

Major Trauma Service

Following Lower Limb Amputation

Due to the nature of the injuries that you sustained in your accident, you required surgery to remove part of your leg; this is known as an amputation. You may also have required skin grafting to cover the wound.

You will be supported in recovering from your surgery by a team of professionals including the surgeon(s), ward nurses, the pain team, the major trauma team, a physiotherapist and an occupational therapist.

Initially following the operation

Your residual limb (stump) will be padded and bandaged and you may have a small drainage tube coming from the wound to allow fluid to be removed.

Pain management

You may be experiencing pain after the surgery. Your pain level will be regularly assessed by the pain team and your management adjusted as necessary.

Phantom sensations

Following an amputation it is common to experience sensations such as pins and needles where the limb has been removed. This is referred to as 'phantom limb sensation'. Experiencing these sensations does not mean you will definitely go on to experience phantom limb pain and they do not indicate a problem with stump healing.

'Phantom limb pain' may occur immediately or at later stages after amputation. Your medical team will advise on management options for this.

Complications

You may have other injuries that impact on your healing and may delay your ability to take part in a rehabilitation programme. This will be explained and discussed with you as necessary.

The wound can become infected and if so, will require treatment with antibiotics. Delayed wound healing/ infection can occasionally mean it is necessary to perform another amputation higher up the leg if the wound does not heal.

Reaction to amputation

People react very differently to the loss of a limb. Following amputation a period of bereavement can be experienced. It is normal to worry about the impact of your amputation on your lifestyle and your future. Talking about your feelings will be helpful



Patient Information

and support from staff as well as friends and family is important. You will be referred to our trauma counsellor for initial support while you are an inpatient at UHCW NHS Trust.

Early inpatient rehabilitation

Physiotherapy:

- **Bed based exercises.** These will include resting positions and stretches for your stump to prevent muscle shortening and stump swelling, both of which will hamper your recovery.
- **Stump handling.** When the surgeons are happy with your wound healing you will be encouraged to start handling the stump to desensitise it.
- **Mobility.** Transfer techniques from bed to chair and walking with help if appropriate.

Occupational Therapy:

- **Functional task assessment:** personal hygiene and food preparation.
- **Wheelchair mobility and provision**
- **Discharge planning:** assessment of your needs to return home; this may include visiting your home to assess the environment.

A referral will be made to your local limb fitting centre for you to be assessed as an outpatient for suitability for an artificial limb. A referral will be made to your local outpatient physiotherapy service for continued work on your strength and mobility.

If you are not from our local area the major trauma service will look to facilitate your transfer back to a hospital nearer to home as soon as you are medically stable.

Useful contacts

Limbless Association:

www.limbless-association.org email: stepfwd@limbless-association.org

Douglas Bader Foundation:

www.douglasbaderfoundation.co.uk Telephone: 0181 355 2091

After Trauma: www.aftertrauma.org

Mobilise: www.mobilise.info Telephone: 01508 489449

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6190 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

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