

Disabled Living Foundation

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E-mail: Drivers.dvla@gtnet.gov.uk

Limbless Association

Tel: **0800 644 0185**

Website: www.limbless-association.org

Our Vision

Excellent care for our patients reflecting
the care we expect for our family.

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

Please contact the author if you would like details
of the evidence in the production of this leaflet.

We can supply this information in other formats,
in larger print, on audiotape, or have it translated for you.

Please call the Patient Advice and Liaison Service (PALS)

on **01202 704886**, text or email pals@RBCH.nhs.uk for further advice.



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Website: www.rbch.nhs.uk ■ Tel: 01202 303626

*excellent care for every patient,
every day, everywhere*

The Royal Bournemouth and 
Christchurch Hospitals
NHS Foundation Trust

Patient journey after amputation

Website: www.rbch.nhs.uk ■ Tel: 01202 303626

This leaflet is aimed at anyone who needs to consider having an amputation of part of their leg above the foot. It aims to tell you what an amputation is and informs you of what will happen afterwards.

What is an amputation?

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

Why do I need an amputation?

There are three main reasons why an amputation is carried out:

- The limb has been affected by ischaemia (when the limb is deprived of the blood and oxygen needed to keep it alive). This may be due to severe disease of the arteries, diabetes or a blood clot. Sometimes, despite attempts to improve the blood supply by surgery, angioplasty (temporarily inserting and inflating a tiny balloon into your artery to help widen it), the limb may not get better
- The limb poses a life-threatening danger to the person's health. It may be because it has been affected by cancer or a serious infection
- The limb has experienced serious trauma such as a crush or blast wound

What if I do not want the amputation?

The consultant will have explained why you need the amputation. In most cases it is to prevent further deterioration of the leg which could in turn threaten your life. It is your decision whether to have the operation or not, but without it your symptoms will not improve and may get worse. Please do discuss your concerns and fears with a member of the team. If you choose not to have surgery we will respect your decision and continue to care for you. If you change your mind and decide to have the operation please contact us promptly.

What happens when I go home?

When the MDT is agreed that you are ready to go home the occupational therapists and physiotherapists will complete a discharge home visit with you. This will involve assessing you in your home completing essential activities of daily living and making sure you are independent and safe in doing so. If it has been identified that you will require a care package to be independent at home this will begin on discharge.

Useful contact numbers

Ward 14 Royal Bournemouth Hospital:	01202 704769
Dorset Prosthetic Centre:	01202 704363
Physiotherapist:	01202 704363
Occupational Therapist:	01202704856
Counsellor:	01202 704769
Wheelchair Service:	01202 892874

Amputee Online Website: www.amputee-online.com

British Limbless Ex-Servicemen's Association

185-187 High Road, Chadwell Heath, Essex RM6 6NA

Tel: **020 9590 1124** Fax: **020 8599 2932**

E-mail: blesma@btconnect.com Website: www.blesma.org

British Red Cross (National Branch)

- or use telephone directory to find your local branch.

9 Grosvenor Crescent, London SW1X 7EJ

Tel: **020 7235 5454** Website: www.redcross.org.uk

Citizen's Advice Bureau (National Number)

Tel: **0845 050 5152** Website: www.adviceguide.org.uk

Podiatrist -

The podiatrists will advise you on the care of your remaining foot. This is especially important if the amputation is due to diabetes.

Counsellor -

Having an amputation can be difficult to come to terms with. The counsellor can offer support pre and post operation and also on discharge. They work with the Multidisciplinary Team (MDT) of surgeons, nurses and therapists. If you would like to meet with a counsellor please ask a member of the team who can refer you, or once you home please contact the counsellor on the number at the end of this leaflet.

Others involved in your care may be the pharmacist and dietician.

What happens to support my Discharge?

With your consent the support staff can discuss with you any care needs you may have. They can refer you to social services which can further help with supporting your discharge including help with housing and benefits.

What will happen before the operation?

You will come into hospital at least one day before your operation. This allows you to settle in and enables us to carry out any tests we need. You may already be an inpatient.

