



Eastern  
**Health**

## **A Patient's Guide to Above Knee and Below Knee Amputation Surgery**

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## **Introduction**

This booklet has been given to you to help you recover from your surgery. An amputation is a surgery done to remove a part of your leg. This booklet will:

- Help you plan for your hospital stay.
- Tell you and your family what to expect after your surgery.
- Introduce you to your health care team.
- Provide education about the rehab process after an amputation.

The amputation of a leg is a major loss. It is important to have support from family, friends and the health care team. Your family and friends play an important role in helping you. Talk to them before your surgery. Find out who can help.

## Before Your Surgery

- You will need to have a bath or shower before coming to the hospital. This is to clean your skin. It is better to shower. You should not use perfumed or medicated body wash, soap, shampoo, powder or deodorant.
- You should **not** wax or shave your skin in the area of your surgery. This should **not** be done for 5 days before your surgery. This is to help stop infection.
- You should **not eat** or **drink** anything, chew gum or suck candy after midnight the night before your surgery.
- You should not smoke, drink alcoholic drinks or take non-prescription drugs, such as painkillers, 24 hours before your surgery. If your doctor has told you to take a medicine, then you may take it.
- You should talk with your doctor about which medicines should be taken the day of your surgery. Be sure to discuss **Herbal Medicine, Vitamins, Aspirin, Pradax, Plavix, Warfarin or any other blood thinning medicines**. These medicines may need to be stopped before or after surgery.
- You should remove any make-up, jewelry, body piercings, nail polish, contact lenses or hair extensions.
- If you have eyeglasses or hearing aids, you should wear them the day of your surgery. Please bring in a case for these as well.
- Please tell the nurse if you have any tattoos, prostheses (false body parts), false teeth, or any implanted devices.

## Items to Bring

When you are getting ready to come to the hospital, please bring with you:

- MCP and blue hospital card
  - Eyeglasses, dentures and hearing aids
  - Short nightgown or pajamas and robe
  - Full foot slippers and comfortable indoor footwear
  - Toothbrush, toothpaste, comb/brush
  - Unscented deodorant, shampoo and shaving supplies
  - A hand-held mirror
- 
- Leave your belongings with your family to bring to your room when you get to the unit.
  - If you are travelling from outside St. John's area bring your walking aids, like a walker with you. You may need this for your return trip home.

## Your Health Care Team

This page will help you remember names, dates and telephone numbers.

Doctor: \_\_\_\_\_

Patient Care Facilitator: \_\_\_\_\_

Nurse Practitioner: \_\_\_\_\_

Nurse: \_\_\_\_\_

Prosthetist: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_

Physiotherapy Assistant: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Occupational Therapy Assistant: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Social Worker Assistant: \_\_\_\_\_

Recreation Therapist: \_\_\_\_\_

Clinical Dietitian: \_\_\_\_\_

Pastoral Care: \_\_\_\_\_

You will meet some or all of these team members. You and your family should work closely with this team to plan and start your rehab process. Your team members are there to help and support you through this process. If you have any questions or concerns, speak to your team members.

**You are the most important member of the team.** Your recovery depends on your participation in your rehab. You will need to be responsible for the care of your leg. Remember not to compare yourself to other amputees along the way because everyone is different!

## **After Your Surgery**

- You will have an IV in your hand, arm or neck. This is the tubing joined to a bag which gives you fluids and medicines. Your IVs will be removed when you are drinking well and your medicines are finished.
- You may have a mask on your face or tubing in your nose. This will give you oxygen to help you breathe better.
- You will have a bandage over your cut on your leg. Your bandage will be changed 1-2 days after surgery.
- You may have a tube in your bladder to remove urine (your water). Even with this tube in place, you may still have the urge to pass your water. This is normal. If you feel this, tell your nurse. This tube will most often be removed 1 to 2 days after your surgery.
- You may have an epidural in your back for 1-3 days after surgery. This helps control your pain. Once the epidural is taken out you may have more pain.
- It is normal to have pain after surgery. You are the best judge of your pain, so let the nurse know if you are having pain. Do not wait for the nurse to ask you. When pain is controlled, it is easier for you to move around.
- If you feel stomach sick, ask your nurse for medicine.
- You should take 10 to 15 deep breaths each hour while you are awake. You should move your legs and foot each hour while you are awake. Do this until you are able to get out of bed and move around.
- Your stitches or staples to your cut will most often be removed 21 days after surgery. They may not be removed before you go home. Your nurse will tell you what plans have been made to have them removed.

