Lower Limb Amputation

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Major Arterial Centre (MAC)

Since October 2014, all patients who need inpatient Vascular Surgery from Bristol, Bath, Weston-Super-Mare and the surrounding area will be cared for at Southmead Hospital, Bristol.

The vascular team is based on Gate 33B, but they care for patients all over the hospital.

Each week there is an allocated consultant working on the ward who will be co-ordinating your care. This may be different to the consultant who you normally see in clinic or who carries out your operation.

Following your operation, you will be guided by the team as to which rehabilitation pathway is best for you. This may mean you are transferred for the remainder of your care to a hospital closer to your home or you receive some care in your home. This will be discussed with you during your hospital stay.

Reasons for an amputation

An amputation is offered when all other forms of treatment have been tried or considered. It is performed because your leg is:

- So diseased that life is threatened, or
- So painful as to make life a misery, or
- So injured that it no longer works as a functional limb

Common reasons for an amputation and percentage of overall amputations are:

- Circulatory problems – including peripheral arterial disease (PAD) and complications of diabetes 75%
- Tumour 2%
- Infection 7%
- Trauma 9%
- Other 7%
Peripheral arterial disease (PAD)

PAD is thought to account for approximately 72% of all amputations. This disease results in the narrowing of the arteries that supply the blood to the legs and feet. This can cause many symptoms including severe pain when walking, pain at night, numbness and leg discolouration. A poor blood supply to the leg will also inhibit the healing of any injuries to the leg or foot e.g. ulcers.

If the surgeon is unable to increase the blood supply to your leg, amputation is considered to decrease pain, and help preserve life.

Risks and complications of having an operation

These will be discussed with you before your operation by one of the doctors:

- 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.

- 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, stroke, or even dying as a result of the operation.
Following your operation

After your operation you may initially feel disorientated due to the anaesthetic. This will hopefully pass quickly. When you wake up after your operation you may notice a number of tubes attached to you. These may include:

- Oxygen mask.
- Catheter (a tube draining urine from your bladder).
- Wound drain (a tube draining fluid from your operation site).
- Drip (a needle in your arm allowing fluid, pain relief and medication to be given).
- Targeted local pain relief (a drip providing pain relief directly to your leg on the amputated side).
- Other dressings.

The Multidisciplinary Team

A large number of healthcare professionals will work closely with you and each other to provide a high standard of care.

The Consultant

Each week there will be a Consultant of the Week on the ward. This consultant will visit you every day, 7 days a week. This may be a different consultant to the one who sees you in clinic or who carried out your operation.

The Nursing Staff

Your ward will have a nursing team lead by the Supervisory Sister. The other members of the nursing team include registered nurses, assistant practitioners, healthcare assistants and student nurses. The nursing staff will support you in your return to everyday tasks while you are in hospital.

When you are admitted to hospital the nursing staff will take details about you in order to get to know you; to plan your stay in hospital,
as well as your discharge home. They will be with you when you come back from theatre and will assist you as needed.

It is important that you speak to the nurses about any of your concerns so that they can help, whether it is regarding pain or any other issue. After discharge your wound care will be provided by the District Nursing team or your Practice Nurse at your GP surgery. This will be organised by the ward staff before you leave hospital.

**The Counsellor**

We recognise that before and after losing a limb, emotional and psychological support is a key part of your recovery and rehabilitation.

The professional counsellor can offer you time and space to process your thoughts and feelings. They can support you to manage the stresses involved in your adjustment to limb loss. Everyone copes in different ways and sometimes talking through your feelings and experience can be a useful way of working through what has happened.

Counselling can be used in a variety of ways:

- To talk through decisions associated with amputation before surgery. This may include thinking about the practical and emotional implications for you and your family.
- To help with the shock of losing a limb.
- To help with feelings of loss i.e. numbness; bitterness; relief.
- To explore past feelings that amputation can trigger.
- To cope with change.
- To look at ways of dealing with symptoms of pain.
- To help your family and friends support you with the challenges you are facing.

