



Information for amputees

An introduction to the team at the
Royal Free Hospital

About this booklet

This booklet has been written by the team of professionals who will be caring for you during your time in hospital. The aim is to give you an idea of what to expect while you are with us. It will point you in the right direction, introduce all the people who are here to support you and answer your questions.

Reasons for amputation

There are a number of reasons for having an amputation (a surgical removal of a part of the body, such as an arm or a leg). These mainly fall into two categories:

- Trauma – this is when the limb (arm or leg) is badly damaged, usually in an accident. The blood supply or structure of the limb cannot be saved.
- Problems with blood flow – some people have disease of the arteries. This can lead to poor blood supply to the legs. If this becomes very serious and nothing can be done to improve the blood flow, amputation may be necessary.

Less common causes include tumours, infection or for pain control.

Who will be involved in your care?

The following people may be involved in your care:

- medical/surgical team
- nursing team
- physiotherapist
- occupational therapist

- therapy assistant
- clinical nurse specialist
- pain management team
- discharge co-ordinator
- podiatrist.

Medical/surgical team

Led by your consultant, there will be a team of doctors who plan and carry out your surgery. They are responsible for all the medical treatment you receive. They will review you on a regular basis on the ward.

Nursing team

The nursing team is led by your ward sister or charge nurse and supported by the matron. The nurses plan and carry out your care before and after your operation. They also help to plan your discharge from hospital.

Pain management team

As part of your post-operative care you will be visited by members of the pain management team. Usually you will be seen the day after your operation and then regularly reviewed until your pain is well managed and you are comfortable.

Physiotherapist

Your physiotherapist will assess your mobility before and after your operation. They will then guide you through a programme of balance, strengthening and stretching exercises which, if performed regularly, will enable you to achieve maximum mobility and independence.

Your physiotherapist will be available on a regular basis to provide treatment, rehabilitation and advice. You will be treated either on the ward or in one of the gym areas in the hospital.



Occupational therapist (OT)

The OT will work with you to help you be as independent as possible in the activities you need, and want, to do. This involves assessing your present abilities and working with you to identify areas that you wish to improve on (eg washing and dressing, getting in and out of bed and hot meal preparation). A treatment programme will then be designed to address these areas and may involve trying alternative ways of doing things or using equipment. This is aimed at ensuring your safety and independence in preparation for discharge from hospital.

Your OT will practice wheelchair skills with you and will refer you to your local wheelchair clinic to provide you with one when you go home. They can also visit your home to look at wheelchair accessibility and any equipment/minor adaptations that may help you maintain your independence.



Therapy assistant

You will also complete exercise and practical sessions with the therapy assistant who will liaise closely with the physiotherapist and OT. They will monitor and encourage your continued progress and answer any questions regarding your rehabilitation.

Discharge co-ordinator

The discharge co-ordinator will liaise with all members on the amputee team and help co-ordinate your discharge from hospital. They will provide you with advice, support,

and information while you are in hospital to help you prepare for your discharge.

Podiatrist

Podiatrists are trained specialists in care of the foot and leg. If you are experiencing issues to do with ulcers, wounds or an infection on your remaining foot/leg, the podiatrist will give advice and treatment to avoid any further issues.

Before your operation

Your surgeons will discuss the operation with you. This will include explaining the type of amputation they think is best for you. You will be asked to sign a consent form to show that you understand and agree with this plan. If you have any questions about your care, or any concerns, please do not hesitate to ask for more information.

Members of the amputee team will also come and discuss the post-operative rehabilitation plan with you before you have your operation. They will discuss expectations after surgery, rehabilitation options, timeframes for recovery and potential discharge plans. This will give you and your family or carers an opportunity to ask any questions about the rehabilitation process.

There are several different types of pain relief (analgesia) that can be used to prevent you from experiencing any pain during your operation. An anaesthetist will discuss

the most appropriate type of analgesia with you before surgery. The surgery usually takes up to two hours.

Following your operation

Initially after your operation you may feel a little disorientated due to the anaesthetic.

The remainder of the limb (your stump) will be bandaged with a thick crepe dressing. You may be aware of some tubes attached to you, including:

- a drip in your arm(s) for fluids and painkillers
- an oxygen mask
- methods of pain control (see below)
- a tube into your bladder (catheter)
- a small drainage tube from your stump (which will remain for approximately 24-48 hours)

Your rehabilitation journey

Everyone's rehabilitation journey is different after an amputation. There are certain factors that can impact on somebody's recovery, such as pre-existing health conditions, emotions, and experiences. The information below is a guide to the rehabilitation process after an amputation.

Days one to two

Your pain:

You may have a perineural catheter (PNC), which is a small tube that is inserted into your wound during your operation. It is attached to a pump that continuously

delivers a small amount of local anaesthetic to numb the area. This should keep you comfortable and stay in place for around five days, but it can be removed if necessary.

