

Information for patients and families following a lower limb amputation.

After your operation you will have many questions about the future and your future care. This booklet aims to answer some of these questions and provide you with information regarding the next steps following your amputation.

Please do not hesitate to approach any member of the team if you have any queries at any time.

The Team

During your admission you will come into contact with a variety of different professionals who are involved in your care. These may include

Consultant, Other doctors, Ward nurses, Specialist nurses, Physiotherapy Team, Occupational Therapy Team, Artificial Limb Specialist Team at Disablement Services Centre, Specialist Pain Management Team, Specialist Amputee Discharge Co-Ordinator

Each member of staff should introduce themselves to you and explain their role further when they meet you.

Removable Rigid Dressing (RRD) - for below knee amputations only

When you return from surgery you may have a Removable Rigid Dressing in place - for below knee amputations only. This is a hard white cover encasing your amputated leg.

This Removable Rigid Dressing will be worn for your stay in hospital, being taken off for short periods each day to check the wound following surgery. After the first 5 nights you can sleep without it on if approved by your physio. The aim of the Removable Rigid Dressing is to help prevent too much swelling following surgery, to help in maintaining a straight knee and to protect your remaining leg from friction and falls.



After the Rigid dressing is removed it may be replaced by a skin coloured compression sock to help shape and reduce the swelling of your amputated leg. This is worn during the day but not overnight. You will be given written information on the use of the compression control sock.

Pain Management

It's normal to be worried about surgery and pain. In this hospital we work closely with the Pain Management team to develop the best ways to manage your pain. Everybody is different but good pain control will allow you to move easier, get better quicker and go home sooner.

It is very important to take all of the medicines offered to you even if you feel no discomfort at the time. These will treat the pain early and more effectively, reducing it before it happens. This will allow you to work with the Physiotherapists and Occupational Therapist much more comfortably and easily.

After the surgery you will be given strong pain killers such as Morphine. This may be in tablet or liquid form from the nurses, or in a machine with a button where you can give yourself a dose straight into a vein, like a drip. The machine is programmed to give you safe doses of the drug. This is called PCA (Patient Controlled Analgesia). If you have PCA, it will only be for a day or two then you will then be given pain killers by mouth.

Some of the medicines may have minor side effects such as constipation or nausea. Please tell your nurse if you experience any of these as we can adjust the medicines to suit you. Likewise you must tell us if the pain killer treatments aren't enough to help you to move about easily.

Phantom Limb Sensation/Pain

Some patients may experience Phantom Limb Pain or Sensation; a feeling that the limb is still there or worse that the pain is still there. This is a very common feeling after surgery, try not to be alarmed by it. We aim to stop this from happening by giving you medicines specifically for this problem. Sometimes you may have already been taking this type of medication before the surgery to help with 'nerve' type pain, but it will also help afterwards too.

The Pain Management Team will be happy to help provide any other information you would like or answer any questions about Pain management. Please ask your nurse to contact them for you.

Mobilising after your amputation.

It is very important that you do **not hop on one leg** after your amputation. The risk of falling is high - your balance has been affected, as well as your weight distribution changing. A fall can result in another operation and the worst case scenario could mean a higher site of amputation.

If you are diabetic it is even more important not to put the extra weight and impact of hopping through your remaining foot. This is to protect it as far as possible - your circulatory system has already been compromised and resulted in an amputation. You will be provided with a wheelchair to remain as independent as possible.

Physiotherapy

You will meet the Physiotherapist on the ward. This may be before or after your amputation. The Physiotherapists' role is to help you regain your mobility after your amputation. You will be given some exercises after your amputation to help in your recovery.

Your physiotherapy treatment programme may involve:

- ◆ Mobility around the bed, for example: rolling over and getting from lying to sitting. You may find that your balance is affected by your amputation.
- ◆ Positioning of your amputated leg to reduce swelling and prevent joint and muscle contracture (shortening).
- ◆ Exercises to improve the strength in your affected and non-affected leg and upper limbs in preparation for mobilising.
- ◆ Safe wheelchair transfers, for example; wheelchair to bed
- ◆ You may be able to use an Early Walking Aid. This is a temporary device that fits over your residual leg and allows early walking assessment and practice.

Occupational Therapy

Occupational Therapy will enable you to maintain or improve your ability to carry out everyday activities following your amputation.

We will work together with you, and if appropriate your family or carers to help you overcome difficulties with your activities of daily living such as self-care tasks and kitchen activities.

Wheelchair

We will provide you with a wheelchair from the first stages of your rehabilitation. This will be ordered and handed over to you whilst you are on the ward.

Environmental Assessment

With your consent, we will visit your home to ensure that your property is suitable for your current level of need. You may need to consider downstairs living initially on discharge and we are able to advise on this. We may also provide equipment such as temporary ramps or aids to assist you in your activities of daily living.

