EURACARE

PATIENT INFORMATION FORM

LEG AMPUTATION

Leg amputation
When you have a blockage or narrowing of the arteries supplying your legs, the circulation to your legs is reduced. You may have developed pain in your foot waking you at night, ulceration or black areas on your toes, feet or leg.

If severe arterial disease is left untreated, the lack of blood circulation will cause the pain to increase. Tissue in the leg will die due to lack of oxygen and nutrients, which leads to infection and gangrene. In some cases, gangrene can be very dangerous as the infection can spread through the body and become life-threatening.

Amputation is always a last resort and will only be recommended if your surgeon has decided it is not possible to improve the circulation in any other way.

The main sites of amputation are:

- Just below the knee
- Through the knee
- Through the thigh

The site of amputation will depend on how poor the blood supply to your leg is. If possible, below knee amputations are performed as it is easier to walk with an artificial limb after the operation however, many people do well after a thigh amputation.

The following information will help to explain the procedure of leg amputation.

Before your operation
You will usually be admitted for one or two days before your operation. You will be admitted to your bed by one of the nurses who will also note down your personal details in your nursing records.

There are several tests that need to be done to make sure that you are fit for the operation. These will include:

- X-ray of the arteries(arteriogram) to confirm where the blockages are located
- Chest X-ray
- Blood tests
- ECG (a heart tracing)
- Breathing test

Please bring with you all the medications that you are currently taking.
You will be visited by the Surgeon who will be performing your operation and the doctor who will give you the anaesthetic. They will decide where on the leg the amputation will happen. If you have any questions regarding the operation, please ask the doctors.

The operation
In the anaesthetic room you will be given a general anaesthetic to put you to sleep. Alternatively, you can have a tube inserted into your back through which pain killers can be given to numb the lower half of your body whilst you remain awake (spinal or epidural). The anaesthetist may also use an epidural as well as a general anaesthetic to provide pain relief after your surgery.

Whilst you are asleep, tubes will be inserted into your bladder 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 a stitch under the skin that dissolves by itself and occasionally a small tube to drain any fluid that builds up afterwards. A clear plastic dressing may be used to allow the stump to be inspected, but bandages or a plaster cast are sometimes used.

After the operation
You will usually return to the ward once you have recovered from the anaesthetic. Sometimes the anaesthetist may decide to send you to the Post-Operative Surgical Unit (POSU) or High Dependency Unit (HDU) to be able to monitor your progress more closely.

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 free of pain by giving pain killers by injection, via a tube in your back, or by a machine that you are able to control yourself by pressing a button.

It is quite common to experience pain that feels to be in part of the leg that has been removed (phantom limb pain) and this can be helped with medication and rapidly disappears. You may also require a small blood transfusion.

As you recover, the various tubes will be removed, and you will become gradually more mobile until you are fit enough to go home.

You will be visited by the physiotherapist before and after your operation who will help you with your breathing (to prevent you developing a chest infection) and with your mobility. Initially you will be shown exercises in bed and then you will be encouraged to transfer from your bed to a chair.

As your wound heals, the physiotherapist will start you walking with help, on a temporary artificial limb, if it is felt safe for you to wear one. If not, you will be taught how to use a wheelchair.

You will also be visited by an occupational therapist who will help with your rehabilitation. Even if you are planning to walk, you may still need a wheelchair temporarily or for long trips.

An appointment will be made for you to have an artificial limb fitted at the limb fitting centre, which will look like your other leg when your clothes are on.

Going home
Some alterations may be necessary at your home before you are discharged and, in some cases, it may be necessary for you to move into different accommodation.

Once you have left hospital, you will need to continue to attend the physiotherapy department to help you become independent with your artificial limb or wheelchair.

If your stitches need removing and this has not been done in hospital, the district nurse will visit you and check your wound.

These days, people walk very well on artificial limbs and you will be able to walk again provided you have the motivation and fitness to do so. You will be helped by the physiotherapists, nurses and doctors at the limb fitting centre.

Driving: May be possible with an amputation, either with an automatic car, or with some special modifications.

Bathing: Once your wound is dry you may bathe or shower, but you will probably need help at first. You may also need handles or a hoist to get in and out of the bath safely.

Complications
Because of the poor blood supply, wound healing can sometimes be slow and very occasionally it is necessary to perform another amputation higher up the leg if the wound does not heal.

The wound can become infected and if so, will require treatment with antibiotics.

Aches and twinges in the wound are common and may continue for several months.

Chest infections can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy.

As with any operation there is a small risk of a heart attack or stroke or even of dying because of the operation.

What can I do to help myself?
If you were previously a smoker you must make a sincere and determined effort to stop as this may damage the circulation in your other leg.
It is also important that you do not put on weight as this will make mobilising with a wheelchair or artificial leg more difficult. Eat plenty of fresh fruit and vegetables.

Take good care of your remaining foot. Keep it clean and protected from injury by wearing a well-fitting shoe. The orthotist can provide special footwear and if required, a chiropodist could cut your toenails.

If you are diabetic, you should control your blood pressure as this is extremely important for your overall rehabilitation and future health.

Finally:
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.