Introduction

This booklet is designed to complement the verbal advice and information you will receive from the various professionals you will meet during your rehabilitation.

As there is a lot of information to remember this booklet has been written as a guide for you and for family, friends and carers.

If you have any queries or questions regarding any information in this booklet, please do not hesitate to ask a member of the team.

Wheelchair

You will probably have been supplied with a wheelchair from the acute hospital. If you have any concerns about your wheelchair, cushion, or anything related, please speak to a therapist. You may be able to bring your own wheelchair during your rehabilitation, if not, one will be loaned to you for each day.

What happens during your rehabilitation

Having started your rehab with us, we will be working with you to help you achieve as much independence and function with your prosthesis as possible.

We recommend that you attend daily in order to make the most of your rehabilitation. If you think this is too difficult, or you need a day off for any reason, please discuss this with your therapist. There will be days when you do not need to attend e.g. when your prosthesis is being adjusted or finished in the workshop.

Each day you will have the opportunity to practise putting your prosthesis on - donning and gain an understanding of how it fits. Your prosthesis will be in an unfinished state, which allows the prosthetist to make any changes needed for it to fit more comfortably.

You will begin to walk with the prosthesis within the parallel bars and as you gain confidence and ability you will progress onto a frame or sticks, depending on your balance and strength. Functional activities may be practised within the O.T. department and other environments.

When you can use your prosthesis safely and the fitting is correct, it will be finished in the prosthetic workshop. You will then take it home to begin using it in your home setting.
The following pages contain advice for you during and after your rehabilitation.

**Care of your residual limb/stump and stump socks**

- Wash your stump daily with mild soap and warm water. If you are concerned about any scabs or unhealed areas ask the nurses for advice.

- Check your skin daily for any broken areas. You may need to use a mirror or get someone else to check for you.

- Dry the skin thoroughly. Avoid excessive talcum powder. Do use a gentle moisturiser e.g. E45, but avoid open areas.

- Use clean prosthetic socks each day. In hot weather you may need to change them during the day. Wash your socks according to the wash label on the packet and allow them to drip dry. Do not tumble dry them.

- If you have been issued a compression sock (brown sock) to reduce swelling in your stump, use this when you are not wearing your prosthesis. Follow the advice on the sheet given when the sock was issued.

- If you are a below knee amputee, when you are not wearing your prosthesis, keep your stump on the wheelchair’s stump board with your knee straight, to prevent any stump swelling or joint contracture.

- If you get any skin breakdown or rubs, stop using your prosthesis and seek advice from the rehab centre.
Care of your remaining leg

- Wash and inspect your foot daily with soap and warm water. Test the water temperature, preferably with your elbow, before immersing your foot. Seek medical advice if you find any cuts, blisters, or inflamed areas.

- Dry thoroughly especially between the toes. Avoid rubbing the skin too hard, and forcing your toes apart. Use a moisturising cream such as E45 if there are no areas of broken skin.

- Check your footwear regularly for rough edges or sharp areas. When buying new footwear check for a good fit, with plenty of room for your toes. You can get advice from your chiropodist/podiatrist.

- Check your socks are not too tight around your ankle/calf and do not cause a mark on your skin.

- Wherever possible get a chiropodist/podiatrist to cut your toenails. Never treat corns or calluses yourself.

- Continue with any circulation exercises you have been taught.

- Avoid hopping as this causes excess pressure on your remaining foot.

- Take care to avoid knocking your leg with your prosthesis or footplates. Remember to move your footplates out of the way when getting out of your wheelchair.

Exercises

You will be given an exercise programme to follow. This should be carried out at home as well as within the department and be continued when you have been discharged.

Your physiotherapist will go through the exercise programme with you and indicate how often and how many of the exercises you should do. Each exercise programme is tailored to your individual needs.

If you wish to return to swimming or other forms of exercise please discuss this with your therapist.

An exercise gym with cardiovascular equipment is available at the centre. If you would like more information about this please ask your therapist.
The psychological and emotional impact of amputation

Having an amputation is a life-changing experience. As you adjust to this change it is normal to have a range of emotional reactions that come and go. Some of the most common ones are listed below. However, everybody is different and your reactions and concerns may not necessarily be the same as these.

Early on you may have feelings of shock, disbelief, bewilderment or, perhaps, relief. Many people feel sadness and for some the sense of loss can be at times overwhelming. You may experience anger about what has happened and/or frustration as you begin to adjust to doing things in different ways. You may have anxieties about how you will cope and about how your life will be from now on. It is also natural to experience, for a time, reduced self-confidence and self-esteem.