If you have any questions, please do not hesitate to ask a member of staff. You may see other members of the team at this time. Prior to the operation, one of the doctors from your medical team will discuss the operation with you and answer any questions you may still have. The consultant surgeon or delegated member of the team will complete the consent form with you and you may sign the form if you agree to proceed with the operation.

However if long term solutions are needed then a referral to social services will be completed.

It is also possible that your home environment is appropriate for discharge and you are medically fit but you may not be physically ready for discharge. In this case the MDT may suggest that you transfer to a rehabilitation unit for a short period prior to your discharge home to improve your strength and ability.

What is phantom sensation and phantom pain?

After the surgery it is likely you will experience the presence of the leg that has been removed. This is known as a 'phantom limb sensation'. This is very common as the brain retains a 'memory' of the amputated limb. Phantom limb sensation may be triggered by swelling or muscle spasms, and may fade as time passes. The sensation can be so strong that you may forget that you have had the amputation and try to use the absent leg; a result of this is that you may accidentally fall.

For some the phantom limb sensation may be painful. This can be felt in the absent limb as tingling, burning, itching, cramping, or can be sharp or shooting pain. It is difficult to understand why such symptoms occur but they might be caused by temperature change or emotional triggers.

There are a variety of methods that can help reduce the different feelings you have, so discuss any concerns with the staff helping you. You may need to be referred to experts in the management of pain (the pain team).

How can I keep healthy?

Pressure care: It is likely that you may be vulnerable to getting pressure sores. This may be due to vulnerable skin and to decreased movement. Please use the recommended pressure mattress and cushion to prevent damage to skin. Change your position regularly. If you had your amputation due to vascular reasons we strongly recommend you don't hop as this can put too much pressure on the remaining foot. For this reason you will be provided with a wheelchair.

Skin Care: We will give you advice on what to do but generally moisturising helps improve the condition of your skin.

Foot Care: Check your remaining foot daily using a mirror. Seek help promptly if you notice any cuts, blisters or inflamed areas. Also check your footwear is not ill fitting.

Smoking: It is very important that you stop smoking as continuing to smoke can delay the healing of your wound.

Will I get an artificial leg?

This is normally decided once you are discharged from hospital. You will be invited to attend the Dorset Prosthetic Centre where specialists and rehabilitation doctors will consider your current function, balance, healing and the strength of your remaining limb. They will discuss how a prosthetic limb may help you and what you wish to achieve with it. Following vascular surgery 38% of trans-femoral amputees go on to receive a prosthetic leg and 94% of trans-tibial.

Who will be involved in my care?

On the ward a team of doctors and nurses will provide the majority of your care.

Who else may be involved in my care?

Clinical Nurse Specialists -

A vascular nurse specialist supports the doctors and has special training in vascular problems. Such nurses will monitor your care and may do blood tests and organise scans based on discussions with the surgeons who are looking after you.

Occupational Therapist -

The occupational therapist will see you after your operation to optimise your independence in everyday activities such as washing, getting in/out of a car, as appropriate. This may involve suggesting alternative ways of doing things or the use of aids/equipment, and is aimed to ensure your safety and independence in preparation for going home. If necessary, a referral will be made to social services to assess whether any equipment or adaptations are needed in your home.

Later on, you may require assistance returning to your previous roles, e.g. parenting, work, and leisure. Any concerns can be discussed with your hospital occupational therapist.

Physiotherapist -

The physiotherapist will see you regularly after your operation. They will assess your ability and then teach you exercises which are important in improving strength and control in your residual limb and remaining leg. They will also work to improve your balance to ensure you are transferring well enough to go home. Your physiotherapist, in conjunction with other members of the team, will discuss with you whether it is appropriate for you to be referred for an artificial leg (prosthesis). They may refer you for further physiotherapy either at a rehab hospital or at home if required.

Some of the other risks include:

- Bleeding from the operation site can occur, but this is usually very minor and bleeding to an extent where further surgery is required is rare, around 1-2%.
- Phantom limb sensations (a feeling that the amputated limb is still there) occurs in nearly all patients having this surgery, but this falls after five days. Severe persistent problems occur in 5-10% of cases
- Delayed wound healing occurs in 20-30% of BKA, 10% of AKA.
- Infection of wound, up to 30%
- Haematoma (a collection of blood) 10%
- Blood clot in a vein (deep vein thrombosis (DVT)) occurs in 12-15%
- The need for further surgery (revision surgery during same admission 5-10%)
- Possible continued phantom limb sensation

The benefits of having an amputation may include:

- Pain relief
- Control of infection
- Control of or cure from disease
- Possible improved mobility once you have a prosthetic (artificial) limb

How will I feel after the operation?

