

# Lower Limb Amputation

An information guide



# Lower Limb Amputation

## Introduction

This leaflet has been designed to help answer some of the questions you may have if you have been told that you need an amputation, or if you are recovering from an unexpected amputation.

If you find that something is not covered, or you have any further questions, please ask a member of staff.

## Consent to store your personal information

Vascular surgeons record information about surgical interventions, including lower limb bypass surgery on the National Vascular Database (NVD).

This is a secure database that is used to help monitor and improve vascular services throughout the country. Therefore, you (or your nearest relative) may be asked to give permission for your personal information to be stored on the NVD.

Although the database is a national system, strict data governance means personal details on the NVD can only be accessed by staff directly involved in an individual's treatment.

Patient information is confidential and is not passed on to third parties other than healthcare professionals directly involved in an individual's care.

You need to confirm with your vascular surgeon whether you are happy for them to store your personal information on the NVD.

## **What is an amputation?**

An amputation is the surgical removal of part or all of a limb.

## **Why do I need an amputation?**

Amputations are performed for several different reasons, the main reason being poor circulation, in which the blood supply to the legs is reduced. This results in constant severe pain and can lead to infection, obstructed blood supply (ischaemia) or gangrene. Amputation may also be necessary if you are diabetic and/or have severely infected foot/leg ulcers.

Occasionally, amputations are performed for cancers, following a road traffic accident or industrial injuries where it is impossible to save the limb.

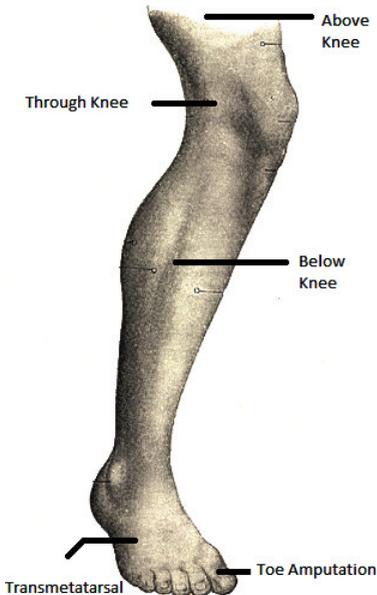
## **The decision to amputate**

The decision to agree to an amputation can be made easier if the patient understands what to expect after surgery - physically, emotionally and mentally. Consenting to the operation often takes a lot of courage, and helping you to make an informed choice is an important part of your recovery process. Some patients may not always be in a position to make a rational decision for themselves due to confusion because of their infection, sedation from taking strong painkillers or in an emergency situation. The surgeon, following discussion with the patient's family, then makes the final decision to amputate.

## **Alternatives**

The decision to amputate will only be taken when no other options are available for you. Poor blood supply can eventually lead to severe infection, ischaemia and gangrene, which if left untreated would result in death.

## Level of Amputation



## What are the risks involved?

Risks can never be excluded with any type of surgery, but unexpected problems are rare. This operation may include the following risks:

- Mortality.
- Heart attack.
- Haemorrhage (bleeding).
- Wound infection.
- Pain.
- Phantom limb discomfort/sensation.
- Failure of wound to heal, resulting in further amputation.
- Pressure ulceration (particularly bottom of spine (sacrum) and heel of foot).
- Deep vein thrombosis (DVT).
- Chest infection.

## **What happens before the operation?**

- If you are not already a patient on the ward, you will be admitted to hospital via a variety of routes, for example your GP, outpatient clinics.
- A doctor and nurse will take some information from you and discuss any fears and anxieties you may have.
- Routine blood samples will be taken and an ECG (heart tracing) and chest x-ray may be carried out.
- Your temperature, blood pressure, pulse and weight will be recorded
- You are not usually allowed to eat or drink for four to six hours before your operation.
- The nurse will assess your current mobility and risk of developing pressure sores. A suitable pressure-reducing mattress/cushion will then be used.
- The anaesthetist will see you before the operation and discuss with you: your health; the types of anaesthetic available; the risks, benefits and your preferences; the most suitable anaesthetic for you - if you prefer we will decide for you.
- If you are diabetic and use insulin or tablets, a drip may be inserted into your hand or arm before the operation. The nursing staff will monitor your blood sugar on a regular basis.
- You may or may not be given a sedative (pre-medication) before your operation.