Over time you will hopefully begin to adjust to the new situation which may involve learning new skills, adopting new roles and establishing new goals for yourself for the future.

Having an amputation also often has an impact on your relationships with other people whether it be partners, family members, friends or strangers. The way you see and feel about yourself affects how you interact with others and it is natural for a time to have concerns regarding how other people will react to your limb loss. It is normal to feel anxious or even avoid talking to family members and friends about the amputation perhaps because of fears concerning how they might feel and react or to avoid causing them and/or yourself further emotional pain. Similarly, other people may avoid talking about the amputation with you which can feel uncaring and hurtful but is often about not knowing what to say or fear of saying the wrong thing and causing further upset. Often you will find that actually discussing these issues although it may be initially upsetting, will help to work through any problems in the relationship that have arisen.

You may find that how you feel about intimacy, sexuality and having sex is affected by amputation. A person’s sexuality is a unique part of who they are. It includes how they feel about their body, how they relate to others, and how they feel about physical contact with another person and with themselves. Feelings or concerns about these aspects of yourself are natural following amputation.

Making sense of your own particular reactions and concerns can be difficult. They may feel very personal and you will have only your own experience to go by. It can help to talk to a partner if you are in a relationship, or to a close friend or family member. You may find it helpful to speak to one of the clinicians in your care. If at any time you feel that you would like to have someone independent to talk to in confidence about your emotional adjustment, you can ask your doctor/physio/occupational therapist/nurse if they could arrange for you to meet with the Clinical Psychologist who is based at the rehabilitation centre in Queen Marys hospital and specialises in working with amputees.
Use of your prosthesis at home

When you can use the prosthesis safely and independently, you will take it home. This means you can increase how long you wear it for, using it for normal every day activities.

You will have been wearing the prosthesis for up to 4 hours in the rehab gym, so at home you can wear it for 2 hours in the morning, and a further 2 hours in the afternoon.

Gradually increase the time of each of these sessions by half an hour, until you can wear the prosthesis all day.

Don’t expect to be walking all this time, just do what you would do in the normal course of the day, seeing which functional tasks the prosthesis can help you to do. Don’t be surprised if some tasks are easier to do in the wheelchair at the beginning.

If you are walking with 2 sticks, as you gain confidence within your home you may wish to try with 1 stick. You need to stop using the stick on the same side as the prosthesis e.g. if you are a right amputee, you discard the right stick. This will ensure continued balanced walking.

If you start to limp having tried with 1 stick, return to 2 until you can walk as well with 1 as with 2.

Be aware as you use your prosthesis more often, your stump will continue to shrink. You may need to add more stump socks. If you find you need to use 3 thick socks with your prosthesis, you may need to see the doctor or prosthetist to start a new limb. Please ring the clinic for advice.

Care of your prosthesis

- You can wipe the inside of the socket with a damp cloth. It is a good idea to do this each night which gives the socket time to dry completely.

- Don’t immerse your prosthesis in water.

- The stocking covering the prosthesis can be cleaned off with a damp cloth. If it gets very dirty, the centre can put on a new stocking.

- If you have any concerns regarding the mechanical state of your prosthesis at any time, ring the clinic immediately for advice.
What happens when you are discharged

When you are safely using your prosthesis at home you will be discharged from the therapy department at Roehampton.

If you need further rehabilitation at your local hospital, or from the community services, your therapist will discuss this with you and organise it before you are discharged.

You will be given a follow-up appointment for about a month after you have been discharged from therapy.

At this appointment the doctor will check the fit of your prosthesis and discuss your progress. Further appointments will be made as necessary.
If at any time you have any problems or concerns, you are encouraged to contact the clinic for an appointment with the doctor and/or prosthetist.

Types of appointments:

You will need to attend the centre for a variety of appointments. These will include:

AMC - Amputee Management Clinic:

In this clinic you will see one of the rehabilitation doctors. They will check and review you and your progress. They will also deal with any medical problems that may directly affect the use of your prosthesis. They may send you to see your prosthetist for adjustments to your prosthesis.

PMC - Prosthetic Management Clinic:

In this clinic you will only see your prosthetist. These appointments relate to the care, maintenance and updating of your prosthesis.

PMC appointments may include:

Repairs: Attend to have your prosthesis repaired or checked over.