- A physiotherapist will assess your balance, your strength and how flexible you are. How you move around (in bed, sitting, and getting out of bed). They will help you in sitting, getting to a chair and standing. You may need to use a walker, crutches and/or wheelchair.
- People who smoke are at a greater risk for problems after surgery. Smoking slows healing. If you want to stop smoking, talk to your family doctor or a health care team member. You can also call the Smoker's Hotline 1-800-363-5864.

## **Pain**

There will be some discomfort (pain) from your cut and your surgery leg. Tell your doctor or nurse about your pain. You will need medicine to help with the pain. You may have two kinds of pain after your surgery. **You may have different feelings in your surgery leg.**

### **Phantom Leg Sensation (feelings)**

This is when you feel like the amputated part of your leg is still there. This is normal. You may feel numbness, tingling, itching, or movement.

### **Phantom Leg Pain**

You may feel stabbing, cramping, burning, squeezing, or electric shocks in your amputated leg. It can feel different for everyone. There are a number of medicines to help with this pain.

### **Other Pain**

You may feel pain from your cut, sore skin around the cut, scar tissue, or infections. You are the best judge of your pain.



## How to Prevent Falls

After an amputation, you are at a high risk of falling for a few reasons:

- Changes in your balance from losing a leg.
- Drowsiness or changes in alertness from medicines.
- You may feel like the amputated leg is still there, go to get out of bed, and fall.

After surgery, **DO NOT** try to get out of bed on your own. A nurse or therapist should always be there to help you get up. They will let you know when you are safe to get up by yourself.

When you want to get out of bed or back in bed, remember to:

- Ring the call bell to ask for help.
- Make sure your wheelchair brakes are on.
- Make sure you are wearing a solid shoe.

Always wear your seatbelt when you are in a wheelchair.

## How to Position Your Amputated Leg

- Your health care team will show you the proper way to position your leg.
- You need to keep your leg **straight**, not bent, when resting in bed and when up in your wheelchair.
- You need to spend time on your stomach to stretch out muscles around your hip. Start with just a few minutes a couple of times a day. Try to build up the time so you can do this for 30 minutes, twice a day.



- Keeping your leg straight is very important to stop stiffness, swelling, and tight muscles in your leg.



**Do not put a pillow under your leg.**



**Use the leg board attached to your wheelchair.**

**If your leg muscles become too tight, you may not be able to get fitted for a prosthesis (artificial leg).**

## Leg Shaping

### Bandaging

- Sometimes before you wear a shrinker sock, you may have your leg wrapped with an elastic bandage.
- There is a special way to wrap your leg and will be done by a team member.
- The bandage helps bring down swelling, lessen pain and shape your amputated leg.



### Shrinker

- Shrinker socks (tight socks) are used to bring down swelling.
- You wear it to help shape your leg to fit an artificial leg.
- The Prosthetist will look at your leg to get the proper fitting shrinker.
- Once your shrinker sock becomes loose, tell your Prosthetist.
- The sock should be worn all the time - day and night (especially at night) unless you are washing it or wearing your prosthesis.
- You may use a shrinker sock for a year after your surgery.

## Caring for Your Amputated Leg

- **Wash** your leg in warm water and mild soap daily **once your cut has healed**.
- **Rinse** well and **pat dry**. Traces of soap can bother the skin.
- Use a mirror to **check** all the folds in your skin. Move them apart and **wash and dry them well**.
- Use a mirror to check your leg for scratches, bruises, blisters or rashes. If you see any tell your doctor or team members.
- Do not use moisturizer creams unless your skin is dry and flaky. Dry flaky skin can crack and make it easier to get an infection. If you have problems with your skin or cut, check with your doctor before putting on any lotions.
- Massage and handle your leg several times a day. This will help lessen how sensitive your leg is.



- Do not soak your leg for long periods of time. This may soften the skin and cause swelling or skin breakdown.
- Do not shave your leg. This can give you sore skin, ingrown hairs or cuts and scratches.
- Do your exercises every day that the physiotherapist has given to you.

## **Care for Your Other Leg**

It is very important that you take good care of your other foot.

### **Skin Care**

- Wash your leg every evening, use only mild soaps and lukewarm water. Dry your leg well, especially between the toes.
- If you notice any changes in skin colour, swelling, nicks, scratches, pain, cramping or numbness you should tell your doctor right away.