## **The operation**

The aim of the amputation is to remove enough of the diseased, infected or gangrenous tissue. This allows the wound to heal, whilst at the same time saving enough limb for a prosthesis (false limb).

## What happens after your operation?

- Once you are stable you will be transferred back to the ward.
- You will usually have oxygen on return to the ward. This will involve either a mask on your face or small tubes which rest in your nostril.
- The nurses will monitor your condition and record your blood pressure, pulse, temperature and breathing until you are stable.
- Initially, you may not feel like eating or drinking. A drip will be inserted in your hand or arm and fluids will be given through this. Once you are fully awake you may have sips of fluid, building up slowly to a light snack during the evening of the operation.
- Your wound will be covered with a bandage. A tube (drain) may be placed under the skin next to the wound. This removes excess fluid away from the operation site and prevents excess bruising and swelling. The dressing is not usually disturbed until five days after your operation; this is to prevent the risk of introducing infection.
- The wound is usually stitched and the stitches will remain in place for 10 to 14 days. Occasionally, wounds across the foot or removal of toes may be left open to heal with dressings.
- A catheter (tube) may be placed in your bladder whilst you are in theatre to monitor your urine output. This also avoids the need for you to worry about passing urine after the operation.
- Painkillers will be given according to individual requirements. Please inform the doctor or nurse if the painkillers are not effective.

## **Other professionals involved in your operation**

During your hospital stay, you will meet many health care professionals who make up the 'multi-disciplinary team' (MDT). The team consists of doctors, nurses, physiotherapists, occupational therapists, social workers and dieticians.

Their aim is to provide advice and support during your stay and arrange your discharge home. Successful discharge depends on early planning, therefore, you will meet with some of these people before your operation.

**The nursing staff** - Are there to care for you before and after your operation. The nurses are also there to listen and discuss any worries or needs you may have.

**Doctors** - Carry out a ward round every day to discuss your care, the results of any tests and any medication you are taking.

**Pain nurses** - Specialist nurses are available to discuss your pain relief and medication. The nurse can also help with the treatment of phantom limb pain.

## **Inpatient Therapy**

You will be visited by a therapist who will explain what to expect after the operation. It is important to know how you have been managing at home over the last few months. This is to assist the planning of your rehabilitation.

After your operation some people are more likely to experience chest problems. If this applies to you a Physiotherapist will come and listen to your chest and give you advice on breathing exercises.

You will be provided with an exercise programme to complete daily. These will help to stimulate your circulation, reduce swelling and prevent deep vein thrombosis (blood clots). They are extremely important to maintain joint range of movement and to strengthen your muscles. This is essential if you wish to work towards having an artificial limb (prosthesis).

You will be taught how to get on and off your bed, in and out of your wheelchair and on and off the toilet.

An Occupational therapist (OT) will assess your home environment to identify any equipment needs and adaptations. The assessment may provide short-term solutions to enable you to get home from hospital. The OT will assist you to problem solve and will offer advice about how to manage tasks on your return home.

Depending upon your individual needs, further rehabilitation may be discussed with you if it is felt you would benefit from having further practice of specific tasks before you return home.

On discharge, depending on your individual need equipment, carer support and referrals to other services in the community may be required.

### **Amputee Rehabilitation Class**

You will be referred to the Specialised Ability Centre Manchester for assessment following your amputation. The assessment will be to determine whether or not you are suitable for an artificial limb. It may take up to six weeks for you to get your first appointment and the process towards using an artificial limb can take several months.

It is important to understand not everyone will be suitable for an artificial limb due to existing medical conditions for example heart or chest problems. It takes much more energy to walk with an artificial limb. For those who are not suitable for an artificial limb, a cosmetic limb can be provided.

If you are provided with a prosthetic limb you will practice walking with it in class. It is important for you to think about what goals you want to achieve with your limb, for example if you will need to climb stairs or if there are any hobbies or interests you would like to return to.