Home Assessment

Prior to discharge, we will take you on a short visit to your home to see how you manage. We will look at how you get around your property in your wheelchair and ensure that you can transfer on and off your bed, chair and toilet. If necessary we will work with you to find new ways of doing everyday tasks.

Support

If required we can refer you on to other services to enable you to continue your rehabilitation/care at home. We may also provide you with contact numbers of other agencies who may be able to help.

Care of your remaining limb

If you are still smoking it is important to strongly consider stopping. If you do not, you will be at increased risk of further complications and possible limb loss. For help to stop smoking please contact your Pharmacist or go online at www.nhs.uk/smokefree

- ◆ Have your toenails trimmed regularly, preferably by a Registered Chiropodist. Never attempt to treat corns or in-growing toenails yourself, as this could cause considerable skin damage. If you are unable to find a registered chiropodist/podiatrist please ask your GP for a referral.
- ◆ Take care when bathing and washing. Poor skin can be less sensitive to temperature, so check water before getting into a bath.
- ◆ Dry thoroughly between your toes after washing. Use small amounts of moisturiser if the skin is dry, but not between your toes.
- ◆ Avoid direct heat from fires or hot water.
- ◆ Act quickly if you notice reddened or damaged areas of skin. Contact your District Nurse or GP as soon as possible.
- ◆ Ensure you have well-fitting footwear to avoid rubbing, corns or blisters and to reduce the risk of falls
- ◆ Ensure that you wear footwear at all times to protect your remaining foot.

Care of your amputated leg

It is extremely important that your wound site is cared for appropriately. Whilst you are on the ward, the nursing staff will help you to monitor this, but once you go home, you will need to watch for tell-tale signs of poor skin health yourself.

The following information provides the basis of good skin care:

- Check your wound for signs of redness, heat or oozing and alert your District Nurse or GP as soon as possible if this occurs
- Remove any pressure garments e.g. swelling control sock and check for signs of redness and rubbing
- If you are worried about your wound or have increased pain in the amputated leg please contact your GP.
- For below knee amputees it is important to keep your amputated leg elevated both when sitting in your wheelchair or armchair. In the wheelchair on the king support provided and in the armchair on a stool or similar.

Statutory Benefit Advice

As result of your amputation you may be entitled to certain state benefits. A Social Worker, Age UK or Local DSS office/Benefits Advice centre will be able to advise you.

Driving

There are different options to return to driving. Please discuss this with your Occupational Therapist or Physiotherapist who can give you advice based on your specific circumstances.

Discharge

You may be discharged to a local community hospital to continue your rehabilitation or you may be discharged home. You will be discharged home when you, your carers and the hospital team feel you are ready to cope. There are a number of things that will happen before you leave, these will be:

- ◆ An appointment will be made for you to visit the prosthetic department in the **Disablement Services Centre** to meet the prosthetic team and our Rehabilitation Consultant Mr Jagatsinh (if you have not attended during your stay). This is when discussions about artificial limb use will take place. Please invite a family member or carer to come with you for this appointment.
- ◆ Arrangements will also be made for you to attend review hospital appointments.
- ◆ Medication for immediate home use will be given to you.
- ◆ Travel arrangements for discharge home will be confirmed.
- ◆ A letter summarising your treatment at the hospital will be given to you. This should be shown to any doctors who visit you at home. A copy will be sent to your GP.
- ◆ District Nurse follow-up will be arranged if necessary to continue with your wound care.
- ◆ Your ward Physiotherapist will contact a local Physiotherapist in your area to continue with your rehabilitation as required.

Contact Details

Nursing Queries

Multi-Disciplinary Team
Beech D
Cumberland Infirmary
Tel: 01228 814176
(24/7 availability)

Rehab Queries

Amputee Services
Disablement Services Centre
Cumberland Infirmary
Tel: 01228 814783
Open 8.30am-4.30pm. Monday - Friday

Confidentiality

'The Trust's vision is to keep your information safe in our hands.'

We promise to use your information fairly and legally, and in-line with local and national policies. You have a right to understand how your information is used and you can request a copy of the information we hold about you at any time.

For further information contact the Subject Access Coordinators SACCIC@ncuh.nhs.uk or SACWCH@ncuh.nhs.uk

Feedback

We appreciate and encourage feedback, which helps us to improve our services. If you have any comments, compliments or complaints to make about your care, please contact the PALS team (Patient Advice and Liaison Service) on 01228 814008 between 10.30 and 4.30 Monday to Friday or email PALSCIC@ncuh.nhs.uk.

If you would like this factsheet in another language or format, for example Braille, large print or audio the PALS team will be able to assist you (contact details above)

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