Major Lower Limb Amputations: Experience Of A Tertiary Care Hospital In Sri Lanka.

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**Introduction**

History of Limb amputation runs as far as Neolithic period. Amputation is considered when the limb is dead, deadly or functionally useless. The incidences of different pathologies leading to limb amputation differ from region to region.

**Materials and methods**

We have retrospectively analyzed all the patients who have undergone major lower limb amputations in Teaching Hospital karapitiya for a period of one year from 01st of October 2013. Type of amputation, age sex, indications for amputation and mortalities were recorded.

**Results**

All together 85 cases of major lower limb amputations were analyzed. That included 43 above knee amputations, 40 below knee amputations, and 2 through knee amputations. Most of the patients were in their 7th decade (38.8%, n=33) and the 8th decade of life (21%, n=18). Male to female ratio was 1:1.7. Key condition associated with lower extremity amputation identified by this study was Diabetic foot ulcer (37.6%, n=32) followed by Peripheral vascular disease (31.7%, n=27). Other causes were trauma (6) acute limb ischemia (5) infections (5) chronic osteomyelitis (4) tumors (3) elephantiasis (1) pressure sore (1) and chronic wound (1). Overall diabetes prevalence was 52.9% (n=45). In hospital mortality rate was 9.4%. Main Cause for deaths was septicemia.

**Conclusion**

In our study population major lower limb amputations are more common in men compared to females. The incidence is highest in 7th and 8th decades. Diabetes mellitus directly and indirectly contributes to more than 50% of amputations.