

Lower Limb Amputation

[PATIENT/FAMILY EDUCATION]



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[ABOVE THE KNEE & BELOW THE KNEE AMPUTATION]

As the patient, you play a vital role in the decision-making process about your care. The purpose of this handbook is to provide you with the information you need to:

- understand the reason(s) your doctor has recommended or done an amputation.
- prepare for surgery, both physically and psychologically (if you haven't had surgery yet).
- learn how to care for yourself after surgery.
- have a successful rehabilitation.

At WakeMed Health and Hospitals, we recognize that no two persons - and no two disabilities - are the same. Our goal is to serve your medical and rehabilitation needs. We also want to help with your social, emotional and physical needs. Your care will focus on maximizing your independence and quality of life.

We encourage you to ask questions and to provide feedback to your team members throughout your care at WakeMed. We are here to help you.

ABOUT AMPUTATION

Amputation (AM-pu-tay-shun) (removing the leg) is performed:

- only after all other attempts to save the leg have failed.
- when it is necessary in order to save or improve a person's life.

When amputation is needed, the goal is to save as much of the leg as possible, making sure that all diseased tissue is removed. This is to promote good healing. The most common types of amputations are:

- **Below the knee** - (BKA), where the leg is removed below the knee joint.
- **Above the knee** - (AKA), where the leg is removed below the hip.

[WHY DO I NEED AN AMPUTATION?]

Patients and family members need to know about their choices. You also need to have a realistic idea of what to expect after surgery. Then, you can make informed decisions about amputation. It is important that you and your family play an active role in making the decisions and setting the goals with the Rehab team.

An amputation may be needed due to:

- **Injuries** –Injuries are the most common reason for amputations in people younger than age 50. An injury, like an electrical shock, frostbite, car accident or a severe burn, can destroy blood vessels and cause tissue death. Amputation is suggested only after all attempts made to save the leg fail or when it is necessary to save your life.
- **Diseases** – Complications from diseases such as diabetes and vascular disease can lead to infections of the blood and bone that cannot be reversed.
 - Diabetes is the leading cause of amputations in the United States. People with diabetes often get infections or wounds that do not heal and result in an amputation.
 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) are conditions in which blood vessels are unable to provide adequate blood supply and oxygen to your legs. These conditions also can lead to wounds that do not heal.
 - Amputation also may be recommended if you have cancer in your leg to prevent the spread of the disease.

[P R E P A R I N G F O R S U R G E R Y]

As you physically prepare for your surgery, please keep the following information in mind:

- Your doctor will discuss with you whether to reduce or stop any medications that might increase your risk for bleeding or other complications. If you have any allergies to anesthesia, pain medications, or antibiotics, you should tell your physician at this time. Make sure to tell your doctor about ALL prescriptions, over-the-counter medications, vitamins or herbs you take including aspirin and ibuprofen.
- Bring all medicines you are currently taking with you to the hospital for your pre-operative visit. During that visit, you will have several tests, including blood tests, an EKG, and a chest X-ray. A nurse will discuss your health history with you and will review your current medicines. You will also receive information about what time to arrive at the hospital on the day of your surgery, and if you will need to bring any special equipment with you.
- Bring comfortable clothes for therapy – preferably loose clothing, including shorts and sneakers and grooming items.
- On the day of your surgery, you will review your surgery and sign a consent form. Before you sign the consent form giving permission for your physician to operate, make sure that you fully understand all the information that was given to you about your health problems, the possible treatments and any potential risks. Feel free to ask more questions if things are not entirely clear.

[YOUR REHAB TEAM]

At WakeMed, we believe that knowledge is power. The more information you have about your surgery and recovery, the more control you have during the entire process.

Remember, you and your family are the center of the team. We need your input as our team creates the best plan of care for you following surgery.

