

Pre-amputation Information

This leaflet contains a summary of the information about having an amputation and the possible rehabilitation pathways. It will support any verbal information you have been given during any consultations you have had with members of the amputee rehabilitation team.

Levels of lower limb amputation and some considerations specific to each level

Amputation below the knee – Transtibial

- As your own knee is retained, this level of amputation requires less energy for walking than other levels of amputation.
- Controlling swelling following the surgery is important as the prosthesis needs to fit snugly. You should use a stump board with the wheelchair and avoid hopping.
- A prosthesis will help you to stand up and transfer.

Amputation through the knee – Knee disarticulation

- The residuum (stump) can take weight through the end. You will gradually build up tolerance to this pressure over time.
- When seated, the length of the residuum will give you the appearance of a lap and will help with carrying items when using a wheelchair.

Amputation above the knee – Transfemoral

- Walking with this level of amputation requires a lot more energy as you have lost your knee.
- Your morning personal care routine will be quicker and easier when using your wheelchair to get about. Using a wheelchair for other household tasks like cooking can help manage your energy levels.
- A prosthesis will not help with transfers and standing up for this level of amputation. It can make standing up more difficult.
- The decision to use a prosthesis with a knee that is either locked or free during the walking cycle will depend on
 - previous level of mobility and frequency of falls
 - strength and exercise tolerance
 - other medical conditions e.g. Arthritis, Diabetes.
- A belt around your waist will hold the prosthesis on to you.

All amputee patients will need supervision or assistance with transferring to a wheelchair / bed initially while building up the confidence and ability to be independent.

What might I experience following amputation?

Pain following amputation

You may experience two types of pain following amputation

- Pain in your residuum – “Stump pain”

This is quite normal following any surgery. The doctors will prescribe pain control medications according to your needs and will discuss this with you during your rehabilitation. Levels of medication can be adjusted according to the degree of your pain and will be reduced as your residuum heals and your pain decreases.

- Phantom sensation

Again, this is experienced by most amputees and is normal. Patients have described the feeling that their “foot is still there”, an “itchy feeling” or the “occasional pain that used to be there”. You will be taught to touch your residuum and massage it to help with this type of sensation. The general exercises and early walking that start soon after amputation will help with phantom sensations.

- Phantom pain

Some patients experience phantom pain which can affect their sleep and their ability to engage in rehabilitation. Again, the doctors can prescribe specific medication to help with this. There are also other pain management strategies available which will be discussed with you if required. Phantom sensation / pain can be controlled and tends to reduce over time.

Emotional impact

Having an amputation is a life-changing experience. It is likely that both before and after your amputation surgery, you will experience a range of emotions. These may include a sense of loss, sadness, frustration, guilt, anxiety or relief. The emotions you experience will be individual to you and may feel overwhelming at times. This is a normal reaction, and your feelings are likely to change from day to day. Adjusting to an amputation is an emotional as well as a physical process and it's important to give yourself time to work through this. Psychology support is available to you during your rehabilitation process. Please do not hesitate to approach any member of the therapy team if you would like to arrange this either before or after amputation.

What treatments are available?

Looking after your wound following the surgery

- Following surgery, you will have a drain, and a bulky dressing will be applied. These will be looked after by the nursing staff where you have the amputation.

- Dressings become less bulky as the residuum heals and it will be monitored either by your local district nurses or at Roehampton when your care is transferred to us.
The wound will be monitored for infections and reviewed regularly by the medical team.

The Rehabilitation process

Rehabilitation can be provided either as an inpatient or as an outpatient coming from home to the rehabilitation centre at Queen Mary's Hospital. If you are attending from home, transport will be provided for you to attend.

