

Maltings Mobility Centre

Following Amputation

An information guide for lower
limb amputee rehabilitation

In partnership with:
Princess Royal Hospital, Walsall Manor
Hospital and Russells Hall Hospital

The Maltings Mobility Centre in Wolverhampton, provides the amputee rehabilitation service for people from a number of areas in the West Midlands.

There are daily clinics at Wolverhampton, with weekly clinics at Dudley, Telford and Walsall.

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Wolverhampton
WV1 1NQ
01902 444041

Princess Royal Hospital
Apley Castle
Telford
Shropshire
TF1 6TF
01952 641222
Extension 4104

Russells Hall Hospital
Pensnett Road
Dudley
West Midlands
DY1 2HQ
01384 456111

Manor Hospital
Moat Road
Walsall
West Midlands
WS2 9PS
01922 656881

Following Amputation

An Information Guide for People with Lower Limb Amputations

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Introduction

This information pack has been compiled by staff from Wolverhampton City NHS Primary Care Trust, Dudley Group of Hospitals NHS Trust, Shrewsbury & Telford Hospital NHS Trust, Walsall Hospitals NHS Trust, and a group of eight people with lower limb amputations. We would like to thank the people involved for input into this information guide.

This general information is provided to help people who will have / have undergone an amputation of the lower limb. Its purpose is to try to answer the questions that you may have at this time. If you have any questions that are not covered in this guide please write them down and ask an appropriate person e.g. doctor, surgeon, nurse, social worker, counsellor, occupational therapist or physiotherapist.

Local hospitals may provide more detailed information specifically related to their own services.

Thank you. We wish you a speedy recovery.

Reasons for amputation

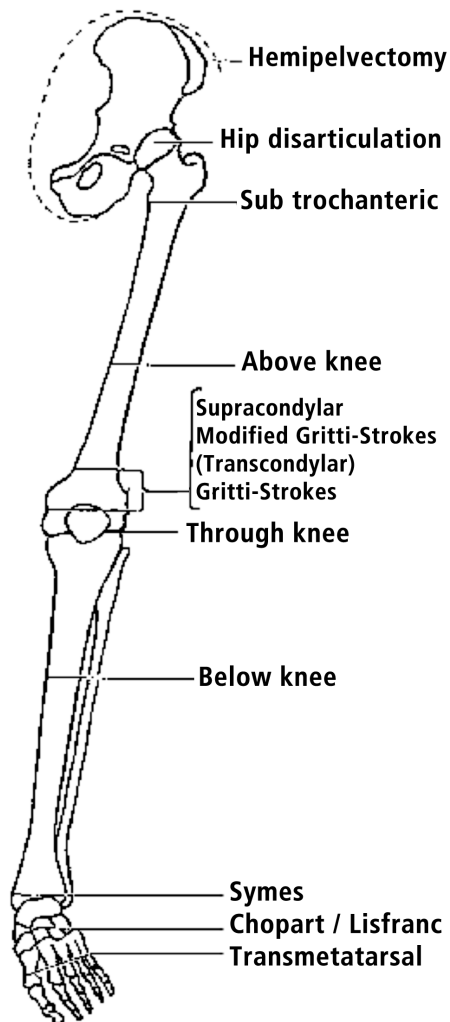
There are several reasons why an amputation is required; your doctor will explain the reason(s) why you need an amputation. Some of these reasons are:

1. Due to disease of the blood vessels where the arteries become narrowed, thus limiting the blood supply to the legs and feet.
2. Circulation problems or severe infection due to complications of diabetes.
3. As a result of an accident or injury.
4. Tumours.
5. Problems with a baby's development before birth.

In many cases, prior to amputation, the limb may have caused serious problems of infection and pain, and been a threat to life.

Levels of amputation

There are several levels of amputation, which a surgeon can perform. The level of amputation will depend on the state of your circulation and surrounding tissues. The most common levels are: hip disarticulation (through the hip joint), transfemoral (above the knee), knee disarticulation (through the knee joint) and transtibial (below the knee).



What to expect, after your amputation.

Following the operation you may find that you have a tube in your arm, which allows fluid to feed into your body to replace any lost during the operation. This can be helpful for the first few hours after surgery when you may not be drinking.

Your residual limb (the part that is left) may be heavily padded and bandaged giving the limb a bulky appearance. There may be a small drainage tube coming from the wound site, which allows the excess fluid to be removed. The wound is usually held together with stitches. There may be one long, continuous stitch or many small stitches or clips.

The stitches or clips are removed about three weeks after the operation, but the time scale can vary depending upon the condition of the wound. Sometimes healing may be delayed due to certain medical conditions.

