMENT IN AFGHANISTAN (OP HERRICK AND OP VERITAS)

4. During the latest quarter, 1 January 2013 to 31 March 2013 (Q4, 2012/13), there were **fewer than five** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
5. **2012/13:** During the financial year 2012/13, there were **26** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a, compared to 46 in the previous financial year (2011/12).
6. During 2012/13, **12** UK Service personnel were identified as significant multiple amputees, compared to 18 in the previous financial year (2011/12).

^a Includes partial or complete amputations for either upper or lower limbs

7. During the overall time period 7 October 2001 to 31 March 2013:
 - a. Q3, 2009/10 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries in Afghanistan with **24** amputees.
 - b. Financial year 2010/11 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries in Afghanistan with **75** amputees.
8. The number of surviving UK Service personnel from Op HERRICK with an amputation peaked at 75 during the financial year 2010/11. Since then, the numbers have decreased each year with 46 surviving UK Service personnel with an amputation in 2011/12 and 26 in 2012/13.
9. The numbers of surviving UK Service personnel that suffered amputations was highest during 2009/10 and 2010/11, coinciding with a period of high operational tempo. The number of amputations suffered by UK troops serving in Afghanistan has decreased over the last two years. This was due to a reduction in operational tempo of UK Service personnel as responsibility for security transitions to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

PATIENTS AS A RESULT OF DEPLOYMENT IN IRAQ (OP TELIC)

10. During the latest quarter, 1 January 2013 to 31 March 2013 (Q4, 2012/13), there were **no** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^a.
11. Although Op TELIC closed on 21 May 2011 it is still possible that some UK Service personnel will have a surgical amputation some time following their injury.
12. **2012/13:** During the financial year 2012/13, there were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^a. There were none in the previous financial year (2011/12).
13. During 2012/13, **no** UK Service personnel were identified as significant multiple amputees. This was the same as the previous financial year (2011/12).
14. During the time period 1 March 2003 to 31 March 2013:
 - a. Financial year 2006/07 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries in Iraq with **10** amputees.

MEDICAL DISCHARGES

15. Of the surviving UK Service personnel from Afghanistan whose injuries included a traumatic or surgical amputation, partial or complete, for either upper or lower limbs, **30** have been medically discharged^b. Of the 30 UK Service personnel medically discharged, 24 were discharged with a principal cause of musculoskeletal disorders and injuries. The remaining six UK Service personnel have been medically discharged with one of the following principal causes; Factors influencing health status, Ear and mastoid process disease or Mental and behavioural disorders.
16. Of the surviving UK Service personnel from Iraq whose injuries included a traumatic or surgical amputation, partial or complete, for either upper or lower limbs, **nine** have been medically discharged^b. Of the nine UK Service personnel medically discharged, seven were discharged with a principal cause of musculoskeletal disorders and injuries. Information on the principal cause leading to medical discharge for the remaining two UK Service personnel has not been provided to ensure that the statistics presented do not disclose individuals identities.

^a Includes partial or complete amputations for either upper or lower limbs

^b As at 31 March 2012.