When you come round after the operation, you may feel sick and feel some pain. Every effort will be made to control this for you. This may be in the form of an epidural or patient controlled analgesia (PCA). You may have a small tube coming from your wound for the removal of blood and fluids that might have collected after your operation. This will be removed after a day or two. You may also have a drip inserted into your arm to replace fluids and an oxygen mask. You may also have a urinary catheter. Your operated leg will be bandaged or have a clear dressing over it. This dressing will be in place for approximately five days. After it has been removed and your wound inspected, it will then have a light dressing applied. If appropriate the physiotherapist may measure you for a special compression sock call a 'Juzo' shrinker sock, which is usually for below knee amputees. Your wound will be sutured or clipped and these will be removed between ten and fourteen days after your operation. Occasionally you may have dissolvable sutures.

We understand that an amputation is a life-changing operation. Having to confront such major surgery can lead to emotions that you may find difficult to deal with on your own. You may feel shock, disbelief, numbness and a desire to withdraw from others. You may also experience fear, anger, bitterness and depression. However, for some people amputation is a relief, as they have been experiencing a lot of pain and have not been able to get around easily. You may be worried about how you will cope with your rehabilitation and how you will resume your life. These feelings can occur before, during or after your hospital admission. Everybody reacts and copes differently, but it's important to remember that whatever your problems and worries, you will be respected as an individual. The team caring for you can provide emotional support and counselling to you and your family. You may find it helpful to talk about your thoughts and feelings with family, friends, other patients and the staff involved in your care.

When will rehabilitation begin?

The physiotherapist will come and see you the day after the operation and start teaching you some simple but essential exercises to prevent tightness in the muscles and stiffness in the joints. Provided that you are feeling well and your pain is controlled, it is hoped that you will get up on either the first or second day after your operation with the help of the physiotherapist and the occupational therapist.

Initially you will be provided with a wheelchair from the occupational therapy department to use while in hospital. A referral will be made to your local wheelchair service for them to provide you with your own wheelchair. If you are provided with a prosthetic limb you may still wish to use a wheelchair to cover longer distances. There are a number of reasons why we would encourage you to use a wheelchair rather than hop in the early stages of your rehabilitation:

- Your balance will be altered
- There is a risk of damage to remaining foot
- You have a higher risk of falling
- To help reduce the swelling in your residual limb and therefore help improve your healing and reduce pain

These will be further explained when you are in hospital.

How long am I likely to stay in hospital?

You will go home as soon as you are ready. Most people can go home around seven days after the operation, although this varies depending on the patient's specific circumstances.

The occupational therapist will complete an environmental home visit to assess your home for wheelchair access and your ability to conduct daily living activities. There are often simple solutions to adapt your living environment through equipment provision.

What happens during the operation?

You will be taken into theatre where you will have a general anaesthetic. Sometimes the operation is performed under regional anaesthetic or spinal. The anaesthetist who sees you before the operation will talk to you about these techniques and help you decide on the most suitable method for you. The operation takes approximately two hours. You will then go to the recovery area before returning to the ward. You may have some of the following attached to you when you come round from the anaesthetic:

- Oxygen mask
- Intravenous drip for fluids and medication
- Pain relief - a member of staff will discuss this with you
- Catheter - a tube into your bladder so that urine can drain into a bag. This will be removed when you are mobile enough to pass water in the usual way
- A drain - a small tube from you amputated limb that will collect any excess fluid from your wound. This will usually be removed within the next two days
- Wound dressings

What are the risks and benefits of having the operation?

There are risks associated with any surgery and the doctor will discuss the specific risks involved in your operation with you.

The risks can include post-operative pain (not phantom pain). Around 100% of people undergoing this type of surgery will have some pain, but the degree is usually controlled with analgesia and it usually resolves itself after the bruising subsides and the wound heals.