



Seacroft
Hospital

Limb Loss and Amputation

*Information for
Patients*

The Leeds Teaching Hospitals **NHS**
NHS Trust

In partnership with: Airedale NHS Foundation Trust • Bradford Teaching Hospitals NHS Foundation Trust • Calderdale & Huddersfield NHS Foundation Trust • Mid Yorkshire Hospitals NHS Trust • York Teaching Hospital NHS Foundation Trust

This booklet has been compiled by the multi-disciplinary teams of a number of Trusts in the West and North Yorkshire region. Feedback and reviews have been provided by patients and the Leeds Regional Centre User Group. We hope it will provide useful information for you and your relations/carers.

The booklet will guide you through your surgery, hospital stay and rehabilitation.

Introduction

Your surgeon may recommend an amputation if it is not possible to improve the blood flow or repair your limb. Some of the reasons for having an amputation are explained below:

- The majority of amputations are performed because of a blockage or narrowing of the arteries supplying the leg, therefore the circulation is reduced. This is more common in people with diabetes or people who are smokers. This may become so severe that there is not enough blood to keep your leg alive. If left untreated it will make you feel very unwell and be very painful. If the blood supply to your leg cannot be improved, owing to arterial disease, then an amputation may be the best treatment
- Some people have ulcers on their legs that do not heal and the tissues then become painful and die. These people may choose to have an amputation to improve their quality of life

- Less commonly amputations may be performed for severe infection, tumours or trauma (car or industrial accident). Injury to a leg can be so severe that keeping the limb may mean years of ongoing surgery, or pain which may result in an unacceptable quality of life. In this instance an amputation may lead to quicker rehabilitation, return to work and allow better function.

The main sites for amputation are below the knee or just above the knee. Your surgeon will attempt to save as much of the limb as possible, depending on how much of the limb is affected.

Many people lead a full and active life after losing a limb, using a wheelchair or artificial limb (prosthesis).

Before the operation

For some people an amputation may be necessary as an emergency to save their life, in which case there will be little time between admission and surgery. If your surgery is planned most hospitals may ask you to attend a pre assessment clinic where your needs will be assessed. You will be given information regarding your hospital stay, your operation and an opportunity to ask any questions.

Your admission to hospital

On arrival to the hospital ward you will be shown to your bed and meet the nurse caring for you on that day. The medical and therapy team responsible for your care may review you again and provide you with the opportunity to ask questions or discuss any concerns.

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 operation wound will often be closed with stitches under the skin that dissolve, and occasionally a small tube to drain any fluid that builds up afterwards. A clear plastic dressing may be used to allow the residual limb (stump) to be inspected, but bandages are sometimes used.

When you are taken back to the ward your blood pressure and pulse will be observed regularly. You may be attached to an intravenous infusion 'drip' until you are able to eat and drink normally. You may also have a catheter to drain your bladder, which will be removed in a few days.

After the operation

It is quite normal for a large dressing to be applied on your residual limb (stump) when you come back from theatre and usually this is left alone for a few days to allow your wound to start to heal. When the Doctor has looked at your wound, it will then have dressing changes when necessary. If there are stitches in your wound they will usually be removed 2-3 weeks following your operation. Sometimes dissolvable stitches are used which do not need removing.

Usually you will rest in bed on the day of your operation. Following this most people feel well enough to start sitting in a chair, staff will encourage and assist you with this.

Medical staff will try to ensure that your pain is controlled. You may have a tube in your back which gives constant pain relief or a machine that you control by pressing a button, which delivers a measured dose of painkiller into your vein. As soon as you are able, you will be expected to start taking regular painkillers by mouth. If you are given any of these devices you will be reviewed daily by a member of the Acute Pain Team/Ward staff to ensure you are getting the best results.

It is quite common to experience sensations that feel as though your limb is still there. This is perfectly normal and these feelings are called 'phantom sensations'. What you feel, and how long these feelings last vary greatly from person to person. They may be worse at night or if you feel upset. Keeping your mind occupied and busy can help relieve these sensations. There are also medications which can relieve the symptoms.

Emotions

Amputation can affect people in a range of different ways, people can feel relieved, shocked, upset, tearful, or like it's not really happening to them. There is no "normal" way to feel. Talking to someone you trust about any difficult feelings can be helpful, friends, family, ward staff or a professional such as a counsellor or psychologist.

Rehabilitation

After your operation it is important to start moving around as soon as possible to help prevent post operative complications such as chest infections and pressure sores.