DATA, DEFINITIONS AND METHODS

17. Data are compiled by Defence Statistics from five sources:
 - The Joint Theatre Trauma Register (JTTR), which commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment.
 - The Complex Trauma Database managed by the Defence Medical Rehabilitation Centre, Headley Court which commenced in June 2008 to record information on patients receiving in-patient care on the complex trauma ward.
 - The Prosthetics Database managed by the Defence Medical Rehabilitation Centre, Headley Court which commenced in June 2006 to record information on patients fitted with a prosthetic limb(s).
 - The Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway.
 - UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries on Op HERRICK and Op TELIC prior 1 April 2006 have been identified from the dataset used to compile the following research paper: Dharm-datta, S; Etherington, J.; Mistlin A. & Clasper J, 2011, Outcome of amputees in relation to military Service, Journal of Bone and Joint Surgery - British Volume, Vol 93-B, Issue SUPP_1, 52.
18. A live UK Service personnel is defined as an *amputee* if they have an injury coded in the JTTR as Amputation (traumatic), partial or complete, for either upper or lower limbs using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition), and live UK Service personnel who had a surgical amputation performed either at the field hospital or at a UK hospital (the majority of these will be at the Royal Centre for Defence Medicine). A traumatic or surgical amputation can range from the loss of part of a finger or toe up to the loss of entire limbs.
19. Live personnel are defined as either those undergoing treatment at Camp Bastion Field Hospital or the Royal Centre for Defence Medicine (RCDM) or those being discharged from hospital after receiving treatment for the injuries that resulted in an amputation(s).
20. The data from the JTTR is cross referenced with the Complex Trauma Database, the Prosthetics Database and the DPTS. Doctors may recommend and/or patients may elect to have an amputation at any point during their care pathway, thus any additional live UK Service personnel identified as an amputee from these data sources have been included in this report. These data sources are live systems that are constantly being updated. This means that occasionally figures can change, any amendments made since the last release have been indicated by an 'r'.
21. Significant multiple amputees are defined as live UK Service personnel who have suffered limb amputations at or above the wrist or ankle on more than one limb (that is, they have lost at least two hands and/or feet) using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition).
22. The Abbreviated Injury Scale (AIS) was introduced by the American Medical Association and the Association for the Advancement of Automotive Medicine in 1971 to provide researchers with a simple numerical method for ranking and comparing injuries by severity and to standardise the terminology used to describe injuries.
23. Tables are presented by the quarter/year in which the amputation was sustained, for patients that have a surgical and/or elective amputation this may not be in the same quarter/year in which the injury was sustained. If a UK Service personnel suffers more than one amputation over a period of time as a result of injuries sustained in the same incident then in this statistical publication they will be counted within the quarter/financial year where they sustained their first amputation (**Tables 1 and 2**). If any subsequent amputation results in the individual being a significant multiple amputee then in these statistics they will be counted within the year where they became a significant multiple amputee (**Table 3**).
24. Information on the numbers or types of amputations sustained was not provided because it would increase the risk of an individual being identified and compromising their right to medical

confidentiality. In addition, there is a risk of compromising operational security by providing information that could be used by the enemy to assess the effectiveness of their attacks, therefore putting UK troops currently in theatre at risk.

25. The tables in this report have been scrutinised to ensure individual identities have not been revealed inadvertently. In line with Defence Statistics rounding policy (May 2009), in keeping with the Office for National Statistics Guidelines, all numbers fewer than five have been suppressed and presented as '~'. Where there is only one number in a row or column that is fewer than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.
26. To ensure that statistics presented in these tables do not disclose individuals' identities we do not present cumulative totals in **Tables 1 and 2** and significant multiple amputees are only presented annually in **Table 3**. This table will only be updated annually in the April publication.
27. Since 2001, the Royal Centre for Defence Medicine (RCDM), based at the University Hospital Birmingham Foundation Trust (UHBFT), has been the main receiving unit for military casualties evacuated from an operational theatre. In the Birmingham area, military patients can benefit from the concentration of five specialist hospitals (including Queen Elizabeth) to receive the appropriate treatment. Queen Elizabeth is at the leading edge in the medical care of the most common types of injuries (e.g. polytrauma) our casualties sustain, and the majority of casualties will be treated there, but others may be transferred to another hospital (in Birmingham or elsewhere) if that is where the best medical care can be given.
28. Military patients will require further rehabilitation care following initial hospital treatment, in most cases they are referred to the Defence Medical Rehabilitation Centre (DMRC) at Headley Court in Surrey, which provides advanced rehabilitation and includes inpatient facilities. The prosthetics department is also located at the DMRC at Headley Court, fitting limbs to amputee patients.
29. Operation VERITAS is the name for UK operations in Afghanistan which started in October 2001. The UK was involved in Afghanistan alongside Coalition forces, led by the US under Operation Enduring Freedom (OEF), from the first attacks in October 2001.
30. Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006. UK Forces are deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission.
31. Operation TELIC is the name for UK operations in Iraq which started in March 2003. There was a drawdown of troops in July 2009 and Operation TELIC closed on 21 May 2011. UK Forces were deployed to Iraq to support the Government's objective to remove the threat that Saddam posed to his neighbours and his people and, based on the evidence available at the time, disarm him of his weapons of mass destruction. The Government also undertook to support the Iraqi people in their desire for peace, prosperity, freedom and good government.
32. Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.
33. Information on amputees medically discharged was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.
34. Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by the Service Personnel and Veterans' Agency.
35. This report presents the number of Afghanistan and Iraq amputees who have been discharged from Service on medical grounds as at 31 March 2012, regardless of the primary or secondary conditions for which they have been medically discharged. This section will be updated in the

first report released after the 'Medical Discharges in the UK Regular Armed Forces' report which is released in July of each year.

