

Patient Information to be retained by patient

Major lower limb amputation

affix patient label

Why do I need an amputation?

There are several reasons for having an amputation:

- you may need this amputation because the blood vessels in your leg are blocked or severely narrowed and the surgeons are not able to improve the blood flow. Lack of blood flow can result in pain, ulcers and gangrene. If untreated this can make you dangerously unwell and can risk your life which would need emergency treatment.
- sometimes an amputation is needed after an accident if there is extensive damage to your leg that cannot be repaired.
- amputation may be required if you are diagnosed with cancer of your limb.

What level will the amputation be carried out?

This will be discussed with you by your consultant. The important thing is to ensure that the wound heals and to give you the best function possible after your surgery. It may be above the knee, through the knee or below the knee. If there are major problems with infection or healing you may need further surgery.

Who will be involved in my care?

There are lots of professionals who will work together with you to ensure that you get the support you need during your stay and following discharge:

Doctors – you will be under the care of a consultant surgeon and their team. They will see you regularly during your hospital stay to carry out your surgery and monitor your progress and manage any medical problems. On discharge from hospital you will see the consultant as an outpatient and they will hand over your care to your GP.

Nurses – the nurses will take care of you from your admission until your discharge. They will help and advise you regarding personal hygiene, wound care and are your link to the other staff involved in your care.

Occupational therapist (OT) – the OT will ensure that you can manage your daily activities safely eg washing, dressing and food preparation. They will order your wheelchair and any other equipment that you will need when you go home. They may visit your home to help plan for discharge. The community OT will also be involved if you need home adaptations for your discharge from hospital.

Physiotherapist (PT) – the physio is very important to help you build strength and confidence following your amputation. You will start an exercise programme for muscle strength and fitness. They will help you decide what activities will be suitable for you to ensure you can live as independently as possible.

Podiatrist – a podiatrist can advise you on the care and treatment for your remaining foot. This is particularly important if you are diabetic.

Social worker – if you will need help with washing, dressing or meal preparation when you are at home the social work team may be involved in your care. They are also able to help with housing issues and benefits.

Others – you may also meet the pharmacist, dietician and other specialist teams during your admission who will help with other aspects of your care.

What to expect following amputation

Immediately afterwards

You may feel a little groggy after the anaesthetic. You will be closely monitored for the first few hours. You may have:

- a drip in your arm for fluids and medication
- an oxygen mask
- pain relief – either a PCA (patient controlled analgesia) or an epidural in your back
- a catheter in the bladder to allow urine to drain into a bag
- a small drainage tube from your operation site which is usually removed within two days
- a small tube which delivers local anaesthetic to a nerve in your amputation stump
- a dressing on your stump.

Emotions

It will take time for you to adapt physically and emotionally to having an amputation. Please share your concerns and feelings with the staff so they can help and support you.

It is normal to experience feelings of grief and loss after your surgery. These can include fear, anxiety, anger, denial or depression and are normal responses. These feelings will fade as you adjust to your new life and make plans for your future. If you continue to struggle you may benefit from additional support and therefore it is important to talk to staff.

Pain control

It is entirely normal to experience some pain or discomfort from your wound in the early stage following surgery. This will improve as you heal. We will give you painkillers to keep you comfortable and ensure that you are able to move freely and participate in your rehabilitation.

Phantom limb pain / sensation

It may feel as though your amputated limb is still there. These sensations may involve the whole leg or just a toe. This is very common and is because the brain is still sending signals to the part that is no longer there. This will fade over time. It is easy to forget that the limb is no longer there, especially at night or after sitting for a while. It is important to take care as this can result in falling after trying to use the absent leg.

The sensations can sometimes be painful: tingling, burning, shooting or cramping. These sensations can be triggered by many things. If it is causing you difficulty discuss it with your team as there are specific medications which can help. You may be visited by the pain team who will also offer advice.

What will happen during rehabilitation in hospital

When will I start getting out of bed?

You will be seen by a physiotherapist regularly throughout your stay in hospital. Following your amputation, it is very important to do some daily exercises. The exercise programme will improve your strength and balance and reduce stiffness to ensure you can be independent and safe in your home, and resume normal activities as soon as possible.

Initially you will be shown exercises in bed, and then you will be encouraged to transfer from your bed to an appropriate chair as soon as possible (usually 2-3 days after your operation). **Always get out of bed on the side with your good leg.**

Once you are up and about in your wheelchair you will join the therapists in the gym. You and your therapists will set personal goals important for your discharge.