Members of your Rehab team may include:

- **Physiatrist:** A specially trained doctor called a physiatrist (fizz-I-a-trist), is in charge of your rehab treatment and progress while you are a patient in the Rehab Hospital. A physiatrist has completed training in the board-certified specialty of physical medicine and rehabilitation. The physiatrist works closely with your primary doctor and coordinates the overall team treatment program, while also consulting other specialists as needed.
- **Physician Assistants & Nurse Practitioners (PAs & NPs):** PAs and NPs are patient care specialists who work with the physiatrist to provide your medical care. The PA or NP assigned to care for you works for the physiatrist and is also a specialist in rehabilitation medicine.
- **Nurse (RN):** The nurse works closely with other members of the team to provide care and education. We encourage your family to also participate in this process. The nurse will teach you and your family how to care for your amputation site while you are healing to minimize the risk of infection.
- **Physical Therapist (PT):** The physical therapist works with you to improve your strength, endurance, balance, coordination and mobility. The PT helps you develop skills to move safely in a wheelchair or with other aides, like walkers, crutches, or canes. The PT will work closely with a prosthetist (PROS-te-tist) to determine the need for a shrinker and prosthesis and will provide you with education and training to use them.
- **Occupational Therapist (OT):** The occupational therapist will focus on increasing your independence. This includes tasks like dressing and bathing, transfers, home management skills, strengthening, endurance, and splinting for positioning. The OT will also help you find adaptive equipment to maximize your independence.
- **Therapeutic Recreation Therapist (TR):** The TR will help you make the transition from the rehabilitation setting back to home and work to modify your pre-amputation activities so that you can continue to enjoy them.

- **Prosthetist:** A prosthetist is a person who measures, makes fits and fixes a prosthesis (pros-THEE-sis or artificial leg) as prescribed by your physician. They work closely with your physical and occupational therapists to ensure proper fit, and use of a prosthesis.
- **Clinical Case Manager:** The clinical case manager is the team leader and a primary contact for you and your family with the treatment team. The clinical case manager helps you and your family with financial, emotional and social concerns that may come with limb loss. You will have a first meeting with the clinical case manager to discuss your prior living situation and expected needs at discharge. Your clinical case manager may be able to provide short term supportive counseling to assist with coping during your hospitalization. Should you need additional coping assistance they will assist you in finding a mental health provider in your community. The clinical case manager can also provide referrals to community resources that may help you and your family during the hospital stay and after discharge. They will assist you to obtain needed medical equipment for your discharge and to find a follow-up therapy provider to continue your recovery. The clinical case manager also provides information to insurance carriers for their review and certification for the hospital stay.

There are other professionals who may be added to your team depending on your needs. They include:

- **Dietician:** A dietician will help optimize your diet for wound healing.
- **Diabetes Educator:** If you have diabetes, a diabetes educator will work with you to optimize your self care.
- **Wound Care Nurse:** The wound care nurse will work with you if you have problems with the way your incision is healing or if you are having other issues with your skin.
- Specialty physicians as needed.
- **Peer Supporters:** Peer supporters are individuals who have had an amputation and can answer your questions about daily living as well as provide tips that they have learned through experience.
- **Clinical Nurse Specialist:** An advanced practice nurse assists with education, safety and complicated situations a patient may experience.

[WHAT TO EXPECT AFTER SURGERY]

Physical rehabilitation is the process of physically recovering from your amputation and adjusting to any physical changes you may experience. Your education and training will usually start the day after surgery.

The following are helpful definitions that pertain to amputations:

- **AKA** – Above the Knee Amputation, transfemoral amputation
- **BKA** – Below the Knee Amputation, transtibial amputation
- **Residual limb** – The portion of the leg remaining after an amputation, sometimes referred to as a stump or residuum.

While you are a patient at WakeMed, you will learn many important things about caring for yourself after surgery including:

- How to clean the healing wound and provide good skin care.
- How to look for signs of infection, including redness, swelling, increased soreness or drainage (fluid coming out) from the wound.
- How to wrap your leg or apply a shrinker (an elastic sock). These are important to help properly shape the residual limb.
- Ways to deal with phantom leg pain. (Pain that you feel in the leg that is no longer there).
- How to position your leg to avoid contractures or tightness of joints.
- Exercises that should be done to strengthen your legs after an amputation.
- How to move around after surgery.
- How to manage activities of daily living (like bathing, dressing toileting).
- Good eating habits that are important in helping the healing process.

This booklet has specific information about how to care for your residual limb. Feel free to ask your health care team members if you have any questions during your stay.

After your surgery is complete, you will be taken to a recovery room where your vital signs (blood pressure, oxygen level, heart rate, etc.) will be closely monitored as you wake up from anesthesia.

