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Information for patients and carers

Understanding Lower Limb Amputation

Why do I need the operation?

Most amputations are performed when the blood supply to the leg is severely reduced, which is caused by a blockage or narrowing in the arteries. You may have already developed severe pain in your limbs which is waking you from your sleep. Ulceration or black areas on your toes, feet or legs may have developed. If left untreated, the lack of blood to your leg will cause the pain to increase. A lack of oxygen and nutrients to the tissues will lead to infection and gangrene. Infection can spread through the body and your condition could become life-threatening.

Amputation is always a last resort and will only be recommended if your consultant feels that it is not possible to improve the blood supply to your leg.

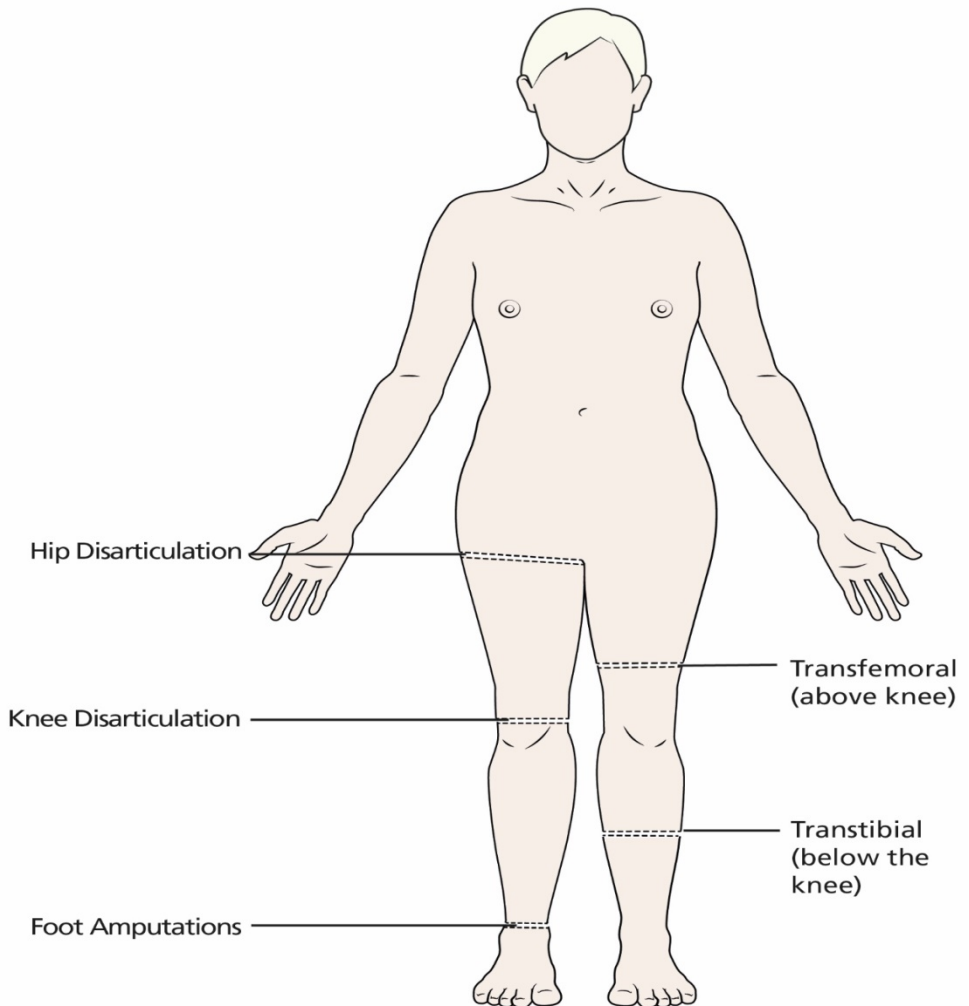
What are the benefits of the operation?

The operation aims to prevent the spread of infection which could be fatal and in the long term stop the pain that you have been experiencing. It will allow the opportunity for you to recover and re-establish your independence where possible.

What are the risks of the operation?

- 5-20% risk of death
- 10-20% risk of complications including the following:
 - Failure of the wound to heal. Due to the poor blood supply the wound can be slow to heal and sometimes it is necessary to perform a further amputation higher up the leg
 - Wound infection which may result in delayed healing and/or further surgery
- Heart attack or stroke
- Chest infection (particularly in those that smoke)
- Kidney damage
- Blood clots in the leg/lungs (DVT Deep vein thrombosis/PE Pulmonary embolism)

- Bleeding
- Phantom limb pain
- Limb contracture



The site of your amputation will depend on the blood supply to your leg as the stump wound needs a good blood supply to heal. You will have the opportunity to discuss the type of amputation with your consultant and specialist rehabilitation team.

Before your operation

You will have had a number of investigations to determine the extent of the blockage and your consultant will have discussed all the options with other members of the vascular multidisciplinary team prior to offering you this procedure. If you are not already in hospital, you will be asked to attend the hospital for a pre-operative assessment before your operation. This will allow time for tests to be done to ensure you are as fit as possible prior to surgery. You will be given instructions on what medication (if any) to stop taking before the operation.

You will be able to talk to one of the vascular specialist nurses who will answer any questions you may have. You may also be visited by one of the occupational therapists and/or physiotherapists who will measure you for a wheelchair and give you some information about what will happen after the operation.

