

# **A Patient's Guide to Amputation of the Lower Limb**

**Occupational Therapy: 020 8909 5480**

**Physiotherapy: 020 8909 5820**

**Social Work: 020 8909 5835**

**[www.rnoh.nhs.uk](http://www.rnoh.nhs.uk)**

If you require this document to be translated into any language / large print please contact the Clinical Governance Department on 020 8909 5339.

# A Patient's Guide To Amputation Of The Lower Limb

This leaflet is intended to give you some information about your stay and rehabilitation following your surgery at Stanmore RNOH. It aims to be supplementary to the pre-admission consultation you may have with the Physiotherapist, Occupational Therapist and Social Worker prior to your admission. There will be plenty of opportunity to ask questions as they arise throughout your stay.

**If you have any further questions or concerns, please do not hesitate to contact any of the departments listed on the front of this booklet before you come into hospital.**

**The following areas are covered by this leaflet:**

- The multidisciplinary team - Who's who?
- The operation and how you may feel
- Phantom limb sensations
- Rehabilitation
- Driving
- Benefits
- Useful Contacts

## Meet the team - Who's who?

### **Doctors -**

*Senior House Officer* - This is the doctor you will see most often. He/she will come and see you once you have arrived in hospital and discuss the operation with you as well as answer any of your questions. They will also ask you to sign a form giving your consent to the operation. After your operation, the doctor will monitor your progress and any medical problems.

*Registrar* - Senior to the House Officer.

*Consultant* - This is the doctor under whose name you are admitted. The Consultant is the most senior of the medical team and will oversee your care.

### **Nursing Staff -**

Nurses are on the ward 24 hours a day and will be the team members with whom you have most contact. The nurses' role during your stay in hospital is to provide you with both physical and emotional support in order for you to obtain maximum independence.

### **Clinical Nurse Specialists -**

A Macmillan nurse or specialist nurse may be supporting you if you have a diagnosis of Cancer. They work within the Multidisciplinary Team (MDT) and liaise with community staff to ensure you are supported in relation to your diagnosis.

## **Occupational Therapist -**

The Occupational Therapist will see you after your operation to optimise your independence in everyday activities, such as bathing, getting in/out of a car, etc. 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, leisure. Any concerns can be discussed with your hospital Occupational Therapist.

## **Physiotherapist -**

The Physiotherapist will see you daily after your operation, initially on the ward and then in the gym. They will teach you exercises which will be vital in gaining strength and control in your residual limb. They will work to improve your balance to ensure you are safe mobilising 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 will also refer you for further physiotherapy once you go home, if required.

## **Social Worker -**

The role of the Social Worker is to provide advice, information and support to you (and your carer) while you are in hospital and to help prepare for your discharge home. They can provide you with information and advice about housing and benefit issues. You can receive emotional support and counselling, and be referred to local community organisations for practical support. You may be concerned about how you will cope at

home after discharge from hospital. The social worker, in conjunction with other members of the multidisciplinary team, can make a full assessment of your needs and, if appropriate, arrange a package of care for your discharge home.

## **What is an amputation? Are there any alternatives?**

Amputation involves the removal of the leg to a level above the diseased area. Amputation will only be advised once all other options to save the leg have been looked at.

Most amputations at the RNOH are carried out because of bone and soft tissue tumours, chronic infections of joint replacements or trauma.

The level of amputation will be decided by the surgeon. The most common levels are:

- Symes or Ankle Disarticulation - amputation of the foot
- Transtibial - amputation at mid calf
- Knee Disarticulation - amputation through the knee joint
- Transfemoral - amputation at mid thigh
- Hip Disarticulation - amputation through the hip joint
- Transpelvic (hindquarter) - amputation of the whole leg and the pelvis on the same side

## What are the benefits of this operation?

*Pain relief* - for some people, amputation can relieve major pain, in that it is the last resort for some treatment, e.g. trauma injuries

*Mobility* - for some people it will be easier to move around e.g via a wheelchair or elbow crutches, than if you have an intact non-functioning leg

*Prevention of gross infection* - where part of a limb is infected to such an extent that it may be life-threatening, amputation will help to prevent the infection from spreading further

*Prevention of growth of a tumour* - again, where the spread of a tumour is life-threatening, amputation will be considered / suggested by your consultant

## How will I adjust to my new life following the operation?

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 MDT 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.

## **What will happen when you arrive at hospital?**

You will come into hospital at least one day before your operation. This allows you to settle in and enables us to do any tests we need.