Adjustments: Attend so that your prosthetist can adjust your current prosthesis in order to make it feel more comfortable. They may adjust your socket or the alignment of your prosthesis, or decide that you need a new socket.

Cast and Measures: If your prosthetist decides that your current socket no longer fits correctly, then they will take a cast or take measures so a new socket will be manufactured.

Review: Once you have received a new socket or prosthesis, your prosthetist may want you to return, within a few weeks, to make sure that they are satisfied with your progress.
**Terminology:** some terms you will frequently hear being used

**ADJUST:** The prosthetist will alter either the fit or the alignment of your prosthesis as you progress through your rehabilitation process. For this your limb may need to be taken to the workshop.

**ALIGNMENT:** Where your prosthetist adjusts the balance and set-up of your limb in order to provide the best walking pattern possible.

**COMPONENT:** Any part of your prosthesis that is below your socket. i.e. a knee unit, an ankle unit or a foot. These can be changed at a later date to suit your needs and activities.

**SOCKET:** The part of the prosthesis that is made to fit you by your prosthetist. All measures will be taken to ensure that it is as comfortable as possible.

**SUSPENSION:** The means by which your prosthesis is held onto you.

**WORKSHOP:** Where your prosthesis will be built, set-up and adjusted. It is next door to the Rehab Therapy Gym. Depending on the work required it might take between 20 mins or 1-3 days for any adjustments to be carried out by the technicians.
### Useful contact numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Queen Mary’s Hospital</td>
<td>020 8487 6000</td>
<td></td>
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<tr>
<td>Douglas Bader Main Reception</td>
<td>020 8487 6001</td>
<td>- for appointments and transport</td>
</tr>
<tr>
<td>Nursing Staff - Vitali Clinic</td>
<td>020 8487 6030</td>
<td></td>
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<tr>
<td>Physiotherapy – Rehab Gym</td>
<td>020 8487 6042</td>
<td></td>
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<tr>
<td>Occupational Therapy</td>
<td>020 8487 6139</td>
<td></td>
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<tr>
<td>Prosthetists</td>
<td>020 8487 6045</td>
<td></td>
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<tr>
<td>Bader Gym</td>
<td>020 8487 6040</td>
<td></td>
</tr>
<tr>
<td>Limbless Association</td>
<td>01277 725182/4/6</td>
<td><a href="http://www.limbless-association.org">www.limbless-association.org</a></td>
</tr>
<tr>
<td>Roehampton Limb User Group</td>
<td></td>
<td>Chris Harwood</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:chair@rlug.org.uk">chair@rlug.org.uk</a></td>
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<tr>
<td></td>
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<td><a href="http://rlug.org.uk">http://rlug.org.uk</a></td>
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<tr>
<td></td>
<td></td>
<td>direct mob/text 07971 653 928</td>
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<tr>
<td></td>
<td></td>
<td>diary message line 07713 357410</td>
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<tr>
<td>First Steps – Amputee support group</td>
<td></td>
<td>Jim Ewart</td>
</tr>
<tr>
<td>Royal Surrey Hospital</td>
<td>01483 565441</td>
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<tr>
<td>In Step – Amputee support group</td>
<td></td>
<td>Mike Fuller</td>
</tr>
<tr>
<td>St Peters Hospital</td>
<td>01784 431491</td>
<td></td>
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<tr>
<td>Steady - Amputee support group</td>
<td></td>
<td>Sue Humphreys</td>
</tr>
<tr>
<td>Epsom area</td>
<td>01372 739233</td>
<td><a href="mailto:humphreys.sue@gmail.com">humphreys.sue@gmail.com</a></td>
</tr>
<tr>
<td>Mobility Centre</td>
<td>020 8770 1151</td>
<td></td>
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<tr>
<td>Queen Elizabeth Foundation</td>
<td></td>
<td><a href="http://www.qef.org.uk/mobilitycentre">www.qef.org.uk/mobilitycentre</a></td>
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<td>(for advice on driving, adaptations to cars and purchase of outdoor electric buggies and wheelchairs)</td>
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### Other information guides available

- Donning your prosthesis
- Dealing with falls
- Core Stability
- Stretches
Feedback

Feedback on all aspects of the service is welcome. If you would like to make a suggestion, compliment or complaint you can do this by writing to:

PALS
Queen Mary’s Hospital
Roehampton lane
SW15 5PN

Telephone: 020 8487 6322
E-mail: shona.ruff@stgeorges.nhs.uk