The counsellor is based at the Bristol Centre for Enablement (BCE) at Patchway, but can visit you on the ward both before and after surgery. Any of the professionals involved with your care in the hospital will be happy to contact the counsellor to let them know that you wish to meet with them.
The Physiotherapist

You will be seen on the ward by a Physiotherapist. When possible the physiotherapist will see you before your operation to talk through your rehabilitation pathway.

They will introduce you to early exercises, encourage you and if needed, assist you to move. When you are well enough the physiotherapist or occupational therapist will help you to move out of bed into a suitable chair.

There are many different ways to achieve this and they will choose the most appropriate for you. You will receive as much help and guidance as necessary.

Early exercises

Exercising your stump (this is the end of your limb after your operation) is very important.

The Physiotherapist will teach you exercises and encourage you to continue these on your own.

If you have a Below Knee Amputation (BKA) you will be taught an exercise to keep your knee straight on your amputated leg. It is very important to be able to do this as early as possible after your operation. This will help prevent your knee becoming ‘stuck’ in a bent position.

The Occupational Therapist (OT)

The Occupational Therapists are part of your rehabilitation team. They look at occupational performance (how you carry out your everyday activities). You will be able to set some goals with your OT to enable you to return to your everyday life. Things you may work on include; strength, stamina, balance, cognition and co-ordination. These are all skills you use every day when getting washed and dressed, getting on and off your furniture, using the toilet, kitchen and leisure activities. Your rehabilitation may involve the therapists suggesting different ways of doing things or using aids/equipment and definitely include practice, support and advice. The OT team is also responsible for fitting you with the correct wheelchair (see section ‘Wheelchairs’).
You will be seen by an OT either before or shortly after your operation to start your rehabilitation and begin talking about your home environment. The OT sometimes arranges a visit to your home, to identify alterations or equipment needs and identify activities to practice during your rehabilitation.

The OT will liaise with other agencies (with your permission), such as community rehabilitation teams or local authority colleagues to plan your discharge from hospital.

**Therapy Support Worker**

Therapy Support Workers are part of a team with Physiotherapists and Occupational Therapists. They may visit you to ask about your home circumstances. This will be part of an overall assessment to see if you will require any additional help or aids to assist your daily living when leaving hospital. They will also work with you on your rehabilitation programmes, such as strengthening exercises or every day tasks. This will happen after you have been seen and reviewed by a Physiotherapist or an Occupational Therapist.

**Rehabilitation Group**

As soon as you are well enough, you will be able to attend the amputee rehabilitation group sessions, where you can practice everyday tasks, e.g. Kitchen/ Bed/ Toilet activities. This can be as early as day 1 or 2 after your operation.

In the group you will learn and practice lots of movement. This will include; getting from wheelchair to bed/toilet, complete exercises for your arms and legs, practicing wheelchair manoeuvres, practice standing in the parallel bars and participating in functional activities and games.

The aim is to maximise your strength and independence.

Please have suitable clothes (your own normal day wear should be fine) for this and a safe non-slip shoe on your remaining foot.
**Discharge Case Manager**

During your stay in hospital you may be visited by the Discharge Case Manager. The case manager is there to support you to make suitable arrangements for your discharge home from hospital. They may come and ask you for information about your home and if you require any additional support on discharge from hospital. The case manager will work closely with the other members of the team.

**Social Worker**

A member of the team may talk to you about making a referral to a social worker. The Social Worker will assess your needs for discharge and how they can be met safely.

**Podiatrist**

The podiatrist may already be involved in your care outside of the hospital. They specialise in giving advice, diagnosis and treatment of a wide range of problems affecting the feet, ankles and lower limbs. If you have not been seen by a podiatrist before, you may be referred on discharge from hospital to help you care for your remaining limb, especially if you have had an amputation due to Peripheral Arterial Disease.

**Wheelchairs**

The Occupational Therapist (OT) will assess you and any carers you may have to determine which wheelchair and cushion would be most suitable for you or explain why this is not possible. Most often this will be provided for you. Two common options are shown below, most can be folded up for transporting in a car:

These are wheelchairs you can propel yourself. They have two large wheels at the back and two small wheels at the front.
These are wheelchairs you can be pushed in by a carer, or member of your family or a friend. These have four small wheels.

