

Vascular Surgery

Leg amputation

An amputation is the surgical removal of part of the body.

Why do I need the operation?

The circulation of blood to your legs is reduced because you have a blockage or narrowing of the arteries supplying blood to your legs. This has become so severe that there is not enough blood to keep your leg alive. If this 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
- 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.



Patient Information

Coming into hospital

If you are not already in hospital, you will usually be admitted the day before your operation. Before your surgery you will have a number of assessments, including a heart tracing and blood tests.

The surgeon who will perform your operation and 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 before the operation to discuss any of your concerns.

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there you will be taken into theatre.

You will either be asleep 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 placed into your bladder to drain your urine, and a drip placed 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. The wound will also be bandaged.

Pain relief after your operation

You may experience some pain after your surgery. To keep you as comfortable as possible, it is important that:

- You are involved in your pain management
- Your pain is assessed regularly
- 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

These 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

These may also be used.

After 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. The 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. They will help you with your breathing to prevent you developing a chest infection, and will also help you with your mobility.

Initially you will be shown exercises to do in bed. You will then be encouraged to transfer from your bed to a chair.

As your wound heals, the physiotherapist will start you walking on a temporary artificial limb with help if it is safe for you to wear one. If not, you 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 changes may be needed at your home before you are discharged. 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 needed and to check your wound.

Nowadays, people walk very well on artificial limbs. 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.

Patient Information

Complications

Because of the poor blood supply, wound healing can sometimes be slow. Very occasionally, it is necessary to perform another amputation higher up the leg if the wound does not heal.

The wound can become infected. If this happens, you will require treatment with antibiotics.

Aches and twinges in the wound are common and these may continue for several months.

Chest infections can occur after this type of surgery, particularly in smokers. This 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 - 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 on 024 7696 5569 or 024 7696 6914.

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The Trust operates a smoke free policy.

Patient Information

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