During recovery:

- You will be given medication to help manage your pain. Your nurse will ask you to rate your pain on a scale of 1 to 10, with 10 being the worst. Your pain medication will be adjusted accordingly.
- A catheter (tube) may be placed in your bladder.
- A compression device will be placed on the leg or foot that was not operated on (and possibly your residual limb) to prevent blood clots.

The day after your surgery, a physical therapist (PT) and/or occupational therapist (OT) will evaluate your ability to move as ordered by your surgeon. It is important to move as soon as you can, because early movement prevents lung problems and blood clots. It also decreases the swelling in your legs.

The PT will:

- Help you sit up in bed and show you how to transfer to a chair
- Teach you proper positioning in bed, and in a chair
- Teach you some simple exercises and stretches to keep your body and leg strong and flexible
- Discuss skin care and ways to prevent swelling in your residual limb

An occupational therapist (OT) will focus on your ability to take care of yourself like dressing, bathing, and grooming. If your amputation was below your knee and you cannot straighten your leg by yourself, the OT may make a splint (positioning device) to help you keep your knee straight.

During your stay in WakeMed's acute care hospital, you will continue getting therapy, spending more time out of bed, using a wheelchair, transferring to a bedside commode to use the bathroom, bathing yourself, and perhaps showering. You will also learn to care for your wound and wrap your residual limb with an elastic bandage to shape it and control swelling. More information about how to care for your residual limb can be found later in this booklet.

If you are stable and your wound is healing well, you will most likely only be in the hospital for a few days. You may have several options about where you receive rehabilitation after you leave the acute care hospital. Your Rehab team is able to help guide you and your family members through making these decisions. Please consult your case manager about the rehab options that are covered under your health insurance plan. Your choices will depend on many factors including your ability to care for yourself at home, your family's ability to care for you at home, and your insurance coverage. Your choices may include going home, where you can get in-home care or an outpatient facility.

- You may choose to participate in WakeMed's intensive inpatient rehab program. In the inpatient rehab hospital, your day will be structured to include nursing care as well as three hours of both physical and occupational therapies. You will dress in your regular clothes and receive PT and OT in a therapy gym.
- You may also choose to rehab in a skilled nursing facility.

[CARING FOR YOURSELF AFTER SURGERY]

Caring for your residual limb is important for your overall health and healing after surgery. Properly following the instructions provided by your rehab team can prevent infection and aid in the future use of a prosthesis.

Proper Skin Care Dos & Don'ts

Do	Don't
DO Change your dressings as instructed by your nurse	DON'T Remove scabs
DO wash your residual limb with mild soap and water after the incision is fully healed and all staples and stitches have been removed.	DON'T soak your residual limb in water (like in a bathtub).
DO use a soft towel to pat your residual limb dry after bathing.	DON'T apply any cream or lotion unless ordered by your care team.
DO examine the skin on BOTH of your limbs every day using a good light and a mirror to see the back and sides.	
DO call your care team if you notice any changes to your skin on EITHER lower limb.	

PLEASE NOTE: Call your doctor immediately if any of these things occur. These could be signs of infection or pressure sores, which need to be treated immediately:

- The incision line breaks open or begins to drain (leak fluid) after it has already closed.
- Cracks, sores, blisters, rashes, swelling or increased redness on the residual limb.

[REDUCING SWELLING AND SHAPING YOUR RESIDUAL LIMB]

One of the most important goals right after your surgery is to minimize and reduce swelling in your residual limb. While your residual limb begins to heal after surgery, there are a number of things you should do to prepare for the successful use of a prosthesis. Your residual limb needs to be properly shaped as soon as possible. Ways to reduce swelling include:

- elevating your residual limb
- ace wraps
- shrinker (elastic) socks
- Jobst compression device

Your Rehab team will help you determine which method is right for you.

Reducing Swelling

If you have had a lower leg amputation, the most commonly used devices to help reduce swelling are an elastic shrinker sock or a compression wrap. Your doctor will determine which method you should use based on your particular case.

Compression Wraps

Your physical therapist may instruct you or a caregiver on how to properly use a compression wrap (ACE™ bandage) by using a figure-eight method. This allows you to apply a graduated amount of pressure on the residual limb. We encourage you to practice this process repeatedly so that you become proficient at applying a consistent amount of pressure during the shrinking process.

