

The Newcastle upon Tyne Hospitals   
NHS Foundation Trust

# **Lower Limb Amputation**

## **A Guide for patients**

## **Introduction**

This booklet has been written 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 amputation.

This is to give you an idea of what to expect during your hospital stay. It may not answer every question so please ask a member of staff if you have any further questions. We are here to help you.

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## Section 1

# Your Operation

### Who will be involved in my care?

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

- **Nursing Staff** - are there to care for you before and after your operation. They are also there to listen and discuss any worries or needs you may have.
- **Medical Staff** - there will be a team of doctors, led by your consultant, who will plan and carry out your surgery. They are responsible for all your medical care and they will review you on a daily basis on the ward to monitor your progress.
- **Occupational Therapist (OT)** – is there to enable you to be as independent as possible following your amputation. Their role in your care is discussed further in the Rehabilitation section.
- **Physiotherapist** – the amputee physiotherapy team will see you daily on the ward after your operation to start your rehabilitation. Their role in your care is discussed further in the Rehabilitation section.
- **Social Worker** – as your circumstances may have changed you may need additional support at home once you are discharged. The social worker can assess your needs and if appropriate arrange a package of care for you at home. They can also give you help and advice regarding any benefits / housing / financial concerns you may have.

### What is an amputation?

An amputation is the surgical removal of part or all of a limb. It is carried out to remove dead or painful tissue and aims to prevent the problem spreading further. Amputations are only advised once all other options to save the leg have been looked at.

### Why do I need an amputation?

Amputations are performed for several different reasons. Occasionally amputations are performed for tumours, or following injury such as a

road traffic accident where it is impossible to save the limb.

The most common reason for amputation is poor circulation, in which the blood supply to the leg is reduced because of a blockage or narrowing of the arteries. If left untreated the lack of blood circulation will cause your pain to increase. The tissues in your leg will die due to a lack of oxygen and nutrients which can lead to infection and gangrene. In some cases, gangrene can be very dangerous as the infection can spread through the body and become life threatening. Amputations may also be necessary if you have a severely infected foot or leg ulcers.

In most cases your quality of life will be improved once you have had a successful amputation.

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

If you are not already in hospital you will usually be admitted for one or two days before your operation. Please bring with you all the tablets and medicines that you are currently taking. There are a number of tests that need to be done to make sure you are fit for the operation. These may include;

- X-ray of the arteries (arteriogram) or a scan (duplex ultrasound) to confirm where the blockages are
- Chest x-ray
- Blood tests
- ECG (a heart trace)
- Breathing tests

You will be visited by the surgeon who will be performing your operation and also the anaesthetist. They will discuss with you where on the leg the amputation will happen. If you have any questions regarding the operation please ask the doctors.

### **What happens during the operation?**

The main sites of amputation are below the knee, through the knee and above the knee. In general the level will depend on how poor the blood supply to your leg is. If possible, below knee amputations are performed but the aim is to remove enough of the damaged tissue to allow your wound to heal.

You will either be put to sleep (a general anaesthetic) or you will have a tube inserted into your back through which painkillers can be given to numb the lower half of your body whilst you remain awake (spinal anaesthetic or epidural). The anaesthetist may use an epidural as well as

a general anaesthetic to provide pain relief after your surgery.

Whilst you are anaesthetised, tubes will be inserted into your bladder (a catheter) to drain your urine, and into a vein in your arm or neck (or both) for blood pressure measurements and to give you fluids following surgery.

The amputation stump will often be closed with stitches. A small tube may be put into the wound to drain any fluid that builds up after your operation to prevent swelling and bruising.

### **What happens after the operation?**

After your operation you will be given fluids by a drip in one of your veins until you are well enough to sit up and take fluids and food by mouth. The nurses and doctors will try and keep you pain free by giving painkillers either by injection, via a tube in your back, or by a machine that you are able to control yourself by pressing a button. As you recover from your operation, the various tubes will be removed. Your catheter will be removed once you can move around.

### **What are the risks involved?**

There are risks associated with your anaesthetic and the fact you are having a serious operation. These will be discussed by your doctor and anaesthetist before your operation. Common complications following an amputation include;

- Wound which does not heal
- Infection
- Need for higher amputation
- Falls
- Phantom pain

### **What are phantom sensations / phantom pain?**

The word phantom means something that you can feel but cannot see. It is very common when you have had an amputation to feel that your leg is still there.

