

Having an amputation is a major event that can affect your lifestyle. It is very helpful to involve family and/or friends in these discussions. Important items to consider include how to take care of your amputation and your remaining leg, psychological support, including counseling and support groups and taking care of any medical conditions such as high blood pressure and diabetes.

Everyone reacts to surgery differently. Never hesitate to ask your doctor or a member of your care team for advice or help when you are concerned about any aspect of your surgery and rehabilitation.

Listed on the back are helpful resources that may also help answer some of your questions.

Roper St. Francis Healthcare  
Vascular Surgery Unit  
5 East / 4 West  
(843) 724-2976

## RESOURCES

### **Amputee-online.com**

General information, links and advertising for amputees.

### **Amputee-coalition.org**

1-888-AMP-KNOW

A non-profit, consumer educational association. Provides publications, events and a youth component.

### **Linkfinding.com**

A list of links for publications, news and prosthetic devices.

### **Disability/Medicare**

1-800-772-1213

## SUPPORT GROUPS

### **Charleston Amputee Support Team (CAST)**

Local amputee support group  
(843) 821-7175

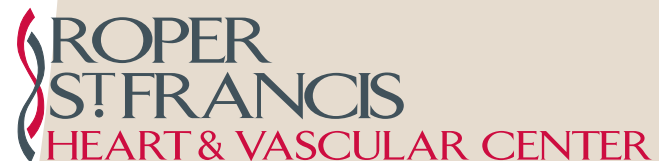
### **Roper St. Francis Wound Center**

(843) 402-1840

### **Roper St. Francis Diabetes**

#### **Management Center**

(843) 402-1099

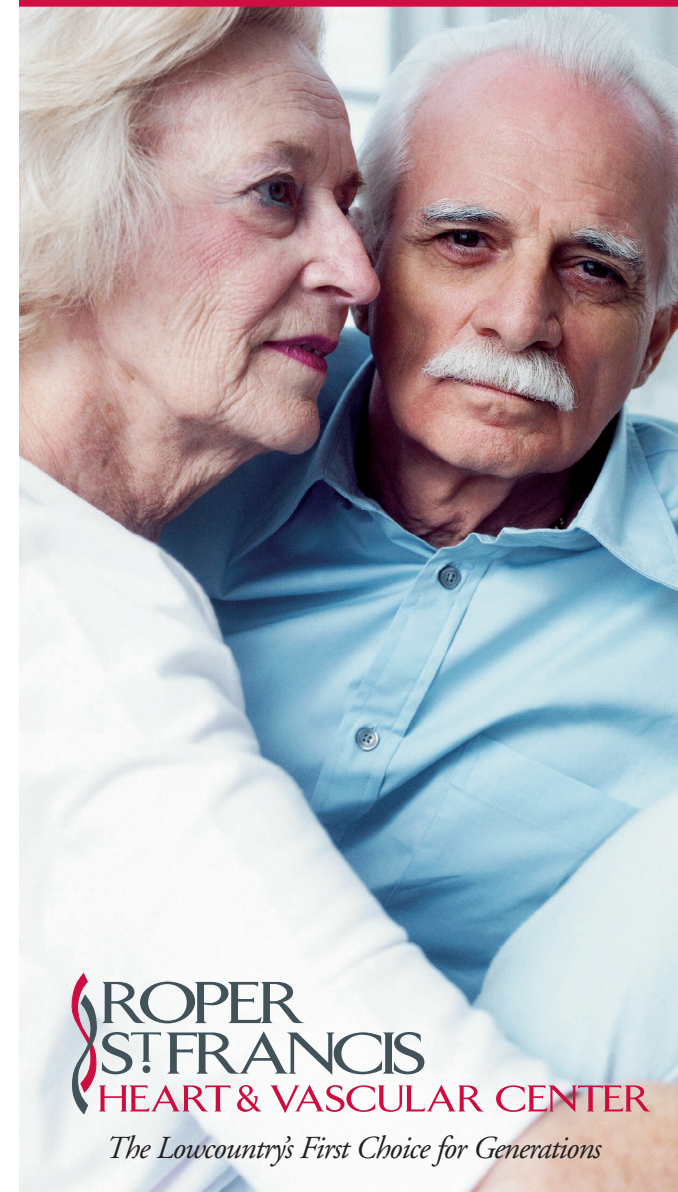


[www.ropersaintfrancis.com](http://www.ropersaintfrancis.com)