[SHRINKER SOCKS]

A prosthetist will measure and fit you for a shrinker sock once you are cleared for one by your doctor. Your therapist or nurse will show you how to properly put on the sock. A shrinker sock should fit very snugly and smoothly, with no visible wrinkles. However, if you experience new or unusual pain or throbbing, remove the shrinker immediately. You should wear your shrinker at all times, even at night, unless otherwise instructed. Remove it two to three times a day to check your skin.

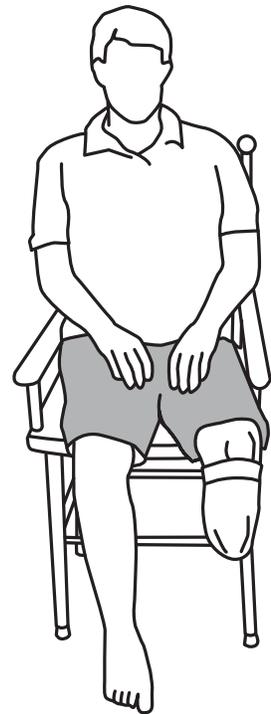
As your residual limb begins to shrink, the shrinker sock will become too large to wear and will begin to slide down. If this happens, ask your prosthetist or therapist to give you a smaller shrinker. A clean nylon sock and shrinker should be put on every morning after residual limb care. To clean socks and shrinkers, simply wash them in the sink with soap and cold water, and hang them up to dry.

There are two kinds of shrinker socks – a transtibial shrinker for below-the-knee amputations, and a transfemoral shrinker for above-the-knee amputations.

Transtibial Shrinker

Compressogrip® Elastic White Shrinker

1. Find the middle of the shrinker and place the plastic ring there.
2. Pull one end of the shrinker up over the knee to mid-thigh, being sure not to move the ring that is in the middle.
3. Push the plastic ring to the end of the limb.
4. Pull the rest of the shrinker over the limb until it reaches the other end, at mid-thigh.
5. The shrinker will fit very snug.



[HOW TO APPLY A SHRINKER SOCK
USING A DONNING DEVICE]



Shrinker sock (L) Donning device (R)



3. Pull the edges of the shrinker sock all the way down the sides of the tube until the end of it is flat on top.



1. Hold the shrinker sock vertically inside the donning device.



4. Place the end of the residual limb flush with the end of the shrinker sock.



2. Stretch the top of the shrinker sock over the edge of the device so that it hangs inside the tube.



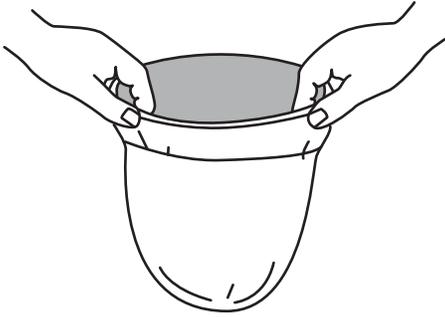
5. Slowly and gently, feed the shrinker sock over the donning device and onto the limb.



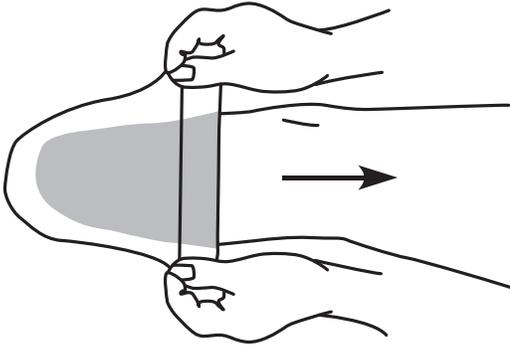
6. Once the sock is completely on the limb, set aside the device and smooth the sock from the incision end toward the thigh. Make sure it is smooth.

Juzo® Dynamic Flesh tone Shrinker without donning device

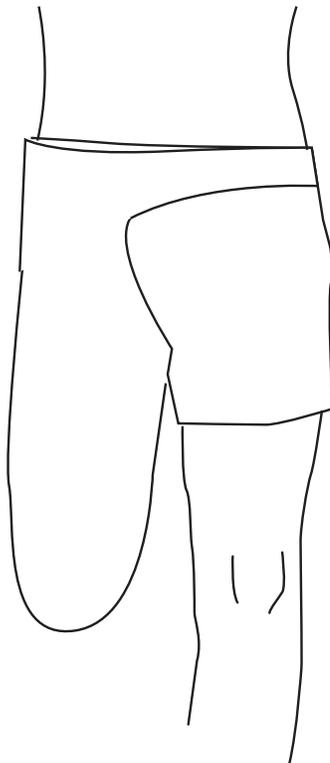
1. Use both hands to gather shrinker, like a sock, to the seam on the bottom and stretching it open.



