

Lower limb amputation

Information for patients



This booklet gives you information about your amputation and what you can expect to happen following your surgery. We hope it will answer many of your questions. Please ask a member of the rehabilitation team if you need any more information. We are here to help you.

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Why do I need an amputation?

There are several possible reasons for having an amputation.

You may need an amputation if the blood vessels in your leg are severely narrowed or blocked and the doctors are unable to improve the blood flow to your leg. Poor blood flow may result in pain, ulcers and eventual gangrene of your leg where the blood supply is completely blocked. If left untreated this can make you dangerously unwell and urgent treatment will be required.

Sometimes amputation is needed following an accident if there has been extensive damage to your limb that cannot be repaired.

Amputation may be necessary if you are diagnosed with cancer of your limb.

What level will the amputation be?

Your consultant will discuss this with you. It is important that the amputation wound heals and allows you the best possible function after surgery. It may be above the knee, through the knee or below the knee. Occasionally, if there are significant problems with healing or if extensive infection returns, you may need further surgery.

The amputated limb is commonly known as the 'stump' or residual limb.

What if I do not want the amputation?

The decision to amputate is never an easy one. If you do not consent to the amputation we will respect your decision, but it is important that you realise that your symptoms will not improve and may get worse. If your leg deteriorates further you may become dangerously ill due to toxins being released into your body from the dead tissues. If you change your mind and decide to have the amputation, speak to your doctor or GP promptly.

What are the risks?

Whilst all operations carry some risk, your individual circumstances will need to be very carefully considered before any operation. An anaesthetist will assess your fitness for surgery and your medical team will discuss risks with you.

Who will be involved in my care?

There are many professionals who work together to provide the care and support that you need both during your hospital stay and following discharge.

Doctors

You will be under the care of a consultant surgeon on the ward, who will have a team of doctors helping them. They will see you regularly whilst you are in hospital to monitor your recovery and manage any medical issues that you may have. On discharge from hospital you are likely to see your consultant as an outpatient and they will hand over your day to day medical care to your GP.

Nurses

The nurses will take care of you from the day you are admitted until the day that you leave hospital. They will be there to help and advise you with personal hygiene, wound care and monitoring the condition of your skin. They are also your link with other staff involved in your care.

Vascular Specialist Nurse

This nurse specialises in your care. They can provide advice for you and the ward staff about your treatment. They provide a link between you and other team members until you are discharged from hospital.

Occupational Therapist (OT)

The OT will check that you can manage daily activities safely, such as washing, dressing and meal preparation. They will order your wheelchair and arrange any equipment that you will need when you first go home. They may visit your home to help with planning for your discharge. The Community OT may be involved if you need further adaptations to your home following your discharge from hospital.

Physiotherapist (PT)

The physiotherapist will help you regain your strength and confidence following surgery. You will be given an exercise programme for muscle strengthening and general fitness and will practice tasks that are needed for home. They will help you to decide what types of activities will be most suitable for you in the long term so that you can live as independently as possible.

If possible, the occupational therapist and physiotherapist will meet you before surgery to answer any questions you or your family might have.

Podiatrist

A podiatrist can advise you on the treatment and care of your remaining foot. This is especially important if you are a diabetic. You can ask your GP to refer you to a local NHS podiatrist.

Social worker/care manager

This person may be involved if you will need help with washing, dressing or meal preparation at home. The social workers can also help with housing issues and benefits.

During your time in hospital you may also meet the pharmacist, dietitian and other specialist teams who give advice on particular aspects of your care.

What to expect after surgery

Immediately following amputation

Initially after your operation you may feel a bit groggy and disorientated from the anaesthetic. You will be monitored closely for the first few hours after surgery. You may also notice some drips and tubes attached to you. You may have:

- a drip in your arm for fluids and medications
- an oxygen mask
- pain relief – either patient controlled analgesia (PCA) or a thin epidural tube in your back
- a tube into your bladder so that urine can drain into a bag (catheter). This will be removed as soon as possible when you are moving more freely in bed.
- a small drainage tube from your amputated limb. This is usually removed after 1 - 2 days.
- wound dressings.