The Physiotherapist will teach you exercises to reduce the risk of muscle weakness and joint stiffness. They will continue to check that you are exercising correctly, and together with the Occupational Therapist will teach you safe ways to get in and out of bed and on and off the toilet. The Occupational Therapist will assess you for a wheelchair and may supply a loan chair until yours is delivered. They may also assess your ability to wash and dress and prepare a meal from your wheelchair.

The Occupational Therapist will discuss with you your home environment, and arrange to visit your property to assess for any pieces of equipment which you may require to assist you achieve your optimum level of independence. Changes may include having a bed brought downstairs, with temporary toileting facilities.

As your wound heals the Physiotherapist may assess you for a compression sock to help reduce the swelling that most patients get after an amputation. They will also assess whether it is appropriate to start using an early walking aid (Practice leg) during physiotherapy sessions.

The safest method of getting around immediately after your surgery is using a wheelchair as this reduces the risk of falls. You may be taught the use of walking aids if it is essential for you in your home environment.

Discharge from hospital

Some alteration may be necessary at your home before you are discharged and in some cases it may be necessary for you to move into temporary accommodation. Some properties may be deemed unsuitable and re-housing may

be necessary. While a suitable property is being found you may have to move to temporary accommodation.

If your property seems appropriate a home visit or discharge home visit of up to an hour may be completed with you, to assess your abilities and safety in your own home.

Following discharge from hospital, arrangements will be made for you to see your Surgeon in an Out Patients clinic in about 6-8 weeks to check on your recovery.

Many people say that being discharged home can be a difficult time emotionally when the impact of what has happened hits home. It is important to be kind to yourself during this period and accept that you may be more tearful or upset than usual. If these problems persist talk to your GP or any member of your healthcare team.

Out patient rehabilitation

If your general health allows and you wish to continue rehabilitation and assessment for a artificial limb (prosthesis) this will continue as an outpatient with your Physiotherapist.

The rehabilitation process for limb wearing can take a few months or more, with a twice weekly commitment to attend physiotherapy appointments.

When your residual limb (stump) is healing well and your balance and lower limb muscle strength have improved, your physiotherapist will make a referral for an artificial (prosthetic) limb at Seacroft Rehabilitation Centre. The Seacroft assessment team will consist of the Rehabilitation Consultant, Prosthetist, Regional physiotherapist and other appropriate members of the team for your needs.

Not everyone wishes to continue with the rehabilitation process for limb wearing, and can be more independent from their wheelchair.

Cosmetic limbs can be supplied from Seacroft Regional Centre for those who are medically not suitable or do not wish to walk on an artificial limb (prosthesis). Cosmetic limbs have no moving parts but give the appearance of having a limb whilst sitting in a chair. These Cosmetic limbs can be difficult to suspend from your body comfortably, and often make transfers on and off the toilet more difficult. Your physiotherapist can discuss this option with you.

While waiting for an appointment at Seacroft Rehabilitation your local therapy team will continue to support you regarding any difficulties you may have in your home.

Helping your own recovery

- **Stopping smoking** prior to and after your operation can greatly increase your chances of a healthy and uncomplicated recovery. Smoking is not only bad for your heart and lungs but it can also cause poor circulation in your remaining leg. Health care staff and your GP can provide support and advice on stopping smoking
- **Maintain a stable weight** - it is important that you do not put on weight as this will make mobilising with a wheelchair or artificial leg (prosthesis) more difficult. Eat plenty of fresh fruit and vegetables
- **Take good care of yourself emotionally** - don't ask too much of yourself in these early stages. Seek support rather than putting too much pressure on yourself to do things alone

- **Take good care of your remaining foot** - following any amputation it is very important to care for your remaining foot, particularly if you have diabetes, poor circulation or reduced sensation
- Check your remaining foot daily and wash and dry carefully, especially between the toes
- Test the water first with you forearm, elbow or thermometer to make sure that it is not too hot
- Use a soft cloth or cotton wool to clean between your toes each time you wash
- Use unperfumed moisturising cream every day on dry skin but avoid putting this between your toes
- If your skin becomes red, itchy or sore, or if hard skin, cracks or open wounds appear, seek immediate advice from your Doctor or Podiatrist
- Do not use corn preparations or hard skin remover, as they contain strong acid that can burn. Avoid using anything that may dry or irritate your skin. Check labels for warnings; if your eyesight is poor ask a friend or family member to help
- Be aware of temperatures that are too hot or cold
- Try to keep your foot warm during cold weather by wearing warmer socks or tights
- Don't sit too close to fires and heaters or put your foot on heat pads or hot water bottles as they may burn your skin
- Never walk bare foot
- Check your shoe for foreign bodies or wear marks.