2. With both hands, place shrinker on the end of the limb and slowly guide the shrinker up the limb and over the knee to mid-thigh.



Transfemoral Shrinker



Note: If you have an above-the-knee amputation, be sure the long side of your shrinker sock is pulled up around your hip. The short side should be pulled up into your groin. The Velcro straps fasten around your waist to hold your shrinker in place.

[OTHER METHODS TO REDUCE SWELLING]

APPOPS® (ADJUSTABLE POSTOPERATIVE PROTECTIVE AND PREPARATORY SYSTEM)

Prefabricated and adjustable post-op protective sockets such as the FLO-TECH TOR™ are made of semi-rigid plastic. They assist with positioning and provide added protection and compression for below-the-knee amputations.



PROPER USE & CARE

- To put on the socket, slide the socket over your residual limb and fasten to Velcro straps so they are snug but not tight. You should be able to get a finger under the strap that is just below your knee.
- If you are able, stand up and tighten the strap and the waist band.
- Loosen the strap when you are lying in bed or reclining in a chair. You should be able to get one finger under it.
- Remove your socket, the outer stockinet and the distal end pad twice a day.
- Look at but do not remove the inner sterile stockinet. Watch for signs of excessive bleeding (a small amount of bleeding is expected) or drainage. If you do have excessive bleeding or drainage, call your physician's office right away. If you notice just a small amount of bleeding (spotting), write it in your journal, indicating how much of a spot of blood/drainage you see and where it is.
- Use anti-bacterial soap to wash your distal end pad and rinse it out. Do not wring it out to dry it. Lay it flat and gently compress it with a clean towel. Once it is dry, reapply the pad and put a clean outer sock over it.

The limb protector protects your residual limb from accidental injury if you fall or bump into something. Always wear it when you are out of bed unless your care team gives you different instructions.

HOW TO PREVENT MUSCLE CONTRACTURES

Muscle contractures can occur when muscles around a joint become tight and do not allow the residual limb to move freely. With lower leg amputations muscle contractures typically occur at the hip and knee when the joint has been held in one position for a long period of time. Contractures are very difficult and painful to correct and can limit your ability to perform your daily activities.

To prevent hip contractures, it is important to lie on your stomach when you are in bed. Hip contractures can also come from sitting in a wheelchair for long periods of time. To prevent hip contractures make sure to change your position frequently when you are in your wheelchair.

To prevent knee contractures, you need to keep your knee straight as much as possible. Your therapist will order a special leg rest that will support your residual limb and keep it straight when sitting in a wheelchair.

Wearing your limb protector can also help prevent contractures of the knee, if you have a below the knee amputation.

POSITIONING OF YOUR RESIDUAL LIMB

The position of your residual limb is crucial to your overall health. Refer to this list as you learn how to care for your residual limb and continue with a life-long stretching program to maintain mobility and activity.

DO:

- Lie on your stomach two to three times each day. Place a pillow under your chest and sound leg to help stretch your hip.
- If you cannot lie on your stomach, lie on your side with your residual limb pulled back as far as it will go. Use a pillow to keep your residual limb pulled back.
- Lie on your back with your residual limb close to your sound leg. Don't let your residual limb lie too far away from your body.
- Watch your clock (set an alarm if necessary) and turn from side to side every two hours. This will help prevent skin breakdown, which leads to bedsores.
- Wash your residual limb daily as your team directs you.
- Wrap your residual limb properly, and keep it wrapped at all times. Readjustments and/or rewrapping are often needed throughout the day.

DO NOT:

- Do not hang your residual limb over the side of the bed.
- Do not sit in a wheelchair with your residual limb bent, or hanging downward.
- Do not place a pillow under your hip or knee while lying on your back.
- Do not place a pillow between your thighs when lying down.
- Do not sit with your legs crossed.