## Hobbies and driving

For some people it is possible to return to driving after an amputation, if you fit the criteria. Speak with your health professional who will provide you with information and can refer you to your GP for help returning to drive.

If you have any hobbies or interests that you would like to return to, this may also be a possibility. Please speak with your health professional who can provide you with further information on this.

The Occupational Therapist can provide information and advice about where to access support to regain independence in leisure tasks and to support with returning to driving.

**Follow-up visit** - Once you are discharged home, a follow-up visit may be carried out, to see how you are managing at home. A follow-up telephone call may be completed instead of a visit.

**A social worker** may see you if additional support at home is required, for example home care, emergency call lines or meals on wheels. They can also give you advice and help regarding benefits or any financial worries you may have.

**A dietitian** may see you to provide advice on your diet. Some patients may have lost weight before the operation due to poor appetite and high levels of pain. Wound healing and the recovery process is dependant on a well-balanced diet. You may be constipated due to reduced mobility and the effects of painkillers. More calories are required for those patients using either a false leg or a self-propelled wheelchair.

**The wound care** team may assess you and advise on treatment if the wound is slow healing or fails to heal at all.

**A podiatrist** - You will be referred to a podiatrist for advice on care of the remaining limb and appropriate footwear. It is extremely important following an amputation that you look after your remaining limb. It is important that you examine your foot every

day. If need be, get someone to help you or use a mirror. If you notice any changes in colour, unusual swelling, any areas of discharge, blistering or anything that is not normal for you, contact your GP, state registered podiatrist or district nurse immediately for advice. Any problems are much easier to treat when caught early.

**The orthotics department** may assess you for suitable footwear when either a toe or only part of the foot has been removed.

**Amputee support group** - meetings are held once a month by a group of healthcare professionals and former patients, their partners and families at North Manchester, Oldham and Rochdale. You can attend the meeting whilst you are in hospital or following discharge.

This service offers time and support from other amputees who have previously had similar experiences to you. They are there to listen to your worries and fears and may be able to answer some questions that others are unable to. Please ask a member of the nursing staff for a leaflet whilst you are on the ward.

In addition to this you can also ask to see an amputee whilst in hospital to discuss life before and after your surgery.

### **What is phantom limb sensation?**

It is very common when you have had an amputation to feel that the limb is still there. Most people feel pins and needles or an itch and occasionally pain. This is what is known as phantom limb sensation. These feelings will reduce as time goes by, but can last for months or years, but in a milder form. There are treatments or tablets that can be given to reduce these sensations, so please ask the nursing team.

## Will I need a wheelchair?

All patients are issued with a wheelchair after surgery, regardless of whether they will wear an artificial limb. Initially the chair may be loaned to you, until your own chair can be ordered and delivered. This can take several weeks. The physiotherapist will teach you how to:

- Transfer in/out of your chair.
- Fasten your seatbelt.
- Remove the arm of the chair.
- Use the brake.
- Self propel.
- Use the footplates.

There may be times when you need to use your chair, if you are unwell or have sores on your stump. The wheelchair will provide you with mobility and independence and should not be considered as a hindrance. For some people a wheelchair is the easiest way of getting around.

A wheelchair is provided to give you a way of getting around when you cannot walk, it should not be used to replace your normal seating as it may cause you to develop pressure sores. Below are some of the pointers to prevent pressure areas for wheelchair users:

- Do not sit in the wheelchair for longer than 4 hours without a break - if you have been advised to sit for shorter periods than this, then please follow that advice.
- As soon as you are able, transfer into an armchair/onto the bed.
- Relieve pressure, if able by:
  - leaning to the side
  - leaning forward
  - lift off the cushion using the armrests

- If you have an existing pressure area please speak with the district nurse for further advice.
- Use the cushion that has been provided with your wheelchair - do not change this for an alternative.
- Put the cushion into the chair the correct way round.
- Do not put a conti-sheet on top of your cushion as this will stop it working correctly.

If you think you need an alternative wheelchair cushion, please contact your wheelchair support centre to request a reassessment. Contact numbers can be found in the back of this booklet.

### **Caring for your stump**

Initially your stump will be swollen. This swelling reduces the blood supply to the stump and can delay healing and later affect the fit of your artificial limb. In order to keep your swelling to a minimum, make sure you elevate your stump on a stool when sitting down.

