



## Afghanistan and Iraq Amputation Statistics 7 October 2001 – 31 March 2016

Published 28 July 2016

This annual report provides statistical information on the number of UK Service personnel who suffered a traumatic or surgical amputation, as a result of deployment in Iraq and Afghanistan. In addition, the numbers of “significant multiple amputees” and the number of surviving<sup>a</sup> UK Service personnel with an amputation who have been medically discharged have been provided.

Information on the number of UK Service personnel who suffered a traumatic or surgical amputation as a result of injuries sustained in locations other than Afghanistan and Iraq has also been provided following requests for this information.

### Key Points

During the financial year 2015/16 there were **five** surviving<sup>a</sup> UK Service personnel from Afghanistan (Table 1) and **none** from Iraq (Table 2), whose injuries included a traumatic or surgical amputation<sup>b</sup>. These amputations were either elective or necessary during treatment, as a result of previous injuries sustained on Op HERRICK<sup>c</sup>.

The numbers of surviving<sup>a</sup> UK Service personnel serving in Afghanistan 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 has decreased over the last five years. This was due to a reduction in operational tempo of UK Service personnel as responsibility for security transitioned to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

During the financial year 2015/16 there were **fewer than five**<sup>d</sup> surviving<sup>a</sup> UK Service personnel whose injuries included a traumatic or surgical amputation<sup>b</sup> as a result of injuries sustained in locations other than Afghanistan and Iraq (Table A1).

During the time period 7 October 2001 to 31 March 2016, the numbers of surviving<sup>a</sup> UK Service personnel that suffered amputations and have been medically discharged were:

- a. **202 (70%)** from Afghanistan.
- b. **16 (50%)** from Iraq.
- c. **43 (57%)** from locations other than Afghanistan and Iraq.

<sup>a</sup> A casualty that has survived their injuries.

<sup>b</sup> Includes partial or complete amputations for either upper or lower limbs and can range from the loss of part of a finger or toe up to the loss of entire limbs.

<sup>c</sup> None of the amputations were the result of injuries or illness on Op TORAL.

<sup>d</sup> This information is sourced from three of the five data sources detailed in the Background Quality Report: The Complex Trauma database, Prosthetics database and the Defence Patient Tracking System (DPTS). The Prosthetics database is the earliest recorded dataset for amputations data, commencing June 2006. Subsequently, only UK Service personnel that continued to receive treatment for their injuries after June 2006 will have been counted in the datasets. As such, the number of amputations as a result of injuries or illness sustained in location other than Afghanistan and Iraq should be considered as a MINIMUM.

**Responsible statistician:** Deputy Head of Defence Statistics (Health) Tel. 030 679-84467 [DepHd@mod.uk](mailto:DepHd@mod.uk)

**Further information/mailling list:** [DefStrat-Stat-Health-PQ-FOI@mod.uk](mailto:DefStrat-Stat-Health-PQ-FOI@mod.uk)

**Background quality report:** The Background Quality Report for this publication can be found [here](#).

**Enquiries:** Press Office: 020 721-83253

Would you like to be added to our **contact list**, so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing [DefStrat-Stat-WDS-Pubs@mod.uk](mailto:DefStrat-Stat-WDS-Pubs@mod.uk)

## Contents

---

Introduction.....	page 3
Afghanistan.....	page 4
Iraq.....	page 5
Significant Multiple Amputees.....	page 6
Medical Discharges.....	page 7
Methodology.....	page 8
Glossary & Definitions .....	page 9
Further Information .....	page 10
Annex A .....	page 12

Supplementary tables containing all data presented in this publication can be found at [link-to-bulletin-page.gov.uk](http://link-to-bulletin-page.gov.uk)

## Introduction

---

This report has been provided in response to a 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 Service personnel or which risks breaching an individual's right to medical confidentiality.

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.

A live UK Service personnel is defined as an **amputee** if they have an injury coded in the UK Joint Theatre Trauma Registry (JTTR) as Amputation (traumatic), partial or complete, for either upper or lower limbs using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition), or 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.