Emotions

Amputation is a life changing event. It will take time for you to adjust both physically and emotionally. Your emotional recovery is very important. Please share any worries you may have so that we can support you.

You may feel relieved that the source of your pain has gone, especially if you have had a long period of illness leading to your amputation. Others may feel shocked or numb initially, especially if you have a sudden injury or illness and have had little time to prepare for surgery.

It is normal to experience feelings of loss and grief at some time following amputation. Negative feeling may include fear, anxiety, anger, denial or depression. These are all very natural responses. For most, these feelings will fade as you adjust to life after amputation and begin to make positive plans for your future.

If you have on-going difficulties you may benefit from additional support. Do not ignore these feelings. It is important to speak to a member of staff or your GP who can help you decide what help you need.

Pain control

It is normal to experience some pain or discomfort around the wound site in the early days after surgery. This will improve as the healing progresses. You will be given painkillers to help keep you comfortable. It is important that you let us know if you are in pain. Good pain control will help you to move more freely and allow you to participate fully with your rehabilitation.

Phantom limb sensation

Immediately following surgery, it may feel as if the amputated limb is still there. Each person's experience is different. You may feel these phantom sensations in the whole leg or just part of it such as one toe. You may feel that the leg is in an odd position or it may feel the same length and weight as your remaining leg.

This is extremely common and occurs because the brain is still sending signals to the part that is no longer there. The brain retains a "memory" of the amputated limb. In time, this may begin to fade. In the first few months after your surgery it is easy to forget that your limb is no longer there, especially at night when getting up to use the toilet and after sitting for long periods. Take care during this period as people have been known to fall after trying to use the absent leg. Phantom sensations can be very strong and you can easily forget that you have had an amputation.

Phantom limb pain

In some people the phantom limb sensations can be painful. The pain can be a tingling, burning, itching or cramping sensation or can be a sharp or shooting pain. The reason for phantom limb pain is only just beginning to be more fully understood. Phantom limb sensations can be triggered by many different things and

will vary from person to person. This may include things such as swelling, muscle spasms, temperature changes, emotional triggers, changes in the weather, or sometimes no obvious reason. If your pain is causing you difficulties, ensure you discuss this with any member of the team. There are specific types of pain medications that can help or your current dose may need to be adjusted to suit your needs. You may be visited by a member of the pain team who will also be able to offer advice.

For most people this problem does resolve with time.

What happens during my rehabilitation in hospital?

When will I start getting out of bed?

The physiotherapist will come and see you the day after the operation and will go through some simple exercises with you to help you keep your muscle strength and reduce the risk of stiffness in your joints.

As soon as you are feeling well and your pain is controlled, the therapists will come and help you move safely from the bed. This is usually on the first or the second day after your operation. Initially we will lend you a wheelchair for use on the ward.

Once you are up and about in your wheelchair you will join the therapists in the gym. It is better if you are dressed in something comfortable, such as a pair of loose trousers/shorts and a t-shirt. You and the therapists will set your own personal goals which are important for your discharge. You will follow an exercise programme to improve your strength, balance and to practice skills that you will need to use for independence and safety at home. You will have the opportunity to discuss this with your therapists when you are in hospital.

Will I need a wheelchair?

The occupational therapist will provide a wheelchair with a special pressure relieving cushion for you to use whilst in hospital. The occupational therapist will also make a referral to the local wheelchair service for them to provide you with your own wheelchair for longer term use. A wheelchair is the safest means of getting about, especially during the early stages when you need support to protect the remaining part of your leg whilst it is healing.

It is not advised to use crutches or a frame to hop on your remaining leg. This can cause damage to your leg and puts you at a very high risk of having an accident.

Looking after your residual limb (or stump)

Any swelling of your residual limb will cause a delay in the healing process and increases pain and stiffness. You can help yourself by resting your leg, fully supported on the bed or chair; do not place pillows under your stump as this can cause long term stiffness and pain in your joints. Avoid hanging your stump over the edge of your bed or wheelchair. If needed, you will be provided with a support board on your wheelchair. This will help to reduce any swelling and protect your stump from accidental knocks.

You may be provided with a compression sock to help reduce the swelling further in preparation for an artificial limb. Your physiotherapist will discuss this with you if it is needed.