You may be provided with a stump shrinking sock to help the swelling and shaping of your stump. Below is some advice with regards to wearing them:

- Please wear as much as possible including at night.
- Please remove if pins and needles start in the stump, replacing the sock after an hour or so.
- Please remove if pain in the stump starts, replacing after an hour or so after the pain has settled.
- Please keep well pulled up - no wrinkles allowed at the bottom end. The top may slide down slightly but this is not important.
- Please wash the sock about once a week. It may be hand or machine washed (there is a washing label sewn in the sock) and may be tumble dried.
- You will obviously need to leave it off for a few hours while it dries.

- If you have any problems or require a new/replacement sock contact the Specialised Ability Centre see contact numbers in the back of this leaflet.

Massaging your stump can also help the healing process. As soon as your bandage is removed you need to be touching and massaging your stump. This can be very soothing and beneficial. It will help you assess where your stump is sore and tender.

Massaging of the stump should be slow and continuous using fingertips of the whole hand in gentle smooth, upward stroking movements. This can also help with phantom limb sensation and moves towards restoring muscle tone.

Your scar (suture line) may tend to thicken and stick to the underlying tissue (adhesions) as it heals. As soon as you can tolerate massaging the suture line this will help your skin to become suppler (more stretchy), reducing the risk of damaging the healing tissue by maintaining elasticity. When your stitches have been removed, place one finger above and below the incision. Move the incision gently inward and upward/ downwards direction (as supervised by your physiotherapist/nurse).

Even if your suture line is unhealed and needs dressings, gentle massage around the area will help your circulation and promote healing. Ensure you wash your hands before and after massaging the stump to prevent infection.

## **Your well-being**

It is not unusual following an amputation to feel a sense of loss, similar to those feelings following a bereavement. At these times, it is important to remember that freedom from pain will dramatically improve your sleep, strength and quality of life. If you are feeling down, please share your feelings with us. It can take several months to fully regain your strength and adapt to your new lifestyle.

## **Fear of falling**

Lots of people fall over, even those who do not have an amputation. It is probable that at some stage you will fall, having lost your balance. It is important that you know how to get up from the floor following a fall.

First - take time to check that you have not seriously injured yourself. Catch your breath. You may wish to remove your artificial limb if you have one.

Getting up backwards with or without an artificial limb. Find a low stool or sofa cushion and place this in front of a chair, which has its back to a wall. Using your hands behind you, lift your bottom onto this initial level. Lift again onto the chair, moving stage by stage.

Get up from kneeling, wearing a prosthesis. Try to get on 'all fours'. Put your weight on your best foot (or toes if you cannot manage a flat foot). Push through your hands and your sound leg. Push your bottom into the air. Using your sticks, push yourself upright. If you cannot get up, try to shuffle or 'bottom walk' to reach a telephone. If you have hurt yourself, wait for help to arrive and also contact your GP.

It is useful to keep a telephone at a height where you would be able to reach it from the floor or keep your mobile phone in your pocket. If you have hurt yourself or are unable to get up, use your pendent alarm if you have one or call your GP/dial 999 depending on the severity of injury and wait for help to arrive. If you are unable to summon help keep yourself warm. It is advisable to always keep a blanket at a height you would be able to reach in case of falls. Move yourself out of any damp areas and away from radiators and wait for someone to call.

If you live alone and are worried that there may be periods of time when you may not be able to summon help, then keep your mobile phone on you or wear an alarm pendant. This is a call button you

can wear at all times and easily use to call for assistance when required.

### **In order to prevent falls think safety first;**

- Always wear your seat belt in your wheelchair
- Don't try to overreach for objects - move closer to them in order to get to them.
- Always ensure your brakes are on the chair before you attempt to transfer in/out of it.
- Ensure areas are clutter free to prevent your wheelchair getting caught or tripping during transfers/walking on your prosthesis. When getting around at home always use the appropriate walking aid or equipment that has been advised and provided by your physiotherapist/occupational therapist.