36. If a decision has been taken to medically discharge an individual from the Military, the specific Defence Medical Services health team who have been caring for that individual will begin a liaison with appropriate civilian healthcare providers (e.g. General Practitioner / Primary Health Care Team / civil mental health team / NHS Trust) to ensure the transfer of care and patient history takes place.
37. Additionally the MOD have specialist health social workers who manage the individual's wider resettlement issues, liaising with relevant civil agencies such as local housing authorities, financial authorities, service welfare and charitable organisations; again to endeavor that the individual's transfer into the civilian environment is as smooth and as seamless as possible.

FINDINGS

Afghanistan

38. **Table 1** presents the number of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries in Afghanistan.

Table 1: UK Service personnel¹ with partial or complete limb amputations sustained as a result of injuries in Afghanistan, 7 October 2001 – 31 March 2013, Numbers²

		Date Of Initial Amputation	Financial Year											
			Op VERITAS					Op HERRICK						
			01/02 ³	02/03	03/04	04/05	05/06	06/07 ⁴	07/08	08/09	09/10	10/11	11/12	12/13
Country	Afghanistan	All - Financial Year	~	0	0	0	0	9	17	28	71	75	46	26
		1 April - 30 June (Q1)		0	0	0	0	~	5	~	5	19	14	11
		1 July - 30 September (Q2)		0	0	0	0	~	~	5	22	20	15	8
		1 October - 31 December (Q3)	~	0	0	0	0	~	~	15	24	19	10	~
		1 January - 31 March (Q4)	0	0	0	0	0	~	6	~	20	17	7	~

Source: See paragraph 17

1. Includes Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other Nations Service personnel have been excluded.
 2. Data presented as “~” has been suppressed in accordance with Defence Statistics rounding policy (see paragraph 25).
 3. 7 October 2001 is the date Op VERITAS commenced.
 4. 1 April 2006 is the date Op HERRICK commenced.
39. During the latest quarter, 1 January 2013 to 31 March 2013 (Q4, 2012/13), there were **fewer than five** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
40. **Financial Year 2012/13:** There were **26** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
41. During 2012/13, **12** UK Service personnel were identified as significant multiple amputees (**Table 3**).
42. **Financial Year 2011/12:** There were **46** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
43. During 2011/12, **18** UK Service personnel were identified as significant multiple amputees (**Table 3**).
44. **Financial Year 2010/11:** There were **75** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
45. During 2010/11, **36** UK Service personnel were identified as significant multiple amputees.
46. **Financial Year 2009/10:** There were **71** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
47. During 2009/10, **32** UK Service personnel were identified as significant multiple amputees.
48. **Financial Year 2008/09:** There were **28** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.

^a Includes partial or complete amputations for either upper or lower limbs

49. During 2008/09, **seven** UK Service personnel were identified as significant multiple amputees.
50. **Financial Year 2007/08:** There were **17** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
51. During 2007/08, **fewer than five** UK Service personnel were identified as significant multiple amputees.
52. **Financial Year 2006/07:** There were **nine** surviving UK Service personnel from Op HERRICK whose injuries included a traumatic or surgical amputation^a.
53. During 2006/07, **fewer than five** UK Service personnel were identified as significant multiple amputees.
54. During the **financial years 2002/03 – 2005/06**, there were **no** surviving UK Service personnel from Op VERITAS whose injuries included a traumatic or surgical amputation^a.
55. During the financial years 2002/03 – 2005/06, there were **no** UK Service personnel were identified as significant multiple amputees.
56. **Financial Year 2001/02^a:** There were **fewer than five** surviving UK Service personnel from Op VERITAS whose injuries included a traumatic or surgical amputation^b.

Iraq

57. **Table 2** presents the number of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries in Iraq.