### **Foot Care**

- Keep toenails trimmed. Small nicks and scratches around your toenails, if left alone, can easily become infected. Your nails should be kept short and cut squarely across the top. This should be managed by a health care provider.

### **Footwear**

- Wear a good fitting and comfortable shoe that supports your foot well, especially at the heel. The toe of the shoe should be rounded and wide, not pointed. Stay away from sandals, high heels and slippers.
- Do not wear any tight clothes such as socks with elastic tops, round garters, tight girdles, etc.
- Wear wool or cotton socks with no elastic cuffs. Pantyhose are okay.

## **What You Eat**

It is very important to watch what you eat. Eating the right food is important for the healing of your leg. Your body needs enough energy and protein. Keeping a healthy weight and watching how much salt you eat is also important.

You should:

- Follow Canada's Food guide and a well-balanced diet. Limit how much fat and sugar you eat.
- You should eat well balanced meals high in fiber. Try to eat foods such as fruits, vegetables, bran cereal and whole wheat bread.
- Drink 8 to 10 glasses of water a day.
- Limit how much salt you eat. Foods high in salt can cause swelling, and change the fit of your prosthesis.

## **Driving**

- Doctors are required by law to report to Motor Vehicle Registration any person who has had an amputation that may impact driving safely.
- To start driving again, you may need a road test and/or equipment for your vehicle.
- Your Occupational Therapist will help you decide the best options for you.

## Getting Ready for Going Home

You will be asked to look at making changes to your home as soon as possible. These changes may include widening doors or adding a ramp. An Occupational Therapist may help you decide what changes need to be made. The team will also give you a list of any equipment you might need such as a walker, wheelchair, bath bench or a commode.

To find out if you can get help to pay for renovations to your home or equipment, you may have a financial assessment with a Social Worker or a Social Work Assistant.

You may be able to get help if you already get any of the following:

- Income Support with Advanced Education & Skills
- Home Care with Community Health
- Workplace Health, Safety and Compensation Commission (WHSCC) Benefits
- Veterans Affairs Benefits
- Health Insurance may pay for equipment. You should call your insurance to ask about this.

The Canadian Red Cross may have equipment that you can borrow for up to three months. You will need a form signed by a team member to get this equipment. You are responsible for picking up and bringing back equipment.

In discussion with you, your family, and the team a plan will be made for your discharge.

- You may go straight home, if you have all the equipment and help you need. In order to go straight home, you will need to be able to safely get from your bed to a wheelchair to a toilet or commode. The Physiotherapist and Occupational Therapist will decide if you are safe to do this.
- If there are stairs to get in your house, it is strongly recommended that you have a ramp installed as soon as possible. It is very hard to do stairs after an amputation. If it is not possible to put a ramp on your house, the Physiotherapist will work with you to find other ways to safely manage the stairs.

- You should arrange to have someone pick you up **before 11:00 a.m.** on the day that you are going home from the hospital. If your phone is connected, dial 4787 on your phone to cancel it.
- You may go back to the hospital closest to your home town before going to your own home.
- You may need more therapy at the Dr. L.A. Miller Centre before you can go home. A referral will be sent to the Miller Center and their team will decide if you are accepted.
- A Community Health Nurse may contact you at home. If you need a visit, the nurse may ask you to go to a clinic. Home visits are not always made.
- You will be given a return appointment to see your doctor. It is important that you go to see your doctor at that time.



## **Fitting With an Artificial Leg**

- If and when you are ready for an artificial leg, you will be placed on a waiting list. You will be either admitted as an inpatient or come back and forth as an outpatient at the Dr. L.A. Miller Centre so this artificial leg can be made for you.
- Getting fitted with an artificial leg can be hard work and take a long time. You need to be ready to do more therapy to learn how to use the leg. After you are finished being fit for the artificial leg and learn how to use it, you will still need to come back to the Miller Centre from time to time for repairs or changes.
- Artificial legs are not covered by MCP and you will be responsible for paying for the cost of the leg. You may be able to get help in paying for the leg, the same as for paying for home renovations or equipment. A Social Worker or Social Work Assistant can help you with a financial assessment.

If you are accepted to the Miller Centre to be fitted with an artificial leg, make sure you bring everything you need.

Don't forget:

- comfortable walking shoes
- shorts
- a hand held mirror
- a bag/backpack to keep your things in
- a small spray bottle
- scent free body soap

## Exercises

You can start these exercises when the Physiotherapist or Physiotherapy Assistant has gone over them with you. Once you are able to do these exercises on your own, you should do them every day. These will increase your strength and prevent muscle tightness.