Although types of amputations sustained cannot be provided, Defence Statistics has published a one-off Official Statistic on the types and mechanism of injuries sustained by UK Service personnel in Afghanistan. This report covers the period from when the field hospital opened, 1 April 2006, to the closure of Op HERRICK, 30 November 2014. This report can be found here: <https://www.gov.uk/government/statistics/types-of-injuries-sustained-by-uk-service-personnel-on-operations-in-afghanistan-op-herrick-1-april-2006-to-30-november-2014>

Following enhanced first aid delivered in the field, the majority of amputees would have been medically evacuated to the British Military field hospitals (Camp Bastion in Afghanistan and Basra in Iraq). At the field hospital the patient would have been fully stabilised and any emergency procedures would have been carried out, prior to aeromedical evacuation to the Royal Centre for Defence Medicine (RCDM).

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.

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.

To provide a fuller picture of the number of UK Service personnel who suffered an amputation, Annex A of this report provides statistical information on the number of UK Service personnel who suffered a traumatic or surgical amputation not as a result of deployment in Iraq or Afghanistan.

## Afghanistan

**Operation VERITAS:** is the name for UK operations in Afghanistan which started in October 2001 and ended 31 March 2006. 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.

**Operation HERRICK:** The name for UK operations in Afghanistan which started 1 April 2006 and ended on 30 November 2014. UK Forces were deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission.

**Operation TORAL:** started 1 December 2014, is the UK's post 2014 contribution to operations in Afghanistan under the NATO RESOLUTE SUPPORT MISSION.

**Financial Year 2015/16:** There were **five** surviving<sup>c</sup> UK Service personnel from Afghanistan whose injuries included a traumatic or surgical amputation<sup>d</sup>. These amputations were either elective or necessary during treatment, as a result of previous injuries sustained on Op HERRICK.

During the overall time period 7 October 2001 to 31 March 2016:

- 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.

The numbers of surviving<sup>c</sup> 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 five years. This was due to a reduction in operational tempo of UK Service personnel as responsibility for security transitioned to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

**Table 1: UK Service personnel<sup>1</sup> with partial or complete limb amputations sustained as a result of injuries in Afghanistan, Numbers<sup>2</sup>  
7 October 2001 to 31 March 2016**

Date of initial amputation	Financial Year														
	01/02 <sup>3</sup>	02/03	03/04	04/05	05/06	06/07 <sup>4</sup>	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15 <sup>5</sup>	15/16
<b>All - Financial Year</b>	~	0	0	0	0	9	17	28	71	75	46	29	~	~	5
<b>Country</b>															
Afghanistan															
1 April - 30 June (Q1)		0	0	0	0	~	5	~	5	19	14	11	~	0	~
1 July - 30 September (Q2)		0	0	0	0	~	~	5	22	20	15	8	~	0	~
1 October - 31 December (Q3)	~	0	0	0	0	~	~	15	24	19	10	5	~	~	~
1 January - 31 March (Q4)	0	0	0	0	0	~	6	~	20	17	7	5	0	0	~

**Source:** 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*, Complex Trauma database, Prosthetics database, Defence Patient Tracking System, Joint Theatre Trauma Register. See Background Quality Report for further information.

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.
3. Op VERITAS commenced 7 October 2001 and ended March 2006.
4. Op HERRICK commenced 1 April 2006 and ended 30 November 2014.
5. Op TORAL commenced 1 December 2014.

<sup>c</sup> A casualty that has survived their injuries.

<sup>d</sup> Includes partial or complete amputations for either upper or lower limbs and can range from the loss of part of a finger or toe up to the loss of entire limbs

## Iraq

**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.

**Financial Year 2015/16:** There were **no** surviving<sup>e</sup> UK Service personnel from Iraq whose injuries included a traumatic or surgical amputation.

During the overall time period 1 March 2003 to 31 March 2016, 2006/07 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained on operations in Iraq, with 11 amputees.

Due to the low numbers of amputees, numbers are only presented by financial year.

**Table 2: UK Service personnel<sup>1</sup> with partial or complete limb amputations sustained as a result of injuries in Iraq, Numbers<sup>2</sup>  
1 March 2003 to 31 March 2016**

Date of initial amputation	Numbers
03/04	~
04/05	~
05/06	~
06/07	11 r
07/08	7 r
08/09	~
09/10	~
10/11	~
11/12	0
12/13	~
13/14	0
14/15	0
15/16	0

**Source:** 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*, Complex Trauma database, Prosthetics database, Defence Patient Tracking System, Joint Theatre Trauma Register. See Background Quality Report for further information.

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.
  3. Data for 2002/03 covers the period 1 to 31 March 2003.
- r indicates a revision due to updated information received.