If you have a below the knee amputation, your wheelchair will be fitted with a device known as a stump board. This is to rest your amputated limb on.

**Compression Socks**

Your physiotherapist may measure your stump for a compression sock in the days following your operation. This sock helps to maintain the shape of your stump and prevent the limb from swelling. Further information will be given to you about the wearing and care of the Compression Sock.

**Caring for your stump**

Initially, the nursing staff will dress and care for the wound whilst the stitches are in place. Once the stitches are removed, you will be encouraged to care for your stump independently. It is important that you wash and dry your stump carefully everyday. Using a mirror will enable you to inspect the stump fully. You should try to notice any changes in the stump e.g. redness or broken skin. If you notice any changes or problems it is important to contact your doctor immediately.

It is also important that when you move, e.g. changing position in the bed, or transferring to your wheelchair, that you ensure you do not knock your stump. Knocking the stump may cause damage to your stump, which may slow down your rehabilitation.
Caring for your remaining leg

It is also important that you look after your remaining leg very carefully. Wash and dry your foot carefully and inspect it daily. If you notice any changes e.g. broken skin, contact your doctor or podiatrist immediately. It is important to wear correctly fitting shoes.

Things to look out for:

If your limbs become:

- Increasingly painful – note some diabetics have limited pain sensation.
- Itchy.
- Hot/inflamed/red.
- Starts oozing fluid/pus or bleeding.
- Develops a rash.

Seek medical advice and treatment as soon as possible.

Bristol Centre for Enablement (BCE)

If you and the multidisciplinary team decide that you would benefit from an artificial limb they will refer you for assessment at the BCE. Not everyone has the physical strength or capability to use a prosthetic limb.

The ward therapists will discuss this with you.

The BCE team consists of a specialist team of clinicians including prosthetists, counsellor, podiatrist, physiotherapist, occupational therapist, nurse, assistant practitioner and technicians.
Phantom limb pain
Unfortunately, you may experience pain, even though your limb has been removed.

**Phantom limb pain** – is the feeling or pain felt in a limb that is no longer there and is extremely common. You may feel them regularly or they may decrease over time. The feelings/pain are very real to you; your whole body including your brain will take time to adjust to the limb not being there.

Phantom limb pain may be helped with medication. You can ask your doctor for advice on this.

**Lifestyle**

**What can I do to help myself?**

General health measures such as reducing weight, a low fat diet and regular exercise are all important and will speed up your recovery. If you are a diabetic it is important that your condition is well controlled, speak to the nursing staff or doctors for support with this.

If you were previously a smoker you are advised to make a sincere and determined effort to stop smoking completely. Continued smoking increases your risk of wound problems, chest infections, DVT, stroke and heart attack. It also causes further damage to your arteries which can cause them to block off.

Why not take this opportunity to consult your own doctor or the practice nursing staff to seek professional help in giving up the addiction?

Further help is available locally from the Smokefree Bristol Service on 0117 922 2255 or NHS smoking advice service on 0800 022 4332 [www.smokingadvice.com](http://www.smokingadvice.com)
Useful contacts

**Bristol Centre for Enablement**
Highwood Pavillions, Jupiter Road, Patchway, BS34 5BW
Telephone: 03003000110
Email: prosthetics@nbt.nhs.uk

**British Amputee and Les Autres Sports Association (BALASA)**
Telephone: 0120 449 4308
E-mail: balasaoffice@aol.com

**British Limbless Ex-Service Men’s Association (BLESMA)**
Frankland Moore House, 185-187 High Rd, Chadwell Heath, Romford, Essex RM6 6NA
Telephone: 020 8590 1124, Fax 020 8599 2932
Website: www.blesma.org

**The Disabled Living Foundation**
380-384 Harrow Road, London, W9 2HU
Telephone: 020 7286 6111
Website: www.dlf.org.uk

**The Limbless Association**
The Limbless Association, Unit 16 Waterhouse Business Centre, 2 Cromar Way, Chelmsford, Essex, CM1 2QE
E-mail: enquiries@limbless-association.org
Website: www.limbless-association.org
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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