As your wound heals, if you are able, you will start to walk, with help, on a temporary artificial limb known as a PPAM aid. You will also be expected to continue with your daily exercise programme.

Will I need a wheelchair?

The occupational therapist will assess, measure, and order you a wheelchair with a special pressure relieving cushion – this will be available before you leave hospital. This is the safest way to get around, especially in the early stages. Even if you are planning to walk, you may still need a wheelchair temporarily or for long trips. You will be trained how to use your wheelchair safely so that you will be able to use it in the hospital and at home. The most important thing to remember when using a wheelchair is **always put the brakes on when your chair is stationary!**

It is not advisable to use crutches or a frame or hop on your remaining leg as this puts you at risk of accidents.

How do I care for my stump?

Any swelling will delay the healing process and increase pain. It is therefore important to rest your leg, fully supported. Avoid hanging the stump out of bed or wheelchair. If needed we will provide a stump board. You will be provided with a compression sock to reduce swelling.

When in bed lie the leg straight. Don't put pillows under the knee or thigh as this will cause the leg to become stiff or stuck in a bent position.

Will I get an artificial leg?

This is not always an easy decision. Your individual circumstances will be discussed with you. It will depend on your previous level of fitness, level of amputation and medical conditions. Using an artificial leg uses a lot of energy and so some people find they have a better quality of life and feel safer in a wheelchair.

If you are likely to manage an artificial leg we will refer you to the specialist limb fitting service.

Planning your discharge

Everyone recovers at a different rate and this can be difficult to predict. Following your operation it is likely that arrangements will be made for your transfer to another hospital to complete your recovery and rehabilitation. Busy surgical wards (such as the wards at Royal Cornwall Hospital) are not the ideal place for rehabilitation, and for learning to walk again after your amputation. Therefore the specialist services required for rehabilitation have been concentrated at Camborne/Redruth Community Hospital (Barncoose) in the West of Cornwall, and at Bodmin Hospital in the East.

The concentration of expertise and experience at these two sites is designed to maximise your chance of full rehabilitation following your amputation, and give you the best environment in which to learn to walk with your artificial limb (if appropriate).

You will only be transferred from the Royal Cornwall Hospital (RCH) when the surgeon and the rest of the ward team looking after you are happy that you have made a good recovery. This is normally about 5-14 days after your operation. If you lived in a nursing or residential home before your operation, you may well return there directly from RCH once you are well enough. If it is possible to discharge you straight home you will likely be in hospital for 14-21 days.

Preparing to go home

The ward team will work closely together to help you recover and get you ready for your discharge. If you or your family have any concerns about your care or discharge plans please speak to one of the team.

The therapy team will discuss your home circumstances and will help you to plan how you will best manage at home. The occupational therapist may visit your home to ensure that you will be able to move the wheelchair around your home. Our focus is to get you home safely. We can provide small items of equipment necessary for discharge but larger adaptations may need to be carried out at a later date.

Will I be able to drive?

It is a legal requirement for you to inform the DVLA and your insurance company about the change in your circumstances. Options for driving after amputation will depend on the type of car you drive. There are specialist vehicle centres nationwide who can offer individual advice and assessment following your surgery.

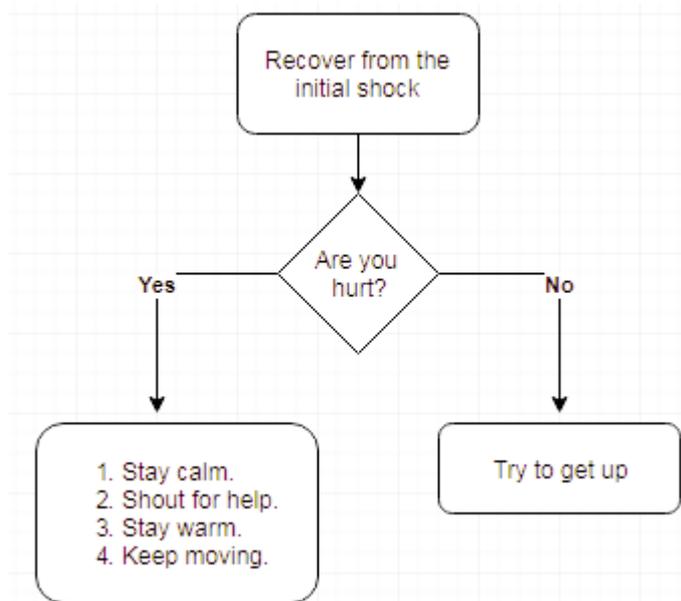
How do I avoid a fall?