You may experience pain (phantom pain) or strange sensations (phantom sensations) where your leg was. These sensations may occur in the whole leg or just one part of it. Feelings you may experience are;

- pins and needles
- tingling
- itching

- burning
- cramp
- leg resting in an odd position

The cause of phantom sensations is not known but it probably happens because the nerves in the body are still telling the brain that the leg is still there. These feelings will reduce as time goes by, but can last for months or years in a milder form. There are medical treatments that can be given to reduce these sensations so please inform the staff looking after you if are experiencing any phantom sensations or pain.

### How will I feel after my amputation?

An amputation is a life changing operation and can lead to emotions that you may find difficult to deal with on your own. Everybody reacts and copes differently to an amputation. It is not unusual to feel a sense of loss, similar to those feelings following a bereavement. You may experience shock, fear, anger and depression. At these times, it is important to remember that an amputation can relieve pain and without pain your quality of life can dramatically improve.

It can take several months to fully regain your strength and adapt to your new lifestyle. You may find it helpful to share your thoughts and feelings with family, friends and staff involved in your care.

## Section 2 Your Rehabilitation

### Physiotherapy

#### When will I see the physiotherapist?

The physiotherapist will try to see you before your operation. They will explain to you what to expect after your amputation and will ask you questions about your mobility before coming into hospital.

The physiotherapist will then visit you the day after your operation (Monday to Friday) to start your rehabilitation. They will be available on a regular basis to provide treatment and advice.

#### How will the physiotherapist help me?

**Chest** – you will be taught breathing exercises to help maintain a clear chest. Some people may need help to clear their chest after an operation, for example those who smoke or already have chest problems.

**Exercises** – you will be taught simple but essential exercises that can be started from the day after your operation.

The aims of these exercises are to;

- build muscle strength in your limbs
- prevent muscle tightness in your limbs
- prevent stiffness in your joints
- reduce swelling
- improve circulation
- improve your balance
- assist your transfers in / out of bed
- improve your exercise tolerance

The physiotherapist will gradually increase the number of exercises that you do. You will need to try and do these exercises daily and you should keep doing them after you are discharged home.

**Getting out of bed** – we like to get you up and moving as soon as possible. When you feel well and your pain is controlled you will get out of bed with the help of the physiotherapist. They will assess the safest way for you to do this. This is usually one or two days after your operation.

It is likely that you will need some help when you first start getting out of bed. In some instances you may need to use aids to allow a safe transfer in and out of bed. When you are transferring it is common to forget that your leg is no longer there. It is very important to follow the advice of your physiotherapist to reduce your risk of having a fall.

### **Will I need a wheelchair?**

Yes. The physiotherapist will order a wheelchair for you if you don't already have one. This may take around a week to arrive. You will then be taught by the physiotherapist how to use the wheelchair safely.

Following an amputation we do not recommend hopping.

The reasons for this are;

- You have a higher risk of falling
- Your balance will be altered
- Your remaining leg can be a risk of damage (especially if you have diabetes or your amputation was due to poor circulation)
- May increase swelling in your stump

## How can I use my wheelchair safely?

The following safety tips will help you to use your wheelchair safely.

- Always have your wheelchair as close as possible
- Always put the brakes on your wheelchair when you are transferring in or out of your chair. Also make sure the brakes are on when you are doing any activity from your wheelchair
- Always move footplates and any other wheelchair parts out of the way before getting in or out of your wheelchair
- Always use your seatbelt
- Do not attempt to transfer in/out of your wheelchair on slippery or uneven floors
- Do not step on the footplates when transferring as this could cause the wheelchair to tip
- Do not sit on the edge of your wheelchair while leaning forward out of the chair as this could also cause the wheelchair to tip
- Be careful that you do not reach too far forward whilst in your wheelchair

## Will I get an artificial limb?

You will be referred to the Disablement Services Centre (DSC) at the Freeman Hospital to talk about the possibility of receiving an artificial limb (prosthesis). An artificial limb is not always the best option for everyone. You will need to be assessed to make sure that you are physically able to manage an artificial limb and that it would be a benefit to you in your daily life. This assessment will often happen after you have been discharged from hospital. However, it will be possible to visit the DSC during your time in hospital. Your physiotherapist will discuss this process with you in more detail.