Pain control

Following all operations, people will usually experience pain whilst the wound is healing. After an amputation, pain will usually occur around the wound area. It is important to make the doctors aware of any pain you are feeling so that they can

provide you with adequate pain control. If the pain and discomfort is controlled, you will be able to start early exercises, move around the bed and transfer from bed to chair and back. This is a vital part of your rehabilitation. As the wound heals the pain generally disappears.

Phantom limb sensation

Following amputation many people are surprised to find that they can still feel their missing limb. This is not unusual, though a little difficult to understand – researchers are still trying to understand why this happens!

In the early days, following surgery, the phantom limb sensation may seem very real. Your mind will tell you your limb is still there. Therefore, great care must be taken; especially when you have just woken up or you go to do something without thinking first, e.g. it has been known for people to get up suddenly and try to walk to answer the doorbell.

If you attempt to put weight on the amputated side, you will fall and risk damaging the wound, which will delay the healing, process.

Before you do anything, clear your mind and think.

Phantom limb pain

Phantom limb pain is a feeling of pain in the missing limb. This is something that you may or may not experience. It is more likely to occur if you have suffered long-term pain in your leg before the amputation. Do not feel embarrassed about this. If you have this type of pain you need to make the doctor aware of it so that the correct medication is provided.

Reaction to amputation

People react differently to the loss of a limb. If the history leading up to the amputation was a long period of pain, having the amputation may give a sense of relief that this is all over. However, for many people, having an amputation is very difficult to come to terms with and they may feel shocked, sad and even angry.

A period of bereavement is usually experienced and this is the normal reaction to loss, which may be experienced in many ways. It is normal to feel varied emotions after losing a limb as adjusting to changes can be challenging. Talking about your feelings will be helpful, and support from staff as well as family and friends is important.

A counselling service is available to enable you to talk about any difficulties you may be having. The counsellor may also help support any of your close family / carers.

Early rehabilitation after your amputation

You will usually meet a physiotherapist following your operation, who will teach you breathing exercises. These help any chest problems that may arise following the anaesthetic. Gentle exercises, which you can do whilst in bed, may also be taught.

When you are well enough, either the nursing staff or physiotherapist will help you to get out of bed. They will assess your capabilities to see how much help you will need; this may vary from needing a hoist / the help of two people / or managing by yourself.

You will be shown exercises to keep the strength in your muscles and to prevent joints from becoming stiff – especially the hips and knees.

It is important to keep doing these exercises whilst in hospital and when you are discharged home

The physiotherapist will continue to check that you are exercising correctly and together with the occupational therapist, they will teach you the correct and safe way to get from your bed into a chair and from the chair to a wheelchair / commode / toilet.

This is called 'transferring' and is a very important stage of your rehabilitation.

The aim is to get you to do this without any help. This level of independence is an advantage for when you go home. If you have had amputation surgery to both lower limbs, more time may be needed to practice moving yourself about the bed and making sure your balance is secure for transferring to and from the bed / wheelchair / toilet.

Depending on your wound and your medical condition – you will go onto the next stage of rehabilitation. This is an early walking aid assessment.

An early walking aid is a device, which enables the therapist and yourself to assess your ability to use a prosthesis (artificial limb). The most commonly used early walking aid is called the Pneumatic Post Amputation Mobility Aid (PPAM Aid). If you do not have this assessment whilst you are in hospital, it will be carried out in your local physiotherapy outpatients department, when you are discharged.

Care of your residual limb

If you have had an amputation at the below knee level, it is important when sitting in a chair or wheelchair to avoid letting your residual limb hang over the edge of the chair unsupported. If the limb is

allowed to hang down like this, it causes increased swelling in the limb and stiffness in the knee. This swelling and stiffness causes more pain and delays the healing process. Your physiotherapist may also supply a special compression sock for you to wear which will help to control the swelling.

Whilst your wound is healing, the nursing staff in the hospital, or the district nurses when you are home, will take care of your residual limb. When this has healed and the stitches have been removed you can then look after it yourself.

Gentle handling of your residual limb when washing and drying will help it to become less sensitive. You should wash your residual limb morning and night with unscented soap and warm water. Gently dry it and do not use talcum powder or creams unless advised to do so by a health professional.

It is recommended that you do not hop either with or without a frame or other walking aids. If you fall and damage your residual limb this could delay your rehabilitation assessment and cause you more pain. Using a wheelchair is the safer option for mobility at this stage.