When in bed, rest with your legs straight. Do not place pillows under the thigh or knee as this can cause your hip or knee to become fixed in a bent position. A stiff joint is often painful and it will make your rehabilitation more difficult.

Will I get an artificial leg?

It is not always an easy decision to make; the therapists will discuss your individual circumstances with you and your family. Some people adapt very well to using an artificial leg but this will depend on your previous level of fitness, level of amputation and any other medical conditions that you have. It is important to realise that using an artificial leg takes up a lot of energy. Some people find that they have a better quality of life in a wheelchair, where they feel safer and have more energy to do everyday tasks.

If you are likely to manage an artificial leg we will refer you to a specialist limb fitting team based at the Oxford Centre of Enablement for further assessment. You will receive an outpatient appointment approximately 6 weeks following surgery.

Planning your discharge home

How long am I likely to stay in hospital?

Everyone recovers at a different pace and it is difficult to predict this before your surgery. If it is possible to discharge you straight home you will usually be in hospital between 14 - 21 days. After the operation you will be working with the rehabilitation team to learn new skills essential for discharge from hospital.

If you need a little longer to rehabilitate the team may recommend that you go to your local hospital or community hospital where you will continue your therapy. Community hospitals have teams of therapists who can continue your rehabilitation in preparation for home. Where possible we will aim for you to go to your nearest community hospital but this is not always possible. We strongly recommend that you take the first available bed offered. It can be possible to move closer to home if a bed becomes available at a later date.

If you need more therapy after discharge home, this can also be discussed and arrangements made for your continued care.

Preparing to go home

The whole team will work closely with you as you recover from the operation and plan for your discharge from the hospital. We are here to make sure that you have the right information and support you as you recover. If you or your family have any concerns about your care or discharge plans please speak to one of the team.

The therapy team will discuss your home circumstances in detail with you and your family. This will help us to plan how you will best manage at home and to teach you the key skills you will need in order to be safe at home.

The occupational therapist may ask to visit your home. This is called an 'access visit' and allows us to take specific measurements to check that your wheelchair can be moved around your home. It also helps to identify any equipment or adaptations that you may need. It is important to realise that our focus will be on getting you home safely. We can provide small items of equipment necessary for discharge home but larger adaptations may need to be carried out at a later date.

The nursing staff will be able to advise you on how to look after your wound when you are at home. Your district nurse may be involved if you need to have the wound dressed.

Will I be able to drive?

It is a legal requirement for you to inform the DVLA and your insurance company about the change in your circumstances. There are many conditions and medications that can affect your ability to drive. Options for driving after amputation will depend upon the type of car you drive. There are specialist vehicle centres nationwide who can offer individual advice and assessment following your surgery.

Your safety

Falls are very common following amputation as it is more difficult to keep your balance when moving. However by sticking to some simple rules you can help to prevent falls and injuries:

- Always take your time when moving. Rushing is likely to cause an accident.
- When moving in and out of your wheelchair, make sure the brakes are on and you have positioned yourself close enough to make the transfer safely.
- Wear comfortable, well-fitting shoes that have a non-slip sole.
- If you have phantom limb sensation it is easy to forget that you have had your leg amputated. Trying to stand on a phantom limb is a common cause of falls. Be especially careful when you first wake up or need to move from bed at night.
- Make sure that your home environment has clear space for moving. Check for good lighting, remove loose rugs, trailing cables or clutter. Keep floors dry and be very careful on uneven or wet surfaces.
- Place most frequently used items within easy reach.
- Ensure regular check-ups with your GP to review both your medication and blood pressure.
- Make sure your eyes are regularly tested and wear your glasses as prescribed.
- Keep active – inactivity leads to both weak muscles and poor balance.
- Eat a healthy balanced diet and keep hydrated (drink lots of liquids, preferably water).
- Limit alcohol intake.

What should I do if I fall?

Before you go home, we will discuss an action plan in case you fall. If possible we will teach you how to get up from the floor safely.

If you do fall:

RECOVER FROM THE INITIAL SHOCK.

Any fall is a frightening experience and you will be shaken – give yourself a moment to settle and decide if you are hurt before any attempt to get up.