You will be admitted on the day of the operation (a letter will be sent to you with all of your instructions, including when to stop eating and drinking). The nurses will help you prepare for theatre. The anaesthetist will visit you on the ward to discuss methods of anaesthesia. You will either be given a general anaesthetic (where you will be asleep throughout the procedure) or an epidural (spinal) anaesthetic tube is placed in your back through which local anaesthetic and strong painkillers can be administered). You may have a combination of both methods. This will be discussed with you prior to your operation. If you are diabetic, care will be taken to monitor and control your blood sugars. This may require a needle in your arm with a special drip called a sliding scale. You may have a tube inserted into your bladder (called a catheter) whilst you are in the anaesthetic room. This allows the team to monitor your fluid out-

put.

The operation

You will be taken to the anaesthetic room where your details will be checked. You will have heart monitoring stickers placed on your chest, so the anaesthetist can monitor your heart during the operation.

In theatre, the consultant will remove your leg at the agreed level and the stump wound will be closed with either stitches that will need to be removed or dissolvable stitches under the skin. Sometimes it is necessary to leave the stump wound open. You may also have a drain, which is attached to a bottle to allow any fluid in your wound to drain. This is usually removed 24-48 hours after surgery. Your wound will be covered with a dressing or bandage, which may be left in place for up to 5 days after the operation.

After the operation

From theatre, you will be taken to the recovery room until you wake up. You may have a tube in your arm through which we can give you fluids or antibiotics. You will have an oxygen mask on and will be advised when this can be removed. You should be able to eat and drink as normal as soon as you feel able to. If you are diabetic, your blood sugars will be monitored and you can take your normal medication once you are eating again.

The nurses will regularly monitor your blood pressure, pulse, temperature, respiratory rate and oxygen levels (observations). You will be asked to stay in bed and rest after surgery, usually until you have been assessed by the physiotherapists. The nurses will assist you with your personal care needs. You will be advised to move regularly in bed and will be helped with this if required. This is to help prevent the development of pressure ulcers, chest infections or deep vein thrombosis, all of which can be complications of immobility. You will also be provided with a pressure relieving mattress for your bed to help reduce the chances of developing pressure ulcers.

Pain control

The anaesthetist will discuss with you the options for post-operative pain control.

An epidural may be used during surgery to supplement a general anaesthetic and will continue after the operation for pain control. The nerves to your lower back pass through an area close to your spine called the 'epidural space', the anaesthetist uses a needle to place a fine plastic tube (an epidural catheter) into the epidural space. Local anaesthetic and sometimes other pain relief medicine are put through this catheter to block the pain messages and relieve the pain.

Other pain relieving medicines e.g. morphine can be put into a pump called a patient controlled analgesia pump (PCA). The pump will be connected to a vein in your hand or arm and you will be able to press a button to deliver a pre-set dose of the pain relief medicine.

As your condition improves the PCA or epidural will be removed and you will be given pain relief medicines in either tablet or liquid form. Every effort will be made to keep you as comfortable as possible following your operation. You may also experience pain that feels like it is coming from the part of the leg that has been removed (phantom limb pain). This can be helped with specific medication.

What happens over the next few days?

As you recover the various tubes will be removed which will allow you to move more freely. You will be visited by the physiotherapists who will assess your mobility and provide you with useful exercises to assist your recovery. You will also be visited by the occupational therapist that will organise your wheelchair and an environmental visit to your home to assess whether any alterations need to be made to make it safe for you.

Your wound will be monitored by members of the vascular team and

the ward nurses. If your wound has stitches or staples these are usually removed after 14 days (this will be the decision of the vascular surgeon). Sometimes it is necessary to leave your stump wound open and pack the wound with an appropriate dressing (usually if there is a concern about infection) this will be discussed with you.

You may require a period of rehabilitation and in some cases it may be necessary for you to move into different accommodation. All of this will be discussed with you and you will have the opportunity to discuss any concerns or ask any questions.

You will be referred to the specialist rehabilitation centre where there is a dedicated team of experts who specialise in amputee rehabilitation. They will discuss artificial limbs and provide various services including counselling. You will usually be seen as an out-patient but one of the team may visit you on the ward before you are discharged.

At home

You will be in hospital for approximately 7-14 days after your amputation, however this will vary depending on your physical condition, social circumstances and what rehabilitation needs you have.

If you have stitches in your stump which need removing, this will usually be done 14 days after your operation. Your practice nurse or district nurse will remove your stitches.

You may feel tired for some weeks after the operation but this should gradually improve as time goes by.

You may bath or shower as soon as your wound is dry, even if you still have stitches or staples

You may need to visit the vascular out-patients clinic, approximately 4-8 weeks after your operation, at your local hospital.

When to seek help

If you notice that your wound site is red, inflamed or discharging pus or fluid contact your GP immediately as you may require antibiotics. If you develop sudden pain, numbness, coldness or change of colour in the stump or your other leg contact your GP or go to your local A&E immediately as this could indicate a problem with your blood supply.

If you have any worries or questions before admission or after discharge please do not hesitate to contact the vascular specialist nurses for advice.

This leaflet is intended as a guide. Everyone is different and recovery may vary from one person to the next.

Contact details

Should you require further advice or information please contact:

Vascular Specialist Nurses

Preston/ Chorley site - 01772 523757 or via switch board on 01772 71655 and ask for bleep 4605 or 4606.

Blackpool site: Via switch board 01253 300000 and ask them to contact the Vascular Specialist Nurse.

Royal Lancaster hospital: Via switch board 01524 65944 and ask them to contact the Vascular Specialist Nurse.

Furness General: Via switch board 01229 870870 and ask them to contact the Vascular Specialist Nurse.

Vascular secretaries

**Preston/ Chorley/ Blackpool/ Lancaster/ Kendal /Furness
General Hospital:**

Via switch board: 01772 716565.

Wigan Wroughtington and Leigh:

01942 264057 / 01942 822068.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information.
This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઇચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

Department: Vascular

Division: Surgery

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