<sup>e</sup> A casualty that has survived their injuries.

## Significant Multiple Amputees (SMA's)

If a UK Service person 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) they are considered to be Significant Multiple Amputees.

**Financial year 2015/16:** There were **no** UK Service personnel identified as significant multiple amputees as a result of injuries sustained in Afghanistan or Iraq.

During the overall time period 7 October 2001 to 31 March 2016, 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.

**Table 3** is a subset of Tables 1 and 2.

**Table 3: UK Service personnel with Significant Multiple Amputations (SMAs) sustained as a result of injuries in Afghanistan and Iraq, Numbers<sup>1,2</sup>**  
7 October 2001 to 31 March 2016

Date became significant multiple amputee	Country	
	Afghanistan	Iraq
2001/02 <sup>3</sup>	0	
2002/03 <sup>4</sup>	0	0
2003/04	0	0
2004/05	0	~
2005/06	0	~
2006/07 <sup>5</sup>	~	0
2007/08	~	0
2008/09	7	0
2009/10	32	0
2010/11	36	0
2011/12	18	0
2012/13	13	0
2013/14	~	0
2014/15 <sup>6</sup>	0	0
2015/16	0	0

**Source:** 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*, Complex Trauma database, Prosthetics database, Defence Patient Tracking System, Joint Theatre Trauma Register. See Background Quality Report for further information.

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.
3. 7 October 2001 is the date Op VERITAS commenced
4. 1 March 2003 is the date Op TELIC commenced
5. 1 April 2006 is the date Op HERRICK commenced
6. 1 December 2014 is the date Op TORAL commenced

## Medical Discharges

---

Service personnel with medical conditions (including amputations) or fitness issues which affect their ability to perform their duties will generally be referred to a medical board for a medical examination and review of their medical grading. In clear cut cases where the individual's fitness falls below the Service employment and retention standards the board will recommend a medical discharge. In many cases however, the patient will first be downgraded, to allow for treatment, recovery and rehabilitation. For personnel who do not make a total recovery, the board may recommend the patient is retained as permanently downgraded with limited duties, or they may recommend a medical discharge. The recommendation is then forwarded to personnel administration units or an employment board for ratification or decision and action.

During the time period 7 October 2001 to 31 March 2016:

- a. **202 (70%)** of the surviving<sup>f</sup> UK Service personnel from Afghanistan whose injuries included a traumatic or surgical amputation, partial or complete, for either upper or lower limbs have been medically discharged.
- b. Of the 202 UK Service personnel medically discharged, **180** were discharged with a principal cause of musculoskeletal disorders and injuries. The remaining **22** UK Service personnel have been medically discharged with one of the following principal causes; Factors influencing health status, Ear and mastoid process disease, Mental and behavioural disorders, Nervous system disorders, Clinical and laboratory findings, Other Medical Discharges for which data are not available or Awaiting confirmation.
- c. **16 (50%)** of the surviving<sup>g</sup> UK Service personnel from Iraq whose injuries included a traumatic or surgical amputation, partial or complete, for either upper or lower limbs have been medically discharged<sup>g</sup>.
- d. Of the 16 UK Service personnel medically discharged, **13** were discharged with a principal cause of musculoskeletal disorders and injuries. Information on the principal cause leading to medical discharge for the remaining three UK Service personnel has not been provided to ensure that the statistics presented do not disclose individuals identities.

---

<sup>f</sup> A casualty that has survived their injuries.

<sup>g</sup> As at 31 March 2016

## Methodology

---

**This section provides a brief summary of the methodology and data sources; more detailed information is available in the background quality report for this bulletin.**

### **Amputations Data (see Background Quality Report for more information on each data source)**

The amputation data is compiled from five separate sources:

- UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries on Op VERITAS, 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\_I, 52.

From 1 April 2006 onwards, the data is compiled from four sources;

- 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.
- 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.

All data sources are cross-checked against each other and records that don't appear in all datasets are followed up to ensure that an individual is definitely an amputee. Further validation steps are then taken to ensure a unique count of amputees is taken from the four datasets and presented in the publication.

Once the data is confirmed as being accurate, the tables can be populated. The figures released in previous publications are checked to see if they require revisions and numbers smaller than five are suppressed, to avoid providing disclosive information on individuals. If suppression is needed, previous publications are also checked to ensure numbers cannot be derived from totals and would therefore need to be revised.