### For each exercise:

- Hold for 5 to 10 seconds
- Relax and repeat 5 to 10 times
- Do each exercise 3 times per day

### Below the Knee Exercises

1. Roll to your non-amputated side. Bring your knee up towards your chest. Then straighten this leg back as far as possible.



2. Roll to your non-amputated side. Keep your knee straight and lift your amputated leg up and away from the other leg.



3. With a towel roll between your thighs, gently squeeze your thighs together.



4. With an elastic theraband tied around the outside of your thighs, push your legs apart.



5. With your non-amputated leg bent and foot flat, lift your hips off the bed forming a bridge.



6. With a towel roll under the knee of your amputated leg, tighten thigh muscle to straighten your knee. Then gently push entire leg down into the roll.



7. With a towel roll under the knee of your amputated leg, gently bend and straighten your knee over the towel roll.



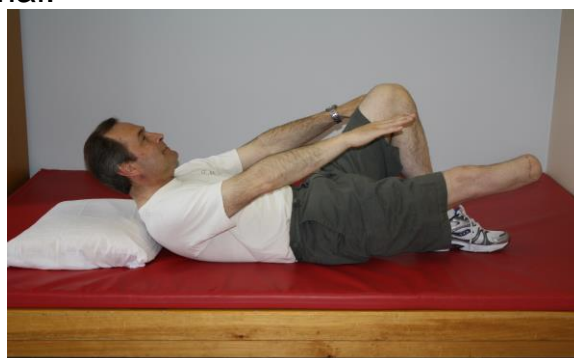
8. Lie on your stomach, keeping your non-amputated leg straight. Lift your entire leg off the bed. Lower back down, then repeat with your amputated leg.



9. Lie on your stomach, with a towel roll under the shin of your amputated leg. Tighten your thigh muscle to straighten your knee. Push down into the roll while lifting your hips off the bed.



10. Tighten your stomach muscles as you lift your head and shoulders off the pillow. Reach your hands towards your knees. Continue to breathe as normal.



11. Straighten the knee of your non-amputated leg. Slowly lower your foot, then repeat with your amputated leg.



12. Lift the thigh of your amputated leg off chair, slowly lower back down, then repeat with your other leg.



## Above the Knee Exercises

1. With a towel roll between your thighs, gently squeeze thighs together and down.



2. With a towel roll under your amputated leg, gently push your leg down into the roll.



3. With your non-amputated leg bent and your foot flat, lift your hips off the bed forming a bridge.





4. Roll to your non-amputated side. Bring your amputated leg up towards your chest. Then straighten this leg back as far as possible.



5. Roll to your non-amputated side. Lift your amputated leg up and away from the other leg.



6. Lying on your stomach, keeping your non-amputated leg straight, lift your entire leg off the bed. Lower back down, then repeat with your amputated leg.





## **Contact Information:**

### **Prosthetics**

Phone #: (709) 777-6470 (Dr. L.A. Miller Center)

### **Physiotherapy**

Phone #: (709) 777-6460 (Health Sciences Centre)  
(709) 777-5404 (St. Clare's Mercy Hospital)  
(709) 777-6461 (Dr. L.A. Miller Center)

### **Occupational Therapy**

Phone #: (709) 777- 7145 (Health Sciences Centre)  
(709) 777-5725 (St. Clare's Mercy Hospital)  
(709) 777-6791 (Dr. L.A. Miller Center)  
(709) 777-7024 (Dr. L.A. Miller Center)

### **Social Work**

Phone #: (709) 777-6490 (Health Sciences Centre)  
(709) 777-5583 (St. Clare's Mercy Hospital)  
(709) 777-8526 (Dr. L.A. Miller Centre)

## **OTHER SOURCES OF INFORMATION**

### **The War Amputations of Canada**

Phone #: 1 (613) 731-3821 Ext 273  
Toll Free: 1 (877) 622-2472  
Website: [www.waramps.ca](http://www.waramps.ca)

### **Eastern Health**

Website: [www.easternhealth.ca](http://www.easternhealth.ca)

A Patient's Guide to Above Knee and Below Knee Amputation Surgery Information Booklet has been developed by The Amputee Working Group of Eastern Health.

## My Notes

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Approved by

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Regional Surgical Services Program