- Early rehabilitation programme – this may be at the hospital at which you have your surgery or as an inpatient at Queen Mary's:
 - issued with a wheelchair
 - start exercise programme
 - start to walk with Early Walking Aid – PPAM aid.
- When your residuum is healed enough and the swelling is under control you will be given an appointment to have a cast or be measured for your prosthesis.
- have a fitting of your prosthesis within a week of being cast or measured.
- start to learn how to put your prosthesis on, how it fits and how to walk with your prosthesis in the parallel bars.
- progress to using sticks or a frame depending on your strength, balance and previous mobility.
- use the prosthesis for functional tasks as you gain independence.
- when you are safely and independently using your prosthesis, we will plan for your discharge; this may involve a home visit.
- The average length of rehabilitation for a transtibial amputee is 7- 8 weeks, and for a transfemoral amputee it is 8 to 10 weeks.
- If you are a bilateral or multiple amputee these timings will be longer.



Using a wheelchair

- Not everyone is able to use a prosthesis after amputation surgery and this can be due to a range of factors. Sometimes using a prosthesis is too challenging especially if you have other health complications. Alternatively, you may simply decide that a prosthesis is not for you, particularly if achieving your goals is easier for you when using a wheelchair.

- If you are going on to prosthetic rehabilitation, using a wheelchair will still be a part of your daily life, particularly if your amputation is through or above your knee. For example, your personal care routine or when out and about in your community.
- As an amputee, you are eligible for a manual wheelchair through your local Wheelchair Service and your hospital occupational therapist will complete a referral for you.

Is there anything I can do to help myself?

- After your amputation, you will be using your wheelchair to get about. Consider your home environment. Is there enough space to use a wheelchair at home? Do you need to rearrange some furniture to make more space?
- If you have an amputation below your knee you will need to use a stump board on the wheelchair for protection and to control swelling.
- It is important to look after your remaining leg and think about the type of footwear you will need to use when learning to walk with your prosthesis - low heeled, laced up supportive shoes or trainers are ideal.
- For amputees with diabetes, regular podiatry reviews are vital.
- If you are a smoker, it is important to note that smoking might significantly delay your healing process.



Smoking is not permitted inside the buildings or on the grounds of any NHS premises. There is support for patients who require help in giving up smoking.

What happens following my treatment?

The Future

The type of prosthesis you are prescribed and the function you achieve will depend on your previous mobility, the level of your amputation and any other medical conditions you have affecting your strength, balance and co-ordination. This will be discussed with you during your rehabilitation.

Following your discharge, you will be reviewed at regular intervals by the team. During the first year it is likely that you will need changes made to your socket and/or prosthesis. As your stump matures and becomes stable these prosthetic changes will become less frequent.

If you wish to return to driving, you will need to inform the DVLA and your insurance company about your amputation. Questions related to driving can be addressed by contacting your local mobility centre. You can find details of your local centre through Driving Mobility. Details of the mobility centre local to Roehampton are included at the end of this leaflet.

You will have received a lot of information at the appointment, and we hope this leaflet has helped to summarise it. If you have any questions following the appointment you can use the following contact details to speak to any of the team to discuss any other concerns.

Useful sources of information

Limbless Association 01277 725182/4/6
www.limbless-association.org

Frimley Limb impaired and Amputee Group – FLAG
Flag.frimley@gmail.com

Roehampton Limb User Group
Chris Harwood
direct mob/text: 07971 653 928
message line:07713 357410
chair@rlug.org.uk

Steel Bones 03333 606930
hello@steelbone.co.uk

Steel Bones supports amputee families to live life to the full, overcoming the trauma of amputation

Disability Plus
www.disabilityplus.co.uk

A disabled-led and managed organisation providing comprehensive mental health support with a team where every counsellor, psychotherapist and psychologist has a disability.

Mobility Assessment Centres
Driving Mobility
www.drivingmobility.org.uk

To find your local mobility centre. Advice on driving and alternatives to driving including accessing public transport.

Queen Elizabeth Foundation 020 8770 1151
[Home - QEF](#)

For advice on driving, adaptations to cars and purchase of outdoor mobility scooters and wheelchairs

Contact us

Queen Mary's Hospital	020 8487 6000
Douglas Bader Main Reception (appointments and transport)	020 8487 6001
Nursing Staff, Vitali Clinic	020 8487 6030

Physiotherapy, Rehabilitation Gym	020 8487 6042
Occupational Therapy	020 8487 6139
Clinical Psychology	020 8487 6140

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