You will be prescribed regular, and as needed, top up pain medications. It is a good idea to ask for the top up pain medication before your therapy sessions, this should take the edge off any pain you might experience and help you to perform the exercises better.

Your rehabilitation:

The therapy team will lend you a wheelchair after your operation. You will use this wheelchair while in hospital to move around.

Your rehabilitation starts on day one after the operation, where the therapists will work with you to get you into the wheelchair. The team can then show you how to use the wheelchair to get yourself around.

If you had a below knee amputation, remember that it's important to keep your knee straight to prevent tightening of the muscles. Your wheelchair will have a stump board to manage this. We recommend you don't elevate your stump on a pillow while in bed as this will naturally cause a bend.

Your wound:

Your stump will be dressed and bandaged in the first days after your operation. We encourage that you touch and feel your stump to avoid hypersensitivity and abnormal sensations.

The medical and nursing team will closely monitor the stump wound to ensure it heals.

Days three to six

The therapy team will work closely with you to identify and progress your goals. You will be expected to participate in regular rehabilitation sessions to increase your independence with transfers, personal cares and wheelchair skills.

The physiotherapist will help progress your strength and balance for your stump, remaining leg and arms. If appropriate, you will participate in an early walking aid trial using the pneumatic post amputation mobility aid (PPAM) or Femurett (an adjustable training prosthesis) to determine whether you will be suitable for a prosthetic leg. These aids will allow you to stand up and walk in the walking bars.

The occupational therapist may complete a home visit to assess the accessibility of your home and any equipment or adaptations you may need. The OT will help you be as independent as possible in daily activities and help you prepare for discharge by arranging the necessary supports.

Day seven onwards

You will be provided with a stump compression garment which helps to control swelling. This garment is designed to fit tightly around your stump and you will receive

support with how to put it on and take it off until you can do so independently.

By now, the team will be controlling your pain and wound needs, and you will be attending regular therapy sessions to progress your independence.

Prosthetic limbs

Not all patients are suitable for a prosthetic limb as they do require a lot of strength and energy to be used successfully.

The team will discuss if you would be a suitable candidate during your stay. Several factors can impact on suitability, such as fitness prior to surgery, past medical conditions, and the level of amputation you've had.

People who aren't suitable for a prosthetic can still have a high quality of life while using a wheelchair to get around. You might find that the wheelchair allows you to save your energy up for the activities you would rather do. The therapy team will be happy to help you think of alternate ways of enjoying your usual activities while using a wheelchair.

Leaving hospital

Discharge from hospital may be as early as seven days after your amputation. In some cases, the hospital stay is longer.

Going home

Many new amputees do go straight home following discharge from hospital. In this instance, the occupational therapist will assist with setting up your home environment to cater for getting around in your wheelchair. You will also be assessed for any additional care and/or community-based therapy you may require on discharge. A district nursing referral will be made to manage your wound and dressings.

Going to rehabilitation

If you require more rehabilitation prior to returning home, you will be referred to either your local inpatient rehabilitation hospital, or the Amputee Rehabilitation Unit (ARU) located in Kennington. The therapists in these units will expect your full participation within rehabilitation to achieve your targeted goals.

Prosthetic limbs

If it is appropriate for you to have a prosthetic limb, a referral will be sent to a limb fitting centre. There, you will be assessed by a medical team who specialise in the fitting of artificial limbs for amputees.

You will then attend physiotherapy sessions as an out-patient at your local centre. Here you will be guided through a programme of exercises and taught how to walk with your artificial leg.



Looking after yourself at home

Phantom limb pain and sensation

You may feel a sensation or pain from your foot/leg that is no longer there. This is called 'phantom limb sensation' or 'phantom limb pain', and this is normal. Your brain remembers having your leg there and can take a while to readjust.

What to do if you feel phantom limb pain or sensation?

Phantom limb pain and sensation can be treated. However, if you do find it uncomfortable, painful or distressing, please discuss this with your GP, surgeon, nursing or therapy team, who can help refer you for the right treatment or help find methods to treat this.

We also recommend you gently touch your stump and look at it on a daily basis. This process provides visual feedback for your brain to further adjust to your leg and foot not being there.

Care of your residual leg (amputated leg)

Cleanliness is very important to keep the skin around your wound soft and healthy. Once your wound has fully healed, you should wash your residual limb every day. Wash it every morning and preferably in the evening with mild soap and warm water. Pat dry to make sure all the moisture has gone, but do not rub.

Check your skin every day for any blisters, broken skin or extreme redness. It may be useful to use a mirror for areas you cannot see. If you are worried then please contact your district nurse or GP.

Touch or gently massage your residual limb with a gentle moisturiser twice a day. Be extra careful when moving around so you don't knock either leg. This may cause break down of the skin and extra problems. If you have a stump board with your wheelchair, then make sure it is being used at all times.