On admission, a member of the ward team will greet you. You will be assigned a "named nurse", who will introduce him/herself as soon as possible. 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. You will be asked to sign a consent form to the operation.

## **The operation**

Approximately one hour before your operation, you will be given a pre-med. This is medication to help you relax. You will be accompanied down to the theatre by a nurse who will stay with you until you are asleep. An amputation usually takes one to two hours.

If you are having a hip disarticulation or transpelvic amputation, it is likely that you will be transferred to the High Dependency Unit (Alan Bray Unit), where you will be monitored closely in the initial period after your operation. You will then return to your normal ward when stable.

## What are the risks and benefits of surgery?

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

The risks can include in the early stages:

- post operative pain
- bleeding
- phantom limb sensation

Intermediate stage:

- delayed wound healing
- infection
- haematoma (a collection of blood)
- blood clot

Later stages:

- revision surgery
- persistent phantom limb sensation

The benefits of having an amputation can include:

- pain relief
- control of infection
- control of fungating disease
- cure from disease
- improved mobility

For further information, see the Useful Contacts section at the back of this leaflet.

## How will I feel after the operation?

When you wake up after the operation, you may feel sick and have 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 will have a small tube coming from your wound for the removal of blood and fluids that may have collected after your operation. This will be removed after a day or two. You will also have a drip into your arm to replace fluids and an oxygen mask, and you may have a urinary catheter.

Your operated side will be heavily bandaged or in a plaster of paris cast to control swelling. 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 and the physiotherapist will measure you for a special compression sock call a 'Juzo' shrinker sock. Your wound will have surgical staples instead of stitches and these will be removed between ten and fourteen days after your operation.

## **What are phantom limb sensations?**

After the surgery, it is very common to experience the presence of the leg that has been removed. This is known as a 'phantom limb sensation'. You may experience this sensation as tingling, numbing, warmth, coldness, heaviness or burning. The healing process could also add to the discomfort you feel in your leg. There are a variety of methods that can help reduce the different feelings you have, so discuss any concerns with the staff helping you.

## **Rehabilitation: how soon will I get up after the operation?**

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, you will get up either the first or second day after your operation with the help of the Physiotherapist and the Occupational Therapist.

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

You will usually be provided with a wheelchair from the Occupational Therapy department for your use whilst in hospital. A referral will be made to your local Wheelchair Service, if you are likely to require the use of a wheelchair intermittently until you are proficient at using an artificial limb and for use over longer distances.

There are a number of reasons why we would encourage you to use a wheelchair in the early stages of your rehabilitation:

- Your balance will be altered
- You have a higher risk of falling
- To help reduce the swelling in your residual limb

These will be further explained when you are in hospital.

## **Can I use crutches or a frame to move around?**

We understand that not all areas of a house are wheelchair accessible. The Physiotherapist will teach you how to safely hop with crutches or a frame and how to manage stairs. We would discourage you from hopping long distances, due to the reasons outlined in 'Will I need to use a wheelchair'.

## **What will I be doing in the gym?**

Once you have been out of bed and moving around in the wheelchair, you will come down daily to the gym in the physiotherapy department. It is better if you are dressed in shorts or loose trousers and a t-shirt, and wear flat comfortable

shoes. You will be learning more exercises, retraining balance and going up and down stairs.

From day five after your operation, the physiotherapist will start teaching you how to walk again using the P.P.A.M aid (Pneumatic Post Amputation Mobility Aid), which is a practice leg, if it is appropriate for your level of amputation.

## **When do I get my artificial leg?**

A member of the multidisciplinary team will discuss limb fitting with you and explain the process involved. If it is felt that you will manage an artificial leg, a referral will be made to a limb fitting centre.

You will normally be seen at the limb fitting centre four-six weeks after your operation, when measurements will be taken of your residual limb to make a socket. Approximately two weeks later, you will return to have the artificial leg fitted and be ready to use it in physiotherapy.

If you have limb fitting done here Stanmore Disablement Services Centre (DSC), you may have the option of coming into the rehabilitation ward for a one-two week stay, which allows an intensive period of rehabilitation.

## **When can I go home?**

Most people go home 5 to 10 days after the operation, although this varies for every patient. If you have a hip disarticulation or transpelvic amputation, your stay in hospital may be longer, two-six weeks.

You must tell the nursing staff what arrangements you have made for travelling home.