[EXERCISING]

Exercise is key to regaining your quality of life; it helps ensure that you are healthy and that you maximize your mobility. You will begin your exercise program the day after your surgery with help from your physical therapist (PT).

[P A I N M A N A G E M E N T]

After your amputation, you will most likely experience pain in your residual limb. Pain control is very important. Your caregivers will help you manage your pain with medication and other strategies. Your pain should get better with time as your body heals.

Many times people experience what is known as ‘phantom sensation,’ or the feeling that the portion of your leg that was removed is still there. You may feel an itching or twitching, or the sensation that your leg is in a certain position when you are lying in bed. This type of phantom sensation is normal and should decrease with time and with desensitization techniques.

Phantom pain is felt in some people who have amputations and can be mild to severe. It is often described as a sharp pain, a twisting or stabbing feeling in the area of the leg that has been amputated. There is not a clear cause of phantom pain. Fortunately, most individuals who experience phantom pain report that the pain lessens with time and becomes infrequent. If you experience phantom pain, it’s important to let your health care provider know. Your team will work with you on ways to reduce these sensations.

HELPFUL HINTS FOR PAIN RELIEF

- Massage the residual limb, gently tapping or squeezing the most sensitive areas. Your therapist can show you how to do this.
- Use an ACE wrap or a shrinker sock, to apply an even pressure on your residual limb.
- Be as active as possible, and practice the exercises and stretches your therapists have given you.
- Changing positions and moving from a chair to a standing position is good for circulation.
- Keep a journal of when your pain is most severe and share the information with your Rehab team. You may find that certain activities trigger pain.
- If self-treatments are not useful for relieving pain, consult your physician who can provide alternative medical treatments.
- Utilize mirror therapy as advised by your physical therapist.

[MIRROR THERAPY FOR PAIN RELIEF]

Mirror therapy is a way to manage phantom limb pain without medication. By placing a mirror between your sound limb and your residual limb, you provide your brain with visual feedback. Seeing the reflected limb intact and moving seems to reduce phantom limb sensations for some people.

- Your therapists will help you determine if mirror therapy is right for you.
- It is done while you are in bed for about 15 minutes twice a day.
- While the mirror is between your legs, you will do exercises with your sound leg. You watch your sound leg moving in the place where you now have the residual limb.



[WEARING A PROSTHESIS]

Wearing a prosthesis is a very important step in both physical and emotional healing after an amputation. The process of getting fitted for a prosthesis typically begins 6 to 8 weeks after surgery. Your initial hospitalization and rehabilitation will focus on healing and promoting your independence before getting fitted for a prosthesis.

When you wear a prosthesis, you help prevent swelling in your residual limb and improve your muscle strength and flexibility. Wearing a prosthesis also leads to greater independence and a sense of accomplishment and well-being. These are all positive factors for good emotional health.

Understand that a prosthesis is a very unique piece of equipment designed specifically for one person. After you and your team determine the type of prosthesis that best fits your lifestyle, a prosthetist will work with you to create your device. This involves a series of measurements, cast molds, and multiple fittings so that the prosthesis can be shaped as closely as possible to resemble your other leg. Creating a prosthesis is a team effort and requires two-way communication between you and your prosthetist, as well as patience and cooperation. The goal is to build a prosthesis that is comfortable to wear and will maximize your mobility.

There are several reputable prosthetic companies in Raleigh and the surrounding areas. Discuss your options with your physical therapist.

Once fitted with a prosthesis your physical and occupational therapists will educate you on care and fit, and will begin a therapy program aimed at improving your mobility using your new prosthesis.

Check your skin after wearing your prosthesis to look for signs of poor fit. These include redness that does not go away, blisters, or skin tears. If you see any of these problems, stop using your prosthesis and notify your therapist/prosthetist immediately.

[REMINDERS FOR GOOD PHYSICAL HEALTH]

Once you get home from the hospital, it is important to continue the exercises and stretches you learned from your therapists. You should also follow the recommendations about skin care for your residual and intact limbs. The following reminders will help you maintain good physical health:

- Continue exercising and stretching at home. This will help you maintain normal movement.
- Continue to monitor your skin on you residual limb looking for signs of infection or breakdown. Avoid excessive pressure if your skin or circulation is compromised or at risk for sores.
- Wear your shrinker sock each night while you sleep.
- Follow your therapist's safety guidelines and recommendations for transfers to the toilet and shower, and for walking in your home to reduce the risk of falls.