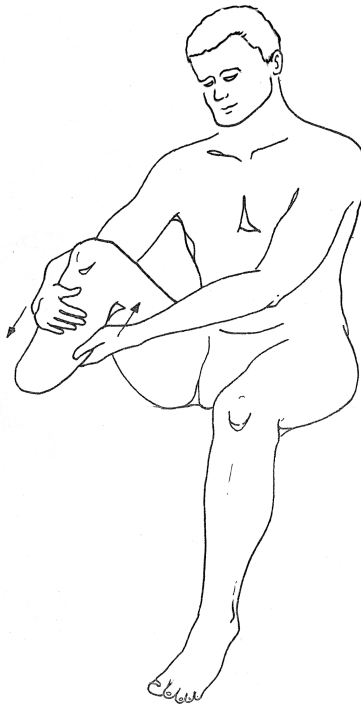
Residual limb massage

There is a special way of massaging the residual limb that may help to reduce sensitivity, improve circulation and prevent scar problems. You put one hand underneath the residual limb and the other on top and then you squeeze gently but firmly. Whilst still squeezing you move one hand forwards and the other backwards. This moves the muscle not the skin. A member of the rehabilitation team will advise you when to commence the massage.

Above knee amputation massage



Below knee amputation massage



Preparation for going home

Once you are well enough a home visit is often carried out by an occupational therapist (OT). This visit is an opportunity for the occupational therapist to see how you will manage in your home.

Some people may only need a small piece of equipment to enable them to go home, but sometimes more equipment or alterations may be needed. The occupational therapists will guide you through this stage of your rehabilitation.

Support in the community e.g. housing issues, pensions, benefits and care packages can be arranged by the social worker.

Further rehabilitation:

Primary appointment at the prosthetic clinic

At the first available opportunity you will be given an appointment to see the Consultant and the rehabilitation team at your local prosthetic clinic. At this appointment the team assesses the way in which they can maximise your rehabilitation. This can vary from wheelchair independence to using a prosthesis. Many factors need to be considered: your state of health, your aims, your rehabilitation progress and the benefits and difficulties of using an artificial limb.

Not everyone who has an amputation goes on to use an artificial limb. Some people may find that walking with an artificial limb is very tiring and they choose to get about using the wheelchair instead. You should never compare yourself to anyone else; everyone is an individual and gets treated as such.

If you wish, someone may accompany you to this appointment.

Compression Socks

These socks are used to help reduce and control any swelling present as a result of your amputation, thus helping the wound to heal.

Wear the compression sock during the daytime ideally from first thing in the morning till bedtime. Remove at night for sleeping unless advised otherwise.

If you feel the compression sock is too tight (rather than the feeling of firm support) or if you experience pain or pins and needles in your residual limb then leave the sock off and seek advice from the physiotherapist.

Make sure that you put your compression sock on correctly:

- Below knee socks: pull compression sock up fully. There should be no wrinkles or loose material at the end of your residual limb. The top edge of the sock should reach mid thigh level.
- Above knee socks: pull right up into the groin making sure there is no roll of flesh over the edge of the sock.

When washing the compression sock please follow the manufacture's guidelines.

If your compression sock becomes loose then you may require a tighter sock. Please ask the physiotherapist.

General health

Having a good / stable general health will help in your rehabilitation. Some ways to achieve this are:

- Give up smoking – see useful names and addresses.
- Eat a healthy diet
- Exercise regularly within your own limits – seek advice from your doctor / physiotherapist.
- If you are a diabetic, monitor your sugar levels closely.

Falls: what to do.

If you fall:

- Stay calm; take a moment to get over the shock i.e. until you are not 'shaky'.
- Assess for possible injuries
- If you think you are not injured and can get up off the floor, do so when ready. Your physical ability and level of amputation may determine which technique is better for you.

There are two techniques you can use to get up off the floor, which are:

1. Place a low stool or cushion in front of a chair, which has its back to the wall (or will not move). Bend your remaining leg and place your foot flat on the floor. Place your hands behind you. Push with this leg and at the same

time use your hands lift your bottom from the floor onto the cushion/stool. Use the same technique to lift yourself up onto the chair. This technique can be done in several stages if needed or straight up from the floor if you have enough strength.

2. People with below knee amputations would be able to do this technique: Roll over onto your knees (roll towards your remaining limb) from a sitting position and face a chair that will not move. Bring your remaining foot forwards and place your foot flat on the floor. Hold the arms of the chair and using your arms and remaining leg push yourself up, turn and sit down.
 - If you think that you may have an injury, or you find that it is too difficult to get up off the floor without assistance then get help by:
 - Using your lifeline (personal alarm) if you have one.
 - A mobile phone or a land line if you can reach one (by shuffling or bottom walk, if not painful)
 - Shout for carer/ neighbour
 - Keep warm; while you wait for help use anything available to keep warm e.g. towels, coat, bed covers.

Carers:

- Can assist a fallen person into a comfortable position e.g. sitting up or lying with a pillow under the head.
- Should not attempt to lift a fallen person, if that person cannot get up by himself or herself.
- Should summon help

Avoid:

- Bad footwear e.g. old slippers, worn down shoes when transferring
- Long trailing nightdresses and dressing gowns
- Trailing telephone cables and electrical cords
- Poor lighting
- Bending down to pick things off the floor – use a long handled reacher.