## Occupational Therapy

### When will I see the occupational therapist?

The occupational therapist will try to see you before your operation and regularly afterwards. They will help you to achieve independence and will provide solutions if you are having difficulties or are unable to carry out everyday tasks.

### How will the occupational therapist help me?

They will help you to adjust your lifestyle to your amputation and help you to regaining your independence following your surgery.



**Environmental visit** – the occupational therapist will visit your home as soon as possible after your amputation to assess the suitability of using a wheelchair at home. They will identify any equipment that will be needed to enable you to manage safely at home. They will also look to see if any major adaptations are required and refer you onto the community services to meet your long term needs.

If you live in a two storey house it would normally be recommended that your bed is brought downstairs when you return home. This would be a short term option until any major adaptations to your property are carried out.

**Self care activities** – the occupational therapist will ensure that you are able to wash and dress yourself and will show you techniques to enable you to be safe and independent.

**Kitchen activities** – the occupational therapist will ensure you are able to carry out basic tasks in the kitchen safely. They will liaise with the social worker if it is felt that you may benefit from some help at home.

**Home visits** – the occupational therapist and physiotherapist will carry out a home assessment visit before you are discharged from hospital. The purpose of this visit is to make sure you are able to cope at home in your wheelchair. All essential equipment for discharge will be in place for the visit.

During the visit you will practice all the transfers that you will need to do at home. Any concerns, fears and anxieties about returning home can be discussed with you and your family. You will return to hospital after your visit so that your discharge can be planned. However, there may be occasions that a home visit is not possible due to difficulties with access to your home. In these instances, the occupational therapist will visit you at home after you are discharged.

**Aids and adaptations** – the occupational therapist will assess and arrange provision of all equipment essential for discharge home (e.g. commodes, chair raises, toilet equipment). These will be supplied by your local loan equipment store. All major adaptations will be carried out by social services (e.g. ramps, stair lifts).

These major adaptations will not be done before your discharge home from hospital.

### **When will I be discharged home?**

You will be discharged home once;

- You can independently transfer and use your wheelchair

- Your home is suitable for indoor wheelchair use
- Your wound is healing satisfactorily
- You are medically well
- Any essential equipment for discharge is in place

The average length of stay in hospital following an amputation is two weeks although it can vary depending on the factors mentioned above. If you require a further period of rehabilitation you may be discharged to a rehabilitation ward nearer to where you live.

## Section 3

### General Advice and Information

#### Care of your residuum (commonly referred to as a stump)

You must take special care of your stump. If you do not wish to look at your stump at first, the staff will respect your wishes and allow you time to accustom yourself to the change in your body. Once you are used to your stump, it is important that you touch and feel your stump regularly. We understand that some people do not like the word stump, so let the staff know what you would like your amputated leg to be referred to. It is also important to remember that your foot is no longer there when you go to stand up to avoid falling and hurting your stump.

#### How can I look after my stump?

**Elevation** – initially your stump will be swollen. When swelling is present it can reduce the blood supply to your stump and can delay healing of your wound. To help keep swelling to a minimum, make sure you elevate your stump when sitting. If you have been provided with a stump board for your wheelchair it is recommended that you use it.

**Positioning** – it is important that you try to keep your stump flat on the bed to prevent muscle tightness. For this reason we advise that you do not rest with a pillow under your stump. If you have had an amputation below the knee avoid lying or sitting with the knee bent for long periods of time.

**Skin Care** – whilst you are on the ward the nursing staff will be checking your stump and changing your dressing. A district nurse will be arranged to carry out your dressings at home. It is important that you regularly check the condition of your stump.

### **How often should I check my stump?**

You should check your stump every day. If you cannot see it you can use a mirror or ask someone to do it for you.

### **What am I looking for?**

You are looking for any changes on your skin that if left untreated could cause problems. For example;

- Changes in skin colour. Your stump should have a healthy skin colour.
- Changes in skin temperature. Your stump should feel warm.
- Red areas / rashes / breaks in your skin

### **How often should I wash my stump?**

If you do not have any dressings on your stump you should wash it daily. You should use a mild soap and water and rinse properly. Make sure you dry the skin properly.

### **Can I use any creams / lotions on my stump?**

Yes. If your wound has fully healed it is good to use a gentle moisturising cream. If you have dry or flaky skin it is helpful to use it once a day but if your skin is very dry, you may need to do it twice a day. Do not use talc, this can make the skin too dry or may cause skin rashes.