If you get a prosthesis:

- Follow the wearing guidelines for your new prosthesis. Check your skin regularly. Contact your prosthetist if you have pain and/or redness that lasts more than 10 to 15 minutes after taking off your prosthesis.
- Ask your prosthetist for a written wearing schedule. Typically, you may wear your prosthesis an hour at a time when sitting at first. You will increase your wearing time and walking time with recommendations from your prosthetist and physical therapist.
- Wipe out and clean the liner portion of your prosthesis as instructed by your prosthetist. When it is hot outside, wipe out the liner several times a day, because you are more likely to sweat.
- Follow the diet recommended by your physician. Good eating habits are important in helping the healing process. You should eat three good meals each day, including meats, vegetables, whole grain breads, and dairy products. Drink plenty of water to help the digestion process and keep healthy, supple skin. Your need for calories will change with your new level of activity. Remember that it is important to maintain a healthy weight to reduce the stress on your intact limb. Notify your prosthetist of any significant weight gain or weight loss to ensure your prosthesis fits correctly.
- Most insurance programs will give you a maximum number of outpatient home health therapy visits per calendar year. Currently, most insurance companies are combining home health and outpatient physical therapy visits in the visit limit. Talk to your case manager about how to maximize your therapy under your insurance plan.

[ADJUSTING TO LIFE AT HOME]

Adjusting to life after an amputation is a process, and the road to recovery may not always be a smooth one. Losing a leg has many implications for both you and your family. Being surrounded by supportive loved ones can make the journey easier for all of you. Your case manager can help you and your family understand and cope with this major change in your life.

THE EMOTIONAL ASPECT OF AMPUTATION

Everyone copes differently for reasons like age, health status, activity level prior to surgery, attitude toward life, and the type of support available to the patient (family, friends, other amputees). It is completely normal for an amputee to experience a range of emotions following surgery, which the Amputee Coalition of America calls the Six Phases of Recovery:

1. Enduring – surviving amputation surgery and the pain that follows
2. Suffering – questioning the reasons for surgery; asking “why me?”
3. Reckoning – becoming aware and coming to terms with the new reality of the situation
4. Reconciling – putting the loss of the leg in perspective; regaining control
5. Normalizing – reordering one’s life priorities and establishing new routines
6. Thriving – living life to the fullest and becoming a role model to others

It is important to talk about and deal with the feelings you have after surgery. We encourage you to share them with your care team. If you need help coping with your amputation after discharge, a counselor can help you work through your emotions. WakeMed also hosts an amputee support group every month if you are interested in getting to know others who have gone through an amputation. Ask any member of your care team for more information. See the Resource Index in the back of this booklet for a list of support services for amputees.

YOUR SURROUNDINGS

Before returning home, there may be some changes that need to take place in your home to make sure you can get around safely. Based on feedback from you and your therapists, your case manager may make recommendations about what changes would be most beneficial. Your case manager can give you a list of area companies that specialize in ramps and other home modifications. It is important to know that insurance does not pay for home modifications; this will be a private expense. There are community agencies that may help with the cost of building ramps, but the availability of these resources is often based on age or financial need and typically takes several months to assist eligible individuals.

YOUR DAILY ACTIVITIES

A major goal in the recovery process is to regain as much independence as possible. This includes your personal self-care skills like bathing, dressing, grooming and toileting. Your OT will ask you to try a wide variety of tasks in order to find out how strong you are and how well you can do daily activities. Your therapist will then teach you how to do these things as safely, quickly and as independently as possible.

RECREATION: DOING THINGS YOU ENJOY

If possible, it's important for you to do the things you liked to do before surgery. This will help you keep a positive attitude, build confidence after surgery, manage your stress and improve your social life. A recreational therapist can help you adjust or adapt your hobbies so you can continue doing them.

There are many activities and hobbies that will not be affected by your amputation. For example, if you enjoy quilting or sewing, reading, singing or gardening, those are all things you can do independently, regardless of your amputation. However, if you like to participate in active sports like golf, basketball or bowling, you may need assistance in re-learning these activities while using a prosthesis or wheelchair. Your recreational therapist wants to help you live a full, active, meaningful life, and that includes doing the things you love to do.