This publication does not include UK Service personnel who have had an amputation since leaving the Armed Forces.

**Table 1** is presented by the quarter/financial 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 (**Table 1**). 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**). The figures for Iraq amputees (**Table 2**) and non Iraq and Afghanistan amputees (**Table A1**) are presented by the financial year in which the amputation was sustained.



## Glossary

---

	<b>Amputee</b>	A live UK Service personnel is defined as an <i>amputee</i> 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), or 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.
<b>SMA</b>	<b>Significant Multiple Amputation</b>	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).
<b>JTTR</b>	<b>Joint Theatre Trauma Register</b>	The Joint Theatre Trauma Register (JTTR) 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.
<b>ANSF</b>	<b>Afghanistan National Security Force</b>	Ultimately, Afghans must be able to secure and stabilise their country themselves. NATO training efforts in Afghanistan focus on increasing the capacity of Afghan security forces in order gradually to hand over lead responsibility for security to the Afghans.
<b>NATO</b>	<b>North Atlantic Treaty Organisation</b>	NATO's essential purpose is to safeguard the freedom and security of its members through political and military means.
	<b>NATO Resolute Support Mission</b>	Following the completion of the mission of the International Security Assistance Force (ISAF) at the end of 2014, a new, follow-on, NATO-led mission called Resolute Support was launched on 1 January 2015 to provide further training, advice and assistance for the Afghan security forces and institutions.
	<b>Aeromedical Evacuation</b>	Aeromedical Evacuation (AE) is the medically supervised movement of patients to and between medical treatment facilities by air transportation. See Background Quality Report for further information on Aeromed Evacuations.
	<b>Field Hospital</b>	Injured or ill UK Service personnel on operations were treated at the UK Field Hospital in Afghanistan (Camp Bastion) or Iraq (Basra), or coalition medical facilities.

## Further Information

---

### Disclosure Control

In line with JSP 200 (April 2016), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than five have been suppressed and presented as '~'. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

To ensure that statistics presented in these tables do not disclose individuals' identities we do not present cumulative totals in **Table 1** and **Table 2** and significant multiple amputees are only presented annually in **Table 3**. Non-Iraq and Afghanistan amputees are presented annually in **Table A1**. Tables 2, 3 and A1 will only be updated annually in the first publication of the new financial year.

### Pseudo-anonymisation

Prior to analysis the data sources have been linked using a pseudo-anonymisation process. The individual identifiers were stripped from datasets and replaced by a pseudo-anonymiser, generated by an automated sequential numbering system. The key to the system is that it recognises previous occurrences of a given Service number and allocates the same pseudo-anonymiser on each occasion. The pseudo-anonymisation process can only be reversed in exceptional circumstances controlled by the Caldicott Guardian under strict protocols.

## Further Information (cont.)

---

### Contact Us

Defence Statistics welcome feedback on our statistical products. If you have any comments or questions about this publication or about our statistics in general, you can contact us as follows:

**Defence Statistics (Branch)** Telephone: 0306 798 4467

Email: [DefStrat-Stat-Health-DepHd@mod.uk](mailto:DefStrat-Stat-Health-DepHd@mod.uk)

If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:

<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act>

### Other contact points within Defence Statistics are:

Defence Expenditure Analysis	030 6793 4531	<a href="mailto:DefStrat-Econ-ESES-DEA-Hd@mod.uk">DefStrat-Econ-ESES-DEA-Hd@mod.uk</a>
Price Indices	030 6793 2100	<a href="mailto:DefStrat-Econ-ESES-PI-Hd@mod.uk">DefStrat-Econ-ESES-PI-Hd@mod.uk</a>
Naval Service Manpower	023 9254 7426	<a href="mailto:DefStrat-Stat-Navy-Hd@mod.uk">DefStrat-Stat-Navy-Hd@mod.uk</a>
Army Manpower	01264 886175	<a href="mailto:DefStrat-Stat-Army-Hd@mod.uk">DefStrat-Stat-Army-Hd@mod.uk</a>
RAF Manpower	01494 496822	<a href="mailto:DefStrat-Stat-Air-Hd@mod.uk">DefStrat-Stat-Air-Hd@mod.uk</a>
Tri-Service Manpower	020 7807 8896	<a href="mailto:DefStrat-Stat-Tri-Hd@mod.uk">DefStrat-Stat-Tri-Hd@mod.uk</a>
Civilian Manpower	020 7218 1359	<a href="mailto:DefStrat-Stat-Civ-Hd@mod.uk">DefStrat-Stat-Civ-Hd@mod.uk</a>
Health Information	030 6798 4423	<a href="mailto:DefStrat-Stat-Health-Hd@mod.uk">DefStrat-Stat-Health-Hd@mod.uk</a>