### **Can I shave the hairs on my stump?**

Never shave the hairs as this can make the skin sore and itchy and it could cause skin damage.

### **What should I do if I am worried about my stump?**

If you have any concerns about your stump or experience a lot of pain once you have been discharged home please speak to your GP for advice.

## **Care of your remaining leg**

It is important that you look after your remaining foot and leg once you have been discharged home. This is to reduce the risk of problems developing in your remaining leg.

### **How often should I check my leg and foot?**

You should check your leg and foot every day. It is important to check in between your toes and the bottom of your foot. You can ask a carer / family member to do it for you.

## How often should I wash my leg and foot?

If you do not have any dressings you should wash your foot / leg every one to two days. Make sure you wash and dry in between your toes. You can use a moisturising cream after you have dried your skin properly.

## What should I be looking for?

If you notice any of the following changes you should seek advice from your GP;

- Swelling of your ankle or leg
- Redness / inflammation
- Changes in skin colour
- Blisters / sores
- Sudden pain or discomfort in your foot or leg
- Dry / Flaky skin

## If I am a diabetic do I need to be more careful?

Yes. You need to;

- Attend regular check ups for your diabetes
- Check your blood sugars and write them down
- Attend regular podiatry appointments
- Never cut your own toe nails or skin on your foot
- Make sure your shoes are a good fit – they shouldn't be too big or too tight as it may cause the skin to rub or blister
- Check the inside of your shoes to make sure there are no objects inside them
- Always wear a clean sock. Make sure the seam does not rub your toes and that it is not too tight on your leg.

## Following your discharge home

Important points to consider once you have been discharged home;

- You may feel more tired than usual for the first few weeks following your discharge from hospital. It is therefore important that you try and pace yourself.
- As your mobility will have changed since you were last home, it is very important that you always think of your safety whatever task you are undertaking.
- Looking after yourself is extremely important to lessen your risk of developing further problems in the future.

## How can I help look after myself?

If you were previously a smoker you must make a determined effort to stop as this may damage the circulation in your other leg. Many people find it difficult to stop smoking, but there are many aids now available which can increase your chances of success. Please ask the staff looking after you on the ward or your GP for more information.

It is important that you take the medications that have been prescribed for you. Your medications can help to reduce the risk of further damage occurring in your arteries.

Diet and weight control are important following an amputation as putting on weight will make mobilising with a wheelchair or an artificial limb more difficult.

## Driving

### Will I be able to drive after my amputation?

It is a legal requirement to inform the DVLA and your insurance company of your change in circumstances. Your ability to drive again depends upon your amputation and your car. Adaptations can be made to adapt your vehicle to satisfy the requirements of the DVLA. It may be advisable to take specialist driving lessons before driving an adapted car.

### What is the disabled blue badge scheme?

The Blue Badge Scheme is a service for people with severe mobility problems that enables badge holders to park close to where they need to go. The scheme operates throughout the UK, and is administered by local councils who deal with applications and issue badges on behalf of the Government. If you want to apply for a badge you need to apply to your local council, which is usually the one that you pay your Council Tax to.

## Section 4 A Brief Guide to Services and Organisations

**Disablement Services Centre (DSC)** - Provides assessment and provision of wheelchairs and artificial limbs.

Freeman Hospital  
Freeman Road  
Newcastle upon Tyne  
NE7 7AF  
Telephone: 0191 2231184  
(Monday to Friday 8.30am - 4.30pm)

**Disability North** - Can advise on disability and mobility issues and provide information on equipment and adaptations.

Disability North  
The Dene Centre  
Castle Farm Road  
Newcastle upon Tyne  
NE3 1PH  
Telephone: 0191 2840480  
Web: [www.disabilitynorth.org.uk](http://www.disabilitynorth.org.uk)

### **Smoking Cessation**

NHS Smoking Helpline: 0800 022 4332  
7 days a week (Monday to Friday 9am- 8pm and Saturday / Sunday 11am to 5pm)

NHS Smoking Website: [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

**The Limbless Association** - is a UK charity for people with limb loss, their family and friends. They offer information on all aspects of limb loss.