Carers can summon help and keep you warm and comfortable. They should not attempt to lift a person who has fallen and is unable to get up themselves.

ARE YOU HURT?

No – follow your action plan.

YES – try to stay calm.

SHOUT FOR HELP. Use your telephone or pendant alarm. Bang on the floor or walls to attract attention. DIAL 999 to get the emergency help you need.

STAY WARM. Use any clothing or rugs within reach to make yourself as comfortable as possible while you wait for help to arrive.

KEEP MOVING. If possible, move regularly to prevent pressure sores while you wait for help to arrive.

Whether you are hurt or not, make sure you discuss the fall with your GP. They can check for what might have caused the fall. They can arrange for you to be seen by your local physiotherapy team or falls specialist team if necessary.

Staying healthy

Pressure care

Avoiding pressure sores is very important as your skin can be very vulnerable. It can easily become red, blistered or can break to form an open sore. The areas which are most at risk are the buttocks, heels and toes. Staff will assess your need for a special mattress and cushion to help prevent sores forming. You will be taught how to change position regularly in bed and adjust your position in the chair safely to relieve any discomfort. Let staff know if you are uncomfortable. If you had your amputation because of circulation problems, we strongly discourage hopping on the remaining limb as this puts excessive pressure on the remaining foot.

Skin care

- If you have problems with your circulation your skin can become very dry. It is important to ensure that your skin is moisturised as dry skin can crack. This increases the risk of infection. Use a simple moisturising cream in gentle downward strokes in the same direction as your body hair. Avoid any broken skin and do not moisturise between your toes (this can cause problems with the skin being too 'wet'). Nursing staff can help advise you on which cream will be suitable.
- Soap is very drying to your skin. Consider washing with a soap substitute using warm water. Test the temperature of the water with your elbow before immersing your limbs. Dry thoroughly but gently, taking care between your remaining toes. Do not force your toes apart. Pat your skin dry rather than rubbing as this can be too rough on sensitive or dry skin.
- Inspect your remaining foot daily. You can use a long handled mirror or ask someone else to help you. Seek advice from your GP, district nurse or podiatrist if you find any cuts, blisters or inflamed areas.
- Check your footwear regularly for rough edges or sharp areas. When buying new footwear, check they fit well, with plenty of

room for your toes. Check that socks or stockings are not too tight around your ankle/calf and do not leave a mark on your skin. If your amputation was due to vascular disease or you are diabetic, seek advice from a podiatrist on how best to cut your toe nails. Never treat corns or calluses yourself.

- Take care to avoid knocking your leg or residual limb. Always move your footplates out of the way when getting in and out of your wheelchair and be sure that you have enough clear space when you are moving around.

Smoking

It is very important that you stop smoking. This is a major cause of amputation as it damages your blood vessels. Continuing to smoke can delay healing of your wound and increases your risk of further surgery. Speak to a member of the team who can help direct you to specialist support.

Useful contacts

OWLS – Onward Without Limbs

Offer advice and support for amputees and their families.

Website: www.owls4u.org.uk

British Limbless Ex-Servicemen's Association

185-187 High Road

Chadwell Heath

Essex RM6 6NA

Tel: 020 9590 1124

Fax blesma@btconnect.com

Website: www.bleasma.org

British Red Cross (national branch)

9 Grosvenor Crescent

London Sw1X 7EJ

Tel: 020 7235 5454

Website: www.redcross.org

Citizens Advice Bureau

Tel: 0845 050 5152

Website: www.adviceguide.org

Disabled Living Foundation

380-384 Harrow Road

London W9 2HU

Tel: 020 7289 6111

Website: www.dlf.org.uk

Department of Social Security (DSS)

Tel: 0800 882 200 (Freephone)

DVLA

Swansea SA6 7JL

Tel: 0870 240 0009

Website: www.dft.gov.uk/dvla

Limbless Association

Queen Margaret Hospital

Roehampton Lane

London

SW15 5PN

Tel: 020 8788 1777

Website: www.limbless-association.org

Limb Loss Information Centre

Website: www.limblossinformationcentre.com

Sexual Health and Disability Alliance

Website: www.shda.org.uk

Your own notes

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

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Created: June 2013
Review: June 2016.
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