*Please note that these email addresses may change later in the year.*

### If you wish to correspond by mail, our postal address is:

Defence Statistics (Branch)  
Ministry of Defence, Main Building  
Floor 3 Zone K  
Whitehall  
London  
SW1A 2HB

For general MOD enquiries, please call: 020 7218 9000

## **ANNEX A - Amputations as a result of injuries or illness sustained in locations other than Afghanistan or Iraq**

In addition to the information presented in Tables 1 and 2 of the Annual Afghanistan and Iraq Amputation Statistic, the table below presents the number of surviving<sup>h</sup> UK Service personnel whose injuries included a traumatic or surgical amputation, partial or complete for either upper or lower limbs as a result of injuries sustained in locations that were not Afghanistan or Iraq.

This includes personnel deployed on other operations that are not Op VERITAS, Op HERRICK, or Op TELIC and personnel that have been injured or had an amputation as a result of an illness in non-operational environments.

Due to the low numbers of amputees, numbers are only presented by financial year.

This information is sourced from three of the five data sources detailed in the Background Quality Report: The Complex Trauma Database, the Prosthetics Database and the Defence Patient Tracking System (DPTS). The Prosthetics database is the earliest recorded dataset for amputations data, commencing in June 2006. Subsequently, only UK Service personnel that continued to receive treatment for their injuries after June 2006 will have been counted in the datasets. As such, the number of amputees provided in Table A1 should be considered as a MINIMUM.

**Table A1: UK Service personnel<sup>1</sup> with partial or complete limb amputations sustained as a result of injuries in locations that were not Iraq or Afghanistan, Numbers<sup>2</sup>  
7 October 2001 to 31 March 2016**

<b>Date of initial amputation</b>	<b>Numbers</b>
<b>All</b>	<b>75</b>
2001/02 <sup>3</sup>	~
2002/03	~
2003/04	~
2004/05	~
2005/06	~
2006/07	~
2007/08	~
2008/09	~
2009/10	8
2010/11	7
2011/12	9
2012/13	11
2013/14	10
2014/15	8 r
2015/16	~

Source: Complex Trauma database, Prosthetics Database, Defence Patient Tracking System

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.
  3. Covers the time period 7 October 2001 to 31 March 2002.
- r indicates a revision due to updated information received.

<sup>h</sup> A casualty that has survived their injuries.

The most frequent cause of amputation as a result of injuries or illness sustained in locations other than Afghanistan or Iraq is land transport accidents.

During the overall time period 7 October 2001 to 31 March 2016:

- a. There were a minimum of **75** surviving<sup>i</sup> UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained in locations other than Iraq or Afghanistan.
- b. In addition to the 75, there are **fewer than five** surviving<sup>h</sup> UK Service personnel with an amputation where there is no further information about the date of amputation, thus the amputation may have occurred during this time period.
- c. Financial year 2012/13 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained in locations other than Iraq or Afghanistan, with **11** amputees.

During the time period 7 October 2001 to 31 March 2016:

- a. **43 (57%)** of the surviving<sup>h</sup> UK Service personnel from locations that were not Afghanistan or Iraq whose injuries includes a traumatic or surgical amputation, partial or complete, for either upper or lower limbs have been medically discharged<sup>i</sup>.
- b. Of the 43 UK Service personnel medically discharged, **23** were discharged with a principle cause of musculoskeletal disorders and injuries. The remaining **20** UK Service personnel have been medically discharged with one of the following principal causes; Factors influencing health status, Nervous system disorder, Mental and behavioural disorders, Neoplasms, Circulatory system disorders, Clinical and laboratory findings, Other Medical discharges for which data are not available or Awaiting confirmation.

There are an additional **five** surviving<sup>h</sup> UK Service personnel present in the above datasets with an amputation prior to 7 October 2001<sup>k</sup>.

---

<sup>i</sup> A casualty that has survived their injuries.

<sup>j</sup> As at 31 March 2016

<sup>k</sup> None of the five personnel have been medically discharged, as at 31 March 2016