### **When you are ready to go home**

- The multi-disciplinary team will discuss with you when you are ready to go home
- Any aids required at home will be delivered prior to discharge
- If you require any medication, a seven day supply will be issued by the hospital
- You will be referred to a district nurse who will visit you at home to check your wound and provide any other nursing care as required
- If you need a fit note or Hospital Saturday Fund form please ask the nursing staff
- A letter will be sent to your GP informing them of your operation.

## What should I remember at home?

- It is important that you always remember that your safety is paramount when you go home. Whatever activity you are undertaking, think safety first!
- You will feel more tired than usual for the first few weeks following discharge.
- Gentle activity around the house is good for you.
- It may be necessary to take painkillers on a daily basis until you are comfortable.
- You may resume your normal sex life when you feel comfortable to do so.
- With regard to driving, arrangements can be made to adapt your vehicle to satisfy the requirements of the DVLA. You will need to inform the DVLA of your change in circumstances, and they will then contact your doctor and inform them when you are able to drive again. It may be advisable to take specialist driving lessons before driving an adapted/hand controlled car.
- Application forms for disabled car badges can be obtained from social services.
- Disabled toilet keys may be obtained from your local council (please note there may be a small charge).

## How can I continue to help myself?

Lots! Self-help is a major part of the treatment.

- Aiming to stop smoking is essential. If you continue to smoke, further damage to the arteries in the body will occur. Many people find it difficult to quit, but there are many aids now available which can increase your chances of success. We will be happy to give you any help if you wish, or you can call the Smokefree national helpline on 0300 123 1044.
- It is important to continue to take Aspirin for life. If you are allergic to it your doctor can prescribe an alternative.
- If you have high blood pressure, it is important to take your blood pressure lowering medication and have your blood pressure checked regularly, about every six months.
- Your doctor may have picked up high cholesterol and diabetes and if so, it is necessary for you to adhere to the prescribed treatment plan
- If you are overweight, you should try and lose weight. Regular exercise will help.
- Examine your foot daily. If required, get someone to help you or use a mirror. If you notice any changes in colour, unusual swelling, any areas of discharge, blistering or anything that is not normal for you, contact your GP, state registered podiatrist or district nurse immediately for advice.

Remember that looking after yourself as described should lessen your risk of developing further problems in the future.

## **Useful numbers**

Vascular nurse specialist office - 0161 778 5090

Vascular consultant secretaries, Oldham

Tel: 0161 627 8981/0161 627 8698/0161 627 8826

## **Useful Information**

MANFIT - Manchester Amputee Fitness Initiative

Telephone: 01663 762 766/07776 181180 or email: [info@manfit.org](mailto:info@manfit.org)

Website: [www.manfit.org](http://www.manfit.org)

## **Ring and Ride**

To register as a new customer please contact 0845 688 4933 for all areas.

## **Amputee Foundation**

Telephone: 01744808850

E-mail: [amputation.foundation@hotmail.com](mailto:amputation.foundation@hotmail.com)

## **Wheelchair centres**

### **Rochdale and Bury**

#### **Rochdale posture and mobility centre**

Tel 01706 676349

Maintenance/repair/delivery 0345 120 4992

### **Oldham**

#### **Tameside Wheelchair centre**

Tel 0161 335280

Ross care maintenance/delivery 0161 344 0482

## **North Manchester**

Specialised Ability Centre

Tel 0161 611 3814

Delivery company 0161 330 1446

## **Amputee class**

**Oldham, Bury and North Manchester**

**The Royal Oldham Amputee Class**

Physiotherapy Department

Tel 0161 627 8517

## **Rochdale**

Callaghan House

Tel 01706 676317

## **Specialised Ability Centre**

Appointment enquiries - ask for limb office at the DSC

Tel 0161 611 3784

Nurse - Tel 0161 611 3738

Occupational Therapy and Physiotherapy - Tel 0161 611 3769

Stump sock requests - Tel 0161 611 3784

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 [www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)

 [www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)

 Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: July 2008**

**Date of review: August 2021**

**Date of next review: September 2023**

**Ref: PI(SU)105**

© The Northern Care Alliance NHS Group

[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northernalliance.nhs.uk](http://www.northernalliance.nhs.uk)