Table 2: UK Service personnel¹ with partial or complete limb amputations sustained as a result of injuries in Iraq, 7 October 2001 – 31 March 2013, Numbers²

		Date Of Initial Amputation	Financial Year										
			Op TELIC										
			02/03 ³	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Country	Iraq	All - Financial Year	~	~	~	~	10	6	~	~	~	0	~
		1 April - 30 June (Q1)		0	0	0	~	~	0	~	~	0	~
		1 July - 30 September (Q2)		0	0	~	~	~	~	0	0	0	0
		1 October - 31 December (Q3)		0	~	~	~	~	0	0	0	0	0
		1 January - 31 March (Q4)	~	~	0	0	~	0	0	0	0	0	0

Source: See paragraph 17

1. Includes Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other Nations Service personnel have been excluded.
 2. Data presented as "~" has been suppressed in accordance with Defence Statistics rounding policy (see paragraph 25).
 3. Data for 2002/03 covers the period 1 to 31 March 2003 (see paragraph 31).
58. During the latest quarter, 1 January 2013 to 31 March 2013 (Q4, 2012/13), there were **no** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
59. **Financial Year 2012/13:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
60. During 2012/13, **no** UK Service personnel were identified as significant multiple amputees.
61. **Financial Year 2011/12:** There were **no** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
62. During 2011/12, **no** UK Service personnel were identified as significant multiple amputees.
63. **Financial Year 2010/11:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
64. During 2010/11, **no** UK Service personnel were identified as significant multiple amputees.
65. **Financial Year 2009/10:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
66. During 2009/10, **no** UK Service personnel were identified as significant multiple amputees.

^a Between 7 October 2001 and 31 March 2002

^b Includes partial or complete amputations for either upper or lower limbs

67. **Financial Year 2008/09:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
68. During 2008/09, **no** UK Service personnel were identified as significant multiple amputees.
69. **Financial Year 2007/08:**, There were **six** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
70. During 2007/08, **no** UK Service personnel were identified as significant multiple amputees
71. **Financial Year 2006/07:** There were **10** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
72. During 2006/07, **no** UK Service personnel were identified as significant multiple amputees.
73. **Financial Year 2005/06:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^b.
74. During 2005/06, **fewer than five** UK Service personnel were identified as significant multiple amputees.
75. **Financial Year 2004/05:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical an amputation^a.
76. During 2004/05, **fewer than five** UK Service personnel were identified as significant multiple amputees.
77. **Financial Year 2003/04:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^a.
78. During 2003/04, **no** UK Service personnel were identified as significant multiple amputees.
79. **Financial Year 2002/03^b:** There were **fewer than five** surviving UK Service personnel from Op TELIC whose injuries included a traumatic or surgical amputation^a.
80. During 2002/03^b, **no** UK Service personnel were identified as significant multiple amputees.

Significant Multiple Amputees (SMAs)

81. **Table 3** presents the number of UK Service personnel who have sustained significant multiple amputations as a result of injuries in Afghanistan and Iraq. This table is a subset of **Tables 1 and 2**.
82. During 2012/13, **12** UK Service personnel were identified as significant multiple amputees as a result of injuries sustained on Op HERRICK (**Table 3**).
83. During 2012/13, **no** UK Service personnel were identified as significant multiple amputees as a result of injuries sustained on Op TELIC (**Table 3**).
84. During the time period 7 October 2001 to 31 March 2013, 2010/11 recorded the highest annual number of UK Service personnel who sustained significant multiple amputations as a result of injuries in Afghanistan with **36** amputees.
85. This table will be updated with the Significant Multiple Amputees for the financial year 2013/14 in the release available on 30 April 2014.

^a Includes partial or complete amputations for either upper or lower limbs

^b Between 1 March and 31 March 2003

Table 3: UK Service personnel with Significant Multiple Amputations (SMAs) sustained as a result of injuries in Afghanistan and Iraq, 7 October 2001 – 31 March 2013, Numbers^{1,2}

Date became significant multiple amputee	Country	
	Afghanistan	Iraq
2001/02 ³	0	
2002/03 ⁴	0	0
2003/04	0	0
2004/05	0	~
2005/06	0	~
2006/07 ⁵	~	0
2007/08	~	0
2008/09	7	0
2009/10	32	0
2010/11	36	0
2011/12	18	0
2012/13	12	0

Source: See paragraph 17

1. Includes Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other Nations Service personnel have been excluded.
2. Data presented as “~” has been suppressed in accordance with Defence Statistics rounding policy (see paragraph 25).
3. Start of Operation VERITAS – 7 October 2001
4. Start of Operation TELIC – 1 March 2003
5. Start of Operation HERRICK – 1 April 2006