## When can I return to driving?

It is a legal requirement to inform the DVLA and your insurance company of your change in circumstance. Talk to your doctor, too, as some medical conditions and medication can influence your ability to drive. Your ability to drive again will depend on your amputation and your car. You are welcome to discuss this with your occupational therapist, who can link you with useful information and experienced driving instructors.

## Am I entitled to any benefits?

The Department of Social Security (Benefit Enquiry Line 0800 882200) and the Citizen Advice Bureau (CAB) are two organisations that can advise and assist you with financial and benefit queries. The Social Worker can also discuss with you any benefits you may be entitled to, such as Incapacity Benefit, Disability Living Allowance (if you are under 65 years), Attendance Allowance (if you are over 65 years) and Invalid Care Allowance (for carers). As each person's situation is unique, it is best to have a benefits check by a social worker or staff from DSS and CAB to maximise your income.

## Follow up appointments

Before leaving hospital, you will be given a follow-up appointment to see one of the doctors in your Consultant's team.

The Physiotherapist may organise outpatient physiotherapy at your local hospital. The occupational therapist will refer you to social services if equipment, aids and adaptations are required.

## Further Treatment

If your amputation was due to a tumour, you may require chemotherapy or radiotherapy after your operation. Your consultant will arrange this. This treatment is not carried out at this hospital, but you will remain under our care. Your limb fitting and physiotherapy will be fitted in around your treatment.

## Contraceptive Pill or Hormone Replacement Therapy (HRT)

Women will need to stop taking the contraceptive pill or HRT six weeks before treatment. You will need to discuss this with your doctor. Care should be taken not to get pregnant and alternative forms of contraception should be used.

## No smoking hospital

As smoking can cause fatal diseases, we have adopted a no smoking policy. Patients and visitors are not allowed to smoke in the hospital buildings, or grounds.

**If you have any further questions or concerns, please do not hesitate to contact the social worker on 020 8909 5835 before you come into hospital.**

**We suggest you bring this booklet with you when you come to hospital and use it as a guide.**

This booklet has been produced in consultation with patients who have undergone amputation surgery at the RNOH.

## Useful contacts

### **Amputee Online**

Website: [www.amputee-online.com](http://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](mailto:blesma@btconnect.com)

Website: [www.blesma.org](http://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](http://www.redcross.org.uk)

### **Citizen's Advice Bureau** (National Number)

Tel: 0845 050 5152

Website: [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

### **Disabled Living Foundation**

380-384 Harrow Road

London W9 2HU

Tel: 020 7289 6111

E-mail: [advice@dlf.org.uk](mailto:advice@dlf.org.uk)

Website: [www.dlf.org.uk](http://www.dlf.org.uk)

### **Department of Social Security** (DSS)

Tel: 0800 882200 (freephone)

**DVLA**

Swansea SA6 7JL

Tel: 0870 240 0009 (driver enquiries)

Fax: 01792 783071

E-mail: [Drivers.dvla@gtnet.gov.uk](mailto:Drivers.dvla@gtnet.gov.uk)

**Limbless Association**

Roehampton Rehabilitation Centre

Roehampton Lane

London SW15 5PR

Tel: 020 8788 1777

E-mail: [enquiries@limbless-association.org](mailto:enquiries@limbless-association.org)

Website: [www.limbless-association.org](http://www.limbless-association.org)

**Mobility Centre - Queen Elizabeth's Foundation**

(for car adaptations)

Leatherhead Court

Leatherhead

Surrey KT22 0BN

Tel: 01372 841100

Fax: 01372 844657

E-mail: [webmaster@qefd.org](mailto:webmaster@qefd.org)

**Sport**

Danny Crates and David Wiseman

Limbless Association (See above)

**Your Notes ...**



**GP Surgery:**

---

**Consultant:**

---

**District Nurse:**

---

**Named Nurse:**

---

**Physiotherapist:**

---

**Occupational Therapist:**

---

**Social Worker:**

---

Please note that this is an advisory leaflet only.  
Your experiences may differ from those described.

If you have any comments regarding this leaflet please contact:  
Clinical Governance Department on 020 8909 5339.

**Royal National Orthopaedic Hospital  
NHS Trust  
Brockley Hill  
Stanmore, Middlesex HA7 4LP  
Tel: 020 8954 2300**

**[www.rnoh.nhs.uk](http://www.rnoh.nhs.uk)**

**Association of Anaesthetists of Great Britain and Ireland  
[www.aagbi.org](http://www.aagbi.org)**

© RNOH December 2005.