Care of your remaining leg

It is extremely important to look after your remaining leg, especially if you have diabetes or circulation problems. Make sure you:

- Wash your foot daily and dry it carefully including between the toes.

- If you already have problems with the remaining leg, then make sure you follow the advice from your district nurse, podiatrist, chiropodist or GP.

Be aware of potential symptoms to indicate there may be problems with your remaining leg. These include:

- claudication – pain in your leg after walking around, which then stops after resting for a couple of minutes
- hair loss on your legs and feet
- numbness or weakness in the leg
- a change of colour in your leg; either redness, pale or bluish colour
- shiny skin
- the development of ulcers on your legs or feet that do not heal

Shoes and socks

- Never stand up or transfer barefooted as you are at more risk of injury to your foot.
- Wear either shoes that provide good support or wear any specialist shoes you have been given by your podiatrist or chiropodist.
- Wear loose fitting socks – make sure they are not tight around the ankle as this can restrict blood supply.

Falls

Falls are very common following amputation. Here are some simple rules to help reduce your risk of falls:

- Always take your time when moving – rushing is likely to cause an accident.
- When getting in/out of the wheelchair, **always** make sure your breaks are **on**. Ensure the wheelchair is as close to the furniture as possible.
- Wear comfortable non-slip shoes when transferring.
- Be especially careful in the morning when getting out of bed – make sure you don't try to stand up.
- Keep your home environment tidy and free of clutter/obstacles. Make sure you don't leave loose wires/cables lying around.
- All frequently used items should be in easy reach of the wheelchair.
- Have good lighting around the house.

Finances and support

support hub



The Royal Free Charity Support Hub runs an **Amputee Peer Support Group** on the second Friday of the month. This group provides new and

established amputees with the opportunity to come together and share their personal experiences of life after an amputation, with a shared understanding and support for each other. Family and carers are welcome to attend. If interested, please email or call using the details below.

Limbcare offers peer support, advice and financial signposting/assistance for people with an amputation. We encourage you give them a call using the details below.



Limbless Association

The Limbless Association (LA)

is a registered charity that has been supporting amputees for nearly 35 years. Its aims to support amputees, pre and post-amputation, to navigate the associated complexities with

advice, information, and signposting to empower individuals and their families to optimise their recovery and rehabilitation. Please see contact details below.

Useful contacts

Amputee Support Group at The Royal Free Hospital

The Royal Free Support
Hub

Telephone: 020 7794
0500, ask for extension
23076 (support hub)

Email:

rf.royalfreesupporthub@nhs.net

Breathe – Stop Smoking

Telephone: 020 3633
2609

Email:

info@breathestopsmoking.org

Web:

www.breathestopsmoking.org

British Limbless Ex- Servicemen's Association

Telephone: 020 8590
1124

Email: info@blesma.org

Web: <https://blesma.org/>

British Red Cross

Telephone: 0344 871 11
11

Email:

contactus@redcross.org.uk

Web:

www.redcross.org.uk

Citizen's Advice Bureau

Telephone: 03444 111
444 (9am – 5pm, Monday
to Friday)

Web:

www.adviceguide.org.uk

Disabled Living Foundation

Telephone: 020 7289
6111 (9am – 5pm,
Monday to Friday)

Email: info@dlf.org.uk

Web: www.dlf.org.uk

Department for Work and Pensions

Telephone: 0800 882
200 (free phone)

DVLA

Telephone: 0300 790
6801 (driver enquiries)

Limbcare

Suite 3C, Westmead
House,
Hampshire, GU14 7LP
Telephone: 0800 052
1174

Email: info@limbcare.org

Web: www.limbcare.org

Limbless Association

Telephone: 01245
216670
Helpline: 0800 644 0185

Enquiries:

[enquiries@limbless-
association.org](mailto:enquiries@limbless-association.org)

Web: [www.limbless-
association.org](http://www.limbless-association.org)

**Mobility Centre – Queen
Elizabeth’s Foundation**

Telephone: 01372
841100

Email: info@qef.org.uk

NHS 111

If you require urgent
medical help or advice

from a professional.

Telephone: 111

**The Royal Free Hospital
Patient Advice and
Liaison Service**

Telephone: 0207 472
6446

Email: rf.pals@nhs.net

Your referrals

Name	Organisation	Contact details

We value your feedback

This booklet has been written by the amputee steering group at the Royal Free Hospital. We hope it provides useful general information. We are keen to receive feedback on possible improvements to it – if you wish to comment, please let one of the team know.

If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

More information

For more information about the Royal Free London, please visit our website: www.royalfree.nhs.uk



This booklet is also available in large print. If you need it in another format – for example Braille, a language other than English or audio – please ask a member of staff.

© Royal Free London NHS Foundation Trust

Service: Vascular therapy

Version number: 3

Approval date: August 2021

Review date: August 2023

www.royalfree.nhs.uk