The Limbless Association  
Unit 16  
Waterhouse Business Centre  
2 Cromar Way  
Chelmsford  
Essex  
CM1 2QE  
Telephone: 01245 216670  
Helpline: 0800 644 0185  
Web: [www.limbless-association.org](http://www.limbless-association.org)  
Email: [enquiries@limbless-association.org](mailto:enquiries@limbless-association.org)

**Citizen's Advice Bureau (National Number)** - Provides free, independent and confidential advice.

Telephone: 08444 111 444  
Web: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**Driving Mobility Centre** - Provide information, advice and assessment to individuals who have a medical condition or are recovering from an accident or injury which may affect their ability to drive or access a motor vehicle.

North East Drive Mobility  
Walkergate Park  
Centre for Neuro-rehabilitation and Neuro-psychiatry

Benfield Road  
Newcastle upon Tyne  
NE6 4QD  
Telephone: 0191 2875090  
Email: [northeast.drivemobility@ntw.nhs.uk](mailto:northeast.drivemobility@ntw.nhs.uk)  
Website: [www.ntw.nhs.uk](http://www.ntw.nhs.uk)

**Diabetes UK** - is a charity working for people with diabetes, their family, friends and carers. To locate your local branch contact:

Diabetes UK Central Office  
Macleod House  
10 Parkway  
London  
NW1 7AA  
Telephone: 020 7424 1000  
Fax: 020 7424 1001  
Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

**Age UK** - is a charity working with and for older people. There are a number of offices across the region. Contact details are given below to find your nearest age uk.

Age UK  
Tavis House  
1-6 Tavistock Square  
London  
WC1H 9NA

Free helpline  
0800 169 6565  
Web: [www.ageuk.org.uk](http://www.ageuk.org.uk)

**PALS (Patient advice and liaison service)** - provides advice and support for patients, families and carers. They work within NHS trusts in Newcastle, North Tyneside, Northumberland and the North East Ambulance Service.

Freephone: 0800 032 02 02  
Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

**SHADA (Sexual health and disability allowance)** – provides support regarding the sexual health of disabled people.

[www.shada.org.uk](http://www.shada.org.uk)

## Your Team

You can write down the names of the professionals involved in your care.

**Consultant:**

**Named Nurse:**

**Physiotherapist:**

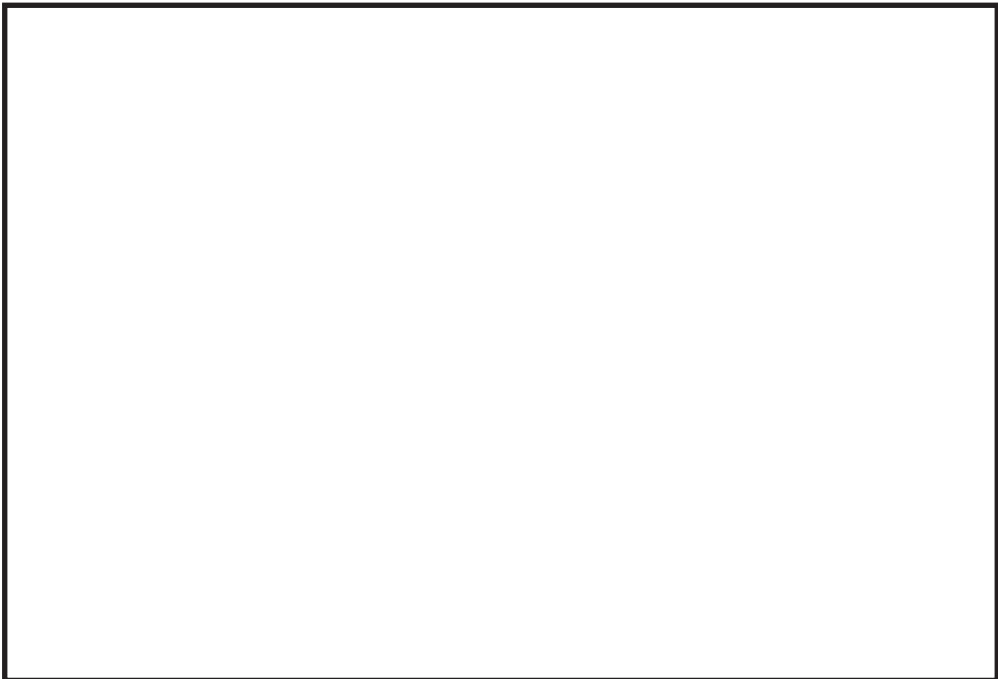
**Occupational therapist:**

**Social Worker:**

**Others:**

## Questions to ask your team

We understand that you may have a lot of questions to ask your team, so you can write them down here.



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