Check:

- Spectacles – have regular eye check ups and use glasses at night if you need them during the day.
- Drugs: are you taking the medication correctly?

Wheelchair:

- Ensure brakes are in good working order
- Keep pneumatic tyres inflated to the pressure indicated on the side of the tyre.
- Always move footplates out of the way when transferring from / to the wheelchair.

Personal alarm system:

- Is it working?
- Do you carry it on your person (not hanging on the back of a chair!)

Glossary

Residual Limb

The remaining part of your limb; some people refer to this as their stump, but a lot of people do not like this word, hence the use of residual limb.

Compression Sock

This is an elastic sock. It has a firmer pressure at the bottom of the sock and this pressure gradually decreases as it reaches the top of the sock. It helps to reduce the excess fluid in the residual limb and shape it ready for any measurements that need to be taken.

Support Board

This is a board, which replaces the footrest for below knee amputees. It helps to keep the limb elevated, and supports the knee in the straight position.

Prosthesis

The formal name for an artificial leg:

- **Functional prosthesis:** This enables someone, who is capable, to walk.
- **Cosmetic prosthesis:** Gives the appearance of a leg when sitting in the wheelchair (display only – cannot walk on these)

Useful Names & Addresses

Benefits Enquiry Line

An advice line providing general advice and information about benefits for disabled people.

Tel: 0800 882200

BLESMA

(British Limbless Ex Service Men's Association)

The national charity for limbless serving and ex service men and women and their dependants and widows.

BLESMA

185 – 187 High Road
Chadwell Heath
Romford
Essex
RM6 6NA

Tel: 020 8590 1124

Fax: 02085992932

E-mail: headquarters@blesma.org

Website: www.blesma.org

Disabled Living Foundation (DLF)

A national charity that provides free, impartial advice about all types of daily living equipment for disabled adults and children, older people, their carers and families.

Disabled Living Foundation,

380-384 Harrow Road,
London
W9 2HU

Helpline: 0845 130 9177

Website: www.dlf.org.uk

Douglas Bader Foundation

The Douglas Bader Foundation exists to advance and promote the physical, mental and spiritual welfare of persons who are without one or more limbs, or otherwise physically disabled.

Douglas Bader Foundation

42 Dundale Road
Tring
Hertfordshire
HP23 5BU

Tel: 01442 826662

Website: www.douglasbaderfoundation.co.uk

Forum of Mobility Centres

A network of independent organisations, who offer professional, high quality information, advice and assessment to individuals who have a medical condition or are recovering from an accident or injury which may affect their ability to drive, access or egress a motor vehicle.

Forum of mobility centres

c/o Providence Chapel
Warehorne
Ashford
Kent
TN26 2JX

Tel: 0800 559 3636

Website: www.mobility-centres.org.uk

The local driving assessment centre for the West Midlands is:

Regional Driving Assessment Centre

Unit 11 Network Park
Duddeston Mill Road
Birmingham
B8 1AU

Tel: 0845 337 1540

Fax: 0121 333 4568

Email: info@rdac.co.uk

Website: www.rdac.co.uk

Information Service on Disability

Information Service on Disability provides free confidential advice, information and advocacy on a wide range of topics relating to disability.

West Midlands Rehabilitation Centre

91 Oak Tree Lane
Selly Oak
Birmingham
B29 6JA

Tel: 0121 414 1495

Limbless Association (LA)

LA is the leading UK charity for people with limb-loss, their family, friends and carers, offering free, friendly and impartial advice on all aspects of limb-loss.

Limbless Association

Queen Margaret's Hospital
Roehampton Lane
London
SW15 5PN

Tel: 020 8788 1777

Fax: 020 8788 3444

Website: www.limbless-association.org

Limb Loss Information Centre

An online resource created to guide individuals with congenital or acquired limb loss and their friends, family and carers through the emotional, physical and psychological process of coming to terms with limb loss.

Website: www.limblossinformationcentre.com

Mobilise

A UK charity that promotes mobility for disabled people, representing the interests of disabled drivers, passengers, scooter & wheelchair users, as well as their friends, families and carers.

Mobilise Organisation
National Headquarters
Ashwellthorpe
Norwich
NR16 1EX

Tel: 01508 489449
E-mail: enquiries@mobilise.info
Website: www.mobilise.info

Steps Charity Worldwide

A small national charity supporting children and adults affected by a lower limb condition such as clubfoot or a hip condition.

Steps Charity Worldwide

Warrington Lane
Lymm
Cheshire
WA13 0SA

Tel: 0871 717 0044
E-mail: info@steps-charity.org.uk
Website: www.steps-charity.org.uk

Tourism for All UK

A national charity dedicated to making tourism welcoming to all.

c/o Vitalise
Shap Road Industrial Estate
Shap Road
Kendal
Cumbria
LA9 6NZ

Tel: 0845 124 9971
Website: www.tourismforall.org.uk