

## **Vascular Surgery**

# **Leg Amputation**

### **Why do I need the operation?**

You have a blockage or narrowing of the arteries supplying blood to your legs, so the circulation to your legs is reduced. This has become so severe that there is not enough blood to keep your leg alive and, if it is left untreated, you will become very unwell. Your doctors have decided that it is not possible to improve the blood supply to your leg and so an amputation is necessary. The usual sites of amputation are: just below the knee, through the knee, or above the knee (through the thigh). The level will depend how poor the blood supply to your leg is. Whenever possible, below knee amputations are performed, as it is easier to walk with an artificial limb after the operation. However, many people do well with an artificial limb after an above knee or through knee amputation.

### **Coming into hospital**

If you are not already in hospital you will usually be admitted the day before your operation. Prior to your surgery you will undergo a number of investigations, if these have not been performed previously, including a heart tracing, and blood tests. The surgeon who will perform your operation and also the doctor who will give you the anaesthetic will visit you. If you have any questions regarding the operation please ask the doctors. Please bring with you all the medication you are currently taking.

Where possible you will see the physiotherapist who specialises in amputation rehabilitation, pre-operatively to discuss any concerns

### **The operation**

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there into theatre. You will either be asleep (a general anaesthetic) or you will have a small tube inserted into your back, through which painkillers can be given to numb the lower half of your body. Sometimes you will have this as well as a general anaesthetic to provide pain relief after your surgery. Whilst you are asleep, a tube may be



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inserted into your bladder to drain your urine, and a drip into a vein in your arm to give you fluid following your surgery.

The amputation wound will either be closed with a stitch under the skin that dissolves by itself or by stitches that will be removed 21 days after surgery. It will also be bandaged.

### **Pain relief following your operation**

You may experience some pain after your surgery and in order to keep you as comfortable as possible it is important that:

- You are involved in your pain management
- Your pain is routinely assessed
- Your pain is treated promptly and safely

You will be seen by an anaesthetist before your operation and will have the opportunity to discuss the most appropriate method of pain relief for you. This may include:

**Injections** - which will be given to you at regular intervals by nursing staff if required.

**Patient Controlled Analgesia (PCA)**-a method of pain management that allows you to control your own pain by pressing a button.

**Epidural analgesia**-pain relief that is delivered through a tiny tube inserted into your back by the anaesthetist.

**Tablets or medicine** may also be used.

Following an amputation it is not unusual to experience some sensation where the limb has been removed. This is sometimes referred to as 'phantom limb' sensation, this may or may not be painful, nursing and medical staff will be happy to discuss any concerns that you may have.

### **After the operation**

As the days pass and your condition improves the various tubes will be removed and you will gradually become more mobile.

You will be visited by the physiotherapist before and after your operation, who will help with your breathing (to prevent you developing a chest infection) and with your mobility. Initially you will be shown exercises in bed and then you will be encouraged to transfer from your bed to a chair.

As your wound heals, the physiotherapist will start you walking with help, on a temporary artificial limb, if it is felt safe for you to wear one. If not, you

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will be taught how to use a wheelchair. Even if you are planning to walk, you may still need a wheelchair temporarily or for long trips.

An appointment will be made for you to have an artificial limb fitted in an outpatient clinic, if appropriate.

### **Going home**

Some alterations may be necessary at your home before you are discharged and in some cases it may be necessary for you to move into different accommodation. Following discharge, you will need to continue to attend the physiotherapy department to help you to become independent with your artificial limb or wheelchair. The district nurse or practice nurse will see you to remove stitches if necessary and check your wound.

Nowadays, people walk very well on artificial limbs and you will be able to walk again provided you have the motivation and fitness to do so. Doctors, nurses, physiotherapists and occupational therapists will all be there to help you.

### **Complications**

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. Aches and twinges in the wound are common and may continue for several months. Chest infections can occur after this type of surgery, particularly in smokers, and may need treatment with antibiotics and physiotherapy.

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

If you are a smoker, you must make a sincere and determined effort to stop as continued smoking will damage the circulation in your other leg.

It is also important that you do not put on weight, as this will make walking with your artificial leg more difficult.

If you would like to discuss the information in this booklet, please contact a Vascular Nurse Specialist:

Alison Kite 024 7696 5569

Suzanne Davies, Lauren Wells & Zoe Noakes 024 7696 6914

## Patient Information

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy

### Document History

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