Falls prevention

As an amputee you are at an increased risk of falls. Falls can occur for a number of different reasons and many falls are preventable. To help reduce or prevent falls remember the following:

- Take your time and avoid rushing to carry out tasks
- Phantom limb sensations may make you feel like you still have a leg and foot. Attempting to stand on a phantom limb is a common cause of falls
- Look at your home environment and ensure that there is good lighting, no loose rugs, no uneven or wet surfaces, no trailing cables or clutter. Your Occupational Therapist can advise you about furniture and rugs that may need to be moved
- Place frequently used items in easy reach
- Review your medication and blood pressure with your GP regularly
- Wear your glasses as prescribed and make sure your eyes are tested regularly
- Continue to follow your exercise programme as inactivity leads to weak muscles, stiff joints and poor balance
- Eat a healthy diet and keep hydrated
- Limit alcohol intake.

Your wheelchair

- Always put the wheelchair brakes on when stationary. Ensure your wheelchair brakes are on when getting in and out of your chair

- Ensure your wheelchair is as close to the surface you are transferring to as possible; avoid any unnecessary gaps
- Ensure your wheelchair is easily accessible at night
- Ensure that footplates, support boards and other equipment are positioned correctly so that they do not cause you to fall. Your Physiotherapist or Occupational Therapist will show you how to position these for a safe transfer
- If your wheelchair becomes damaged or is not operating correctly, contact wheelchair services as soon as possible.

Glossary of terms

Artificial limb/prosthesis An artificial replacement of a body part

Casting The process of using plaster of paris bandages on the residual limb to make a mould of the residual limb

Clinical Psychologist Health professional who is concerned with how people's emotions, thoughts, relationships and behaviour affect their rehabilitation

Compression sock A sock designed to reduce swelling and help the shape of the residual limb

Congenital An abnormal condition present at birth

Early walking aid Temporary practice limb to use in physiotherapy

Multidisciplinary team (MDT) A group of healthcare professionals who are involved with your care

Occupational Therapist Health professional who is concerned with the functional and environmental aspects of rehabilitation

Orthotist Health professional responsible for providing your orthotic needs and specialised footwear

Phantom sensations Sensation of the limb which has been removed

Physiotherapist Health professional who is concerned in the physical aspect of your rehabilitation, and walking training with your prosthetic limb

Podiatrist Health professional concerned with the care of your remaining foot

Prosthetist Health professional who prescribes, measures, casts or uses a computer scanner to make your artificial limb (prosthesis). They are also responsible for your on-going care regarding your artificial limb while you continue to be a limb wearer

Rehabilitation Medical Physician A doctor concerned with your general medical health and pain control

Residual limb The remainder of the amputated limb, often known as your stump

Useful Contacts

Seacroft Specialist Rehabilitation Centre

Seacroft Hospital

York Road, Leeds, West Yorkshire, LS14 6UH

Tel: 0113 20 63866

www.leedsth.nhs.uk

Limbless Association

Offer support to individuals of any age or background, whether they are about to have an amputation or are already living with congenital or acquired limb loss. Also offer help and advice to carers, family members and friends.

Unit 16, Waterhouse Business Centre

2 Cromar Way, Chelmsford, Essex, CM1 2QE

Tel: 0800 644 0185

www.limbless-association.org

British Limbless Ex Service Men's Association (BLESMA)

The national charity for limbless serving and ex service men and women and their dependants and widows.

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

Tel: 020 8590 1124

www.blesma.org

REACH

Association for children with upper limb deficiency

PO Box 54, Helston, Cornwall, TR13 8WD

Tel: 0845 1306 225

www.reach.org.uk

STEPS

Association for children with lower limb deficiency

Wright House, Crouchley Lane, Lymm, Cheshire, WA13 0AS

Tel: 01925 750271

www.steps-charity.org.uk

William Merritt Disabled Living Centre

St Mary's Hospital

Armley, Leeds, LS12 3QE

Tel: 0113 305 5332

Limb Power

Whitecroft, Tandridge Lane, Lingfield, Surrey, RH7 6LL

Tel: 07502 276858

www.limbpower.com

Disabled Living Foundation

380-384 Harrow Road, London, W9 2HU

Tel: 020 7289 6111 9am - 5pm

www.dlf.org.uk

DVLA - Drivers Medical Group

Swansea, SA99 1DF

Tel: 0300 790 6806

www.direct.gov.uk

Age UK

Travis House, 1-6 Travistock Square, London, WC1H 9NA

Tel: 0800 169 6565

www.ageuk.org.uk

Citizens Advice

Myddelton House, 115-123 Pentonville Road,

London, N1 9LZ

<http://www.adviceguide.org.uk/>

Diabetes UK

Macleod House, 10 Parkway, London, NW1 7AA

Tel: 020 7424 1000

www.diabetes.org.uk

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