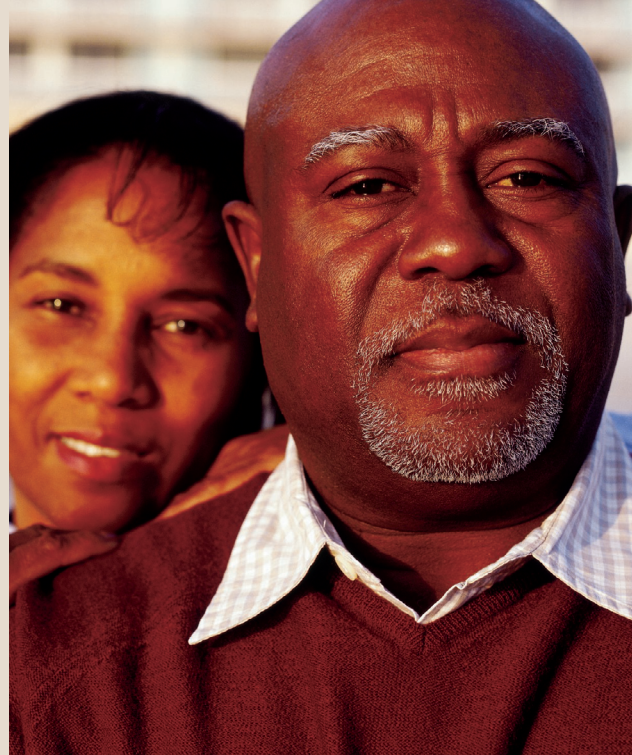
HEALTHLINE 402-CARE

ROPER ST. FRANCIS HEALTHCARE

# Patient Guide for Lower Limb Amputation



# Preparing for Surgery



## LOWER LIMB AMPUTATION

A lower extremity amputation is the surgical removal of a leg or part of a leg. Amputating an extremity may be the result of poor blood flow, complications from diabetes, infection, cancer, birth defect or injury. Amputation is necessary to save your life and improve your quality of life.

## THE DAY BEFORE SURGERY

- Do not eat or drink anything after midnight the night before or the morning of your surgery. This includes water, ice, coffee, candy, gum and chewing tobacco.
- Do not drink alcohol or smoke 18 hours before surgery.
- Make arrangements for someone to bring you to the hospital, take you home and stay with you at home after surgery.
- If you have any health-related problems such as cold or flu symptoms, please inform your doctor as soon as possible before surgery.
- You may undergo a series of tests before your surgery. This may include having your blood drawn and a chest X-ray.

## THE DAY OF SURGERY

- The nurse will go over your medication and the doctor will decide which medication to continue.
- The doctor will discuss your amputation.
- Your care team will discuss your treatment plan.
- Do not wear jewelry, dentures or bring any other valuables or personal items.
- Wear loose fitting clothing.
- Do not wear contact lenses. If you plan on removing your contact lenses at the hospital, please remember to bring the lens case.

When you arrive at the hospital, you will be asked to sign a consent form for your operation. This is a routine procedure and gives the doctor's permission to perform your surgery. You will also meet with an anesthesiologist who will put you to sleep and monitor your vital signs during surgery.

When it is time for surgery, you will be placed on a stretcher and put to sleep under general anesthesia. You will be taken to the operating room suite and a nurse will start an IV in your arms to give you fluids and medication through your veins as needed.

Your family and friends (preferably no more than two adults) are welcome to wait in our surgical waiting area, enjoy a meal in our cafeteria, or if you already have a room they may wait in your room.

## AFTER SURGERY

After surgery, your doctor will discuss the operation with your family as you are taken to the recovery room. While in the recovery room, you will be closely observed until the anesthesia wears off.

With no complications, expect to stay in the hospital 3 to 4 days. During this time, you will be on what is called a pathway. The pathway involves all of your care team members who will set goals for your recovery. Your recovery goals will include your treatment plan, therapy and pain management.

You may continue to get IV fluids and the doctor may order an antibiotic. A blood thinner may be ordered and home medications restarted. Pain medication is usually given through an IV initially and then switched to oral medication. It is important to let the staff know if you need pain medication.

**Phantom Pain:** Phantom pain is often described as a burning, aching, stabbing pain in the part of the limb that was amputated. This pain is usually not permanent.

**Phantom Sensation:** Phantom limb sensation is a feeling that the amputated part is still there and is often described as a numbness or tingling feeling. There are medications and/or treatments that your doctor can prescribe to help with this type of pain. Phantom sensation may last for a few weeks or for the rest of your life. This is normal and over time the sensations should decrease.

**Activity/Rehabilitation:** Right after your operation you will be on bed rest. A trapeze bar will be placed over your hospital bed to help with upper body muscle strength. Physical and occupational therapists will work closely with you the day after surgery. Physical therapy is very important. Rehabilitation plans, equipment and follow up appointments will be discussed. It will be important to decide if you can return to your previous living conditions. Rehabilitation is a major part of your recovery.

**Wound Care:** The dressing helps with swelling, pain and the shaping of your amputated limb. Your dressing should be changed as ordered. A splint will be placed on your amputated limb to prevent a contracture, an abnormal tightening of a muscle which could interfere with your ability to walk with a prosthesis. A prosthesist will visit you to fit you for a prosthetic device.

**Discharge:** You may also be seen by the hospital's discharge planner. They will assist you and your family in planning the best possible recovery after discharge. This recovery plan could include discharge to home with wound care or physical therapy support, transfer to a rehabilitation facility or skilled nursing facility.

At discharge, your doctor will tell you when to return for an office visit. Please call your doctor's office to make an appointment.