Falls are very common following amputation but there are simple rules to help you prevent them:

- take your time when moving
- make sure the wheelchair brakes are on when transferring
- wear comfortable shoes with a non-slip sole
- if you have phantom limb sensations take extra care when moving
- place most frequently used items in easy reach
- ensure regular check-ups with your GP to check your medications
- make sure your eyes are regularly checked and wear your glasses
- keep active
- eat a healthy diet and stay hydrated
- limit alcohol intake.

What should I do if I fall?

If it is possible before you leave we will teach you how to get up safely from the floor. If you do fall:



How do I stay healthy?

Avoiding pressure sores is very important as your skin can be very vulnerable. It can easily become sore, red or blistered. The areas more at risk are buttocks, heels and toes. You will be taught how to change position in bed and change your position in your chair to relieve any discomfort.

Take care to avoid knocking your remaining leg. Move footplates out of the way when getting in or out your wheelchair.

Skin care – if you have problems with your circulation your skin can become very dry, so it is important to moisturise. This helps reduce the chance of infection. Avoid broken skin and do not moisturise between your toes. Soap can be very drying so you may need to consider a soap substitute. Pat your skin dry rather than rubbing. Inspect your foot daily and let someone know if you find cuts, blisters or red areas.

Footwear – check your footwear and ensure they fit well and do not rub. The podiatrist can teach you how best to cut your toenails.

Smoking – it is important to stop smoking. This is a major cause of amputation as it damages your blood vessels. Continuing to smoke can delay healing of your stump and increase your risk of further surgery. Speak to a member of the team who can direct you to specialist support.

Will I have any follow up?

You will be seen in the Outpatients department by your consultant, 6-8 weeks following discharge from hospital.

Any questions?

If you have any questions or need further information, please contact:

Wheal Coates ward – Tel 01872 25 3830

Vascular Care Practitioners – Tel 07833215348

The vascular secretaries – Tel 01872 25 2197 / 2925

Further information and useful contacts**OWLS – Onward Without Limbs**

Offer advice and support for amputees and their families
www.owls4u.org.uk

British Limbless Ex-Servicemen's Association

185-187 High Road
Chadwell Heath
Essex RM6 6NA
Tel: 02095901124
www.bleasma.org

British Red Cross (national branch)

9 Grosvenor Crescent
London SW1X 7EJ
Tel: 02072355454
www.redcross.org

Citizens Advice Bureau

08450505152

www.adviceguide.org

Department of Social Security (DSS)

Tel: 0800882200

DVLA

Swansea SA6 7JL

Tel: 08702400009

www.dft.gov.uk/dvla

Limbless Association

Queen Margaret Hospital

Roehampton Lane

London

SW15 5PN

Tel: 02087881777

www.limbless-association.org

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Major lower limb amputation

(Side: _____)

NHS number: _____

Name of patient: _____

Address: _____

Date of birth: _____

CR number: _____

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To remove infected or ischaemic tissue.*

Significant, unavoidable or frequently occurring risks:

- *Poor blood supply to the tissue left after amputation requiring a higher amputation.*
- *Slow wound healing or infection needing long term wound care and antibiotics.*
- *Abnormal feeling and pain where the amputated limb was previously – ‘phantom pain’.*
- *Poor mobility in residual limb which may become fixed in a position which won’t allow good function, needing exercises and physiotherapy.*
- *Return to function and mobility is difficult to predict and normal activities may not be fully restored.*
- *Bleeding could occur and may require a return to the operating room or a blood transfusion. This is more common if taking blood thinners eg Warfarin, Aspirin, Clopidogrel or Dipyridamole*
- *Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.*
- *Increased risk in overweight people of wound infection, chest infection, heart and lung complications, and thrombosis.*
- *Heart attack or stroke could occur due to the strain on the heart.*
- *Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.*
- *Death as a result of this procedure is possible.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust’s approved patient information leaflet for this procedure: Major lower limb amputation (CHA4157) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: _____ Name (PRINT): _____ Date: _____

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I consent to the inclusion of my anonymised information on the National Vascular Registry.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Major lower limb amputation (CHA4157) which forms part of this document.

Patient signature: Name (PRINT): Date:

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

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