We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18802.

LOWER LIMB AMPUTEES
A Guide for Patients/Relatives and Friends

Physiotherapy Department

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: 01784 884488

St. Peter’s Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ
Tel: 01932 872000

Website: www.ashfordstpeters.nhs.uk

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INTRODUCTION

This information pack is intended to give you some guidance about your stay in hospital and your future rehabilitation. It is designed to compliment any advice the many professionals you will meet will give you.

If you have any other questions please do not hesitate to ask any member of the team looking after you.

REHABILITATION TEAM

There are a wide range of professionals involved in your care including:

Surgeon and his team of Drs
Who will carry out the surgery and are also responsible for managing your medical after care.

Nursing staff
Who are on the wards 24 hours a day; their role is to provide physical and emotional support whilst you are in hospital.

Physiotherapist
A physiotherapist will see you daily immediately following your operation. They will teach you exercises which will be essential in maintaining your strength, balance, and mobility, also advise on managing your residual limb.

FURTHER INFORMATION

If you have any queries regarding the contents of this leaflet please contact Physiotherapy.Department (St. Peter’s Hospital) – telephone 01932 722547 or telephone 01784 884484 (Ashford Hospital)

Additional details about the two hospitals, including information regarding the Department caring for you can be found by logging on to our website www.ashfordstpeters.nhs.uk or the National NHS website www.nhs.uk which includes an A to Z guide to health.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

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DVLA  
Swansea SA6 7JL  
Tel: 0870 240 0009  
Fax: 01792 783071  
E-mail: Drivers.dvla@gtnet.gov.uk

Instep (support group for amputees in the local area)  
Chairman: Christine Chadwick  
Secretary: John Halfhide  
Tel: 07710 625101  
Tel: 07198 861606

(Members of the group are available to talk to new amputees about the rehabilitation process. If you would like to discuss talk to a member discuss with your physiotherapist who can arrange it).

Amputee Online  
Website: www.amputee-online.com

This is not an exhaustive list there are many other support groups that other amputees and professionals have come across, so discuss with them if you’re looking for anything specific.

Please note this is an advisory leaflet only.  
Your experiences may differ from those described.

It may be necessary, before you return home, to have further rehabilitation and you may then be referred on to the local rehabilitation hospitals – Ashford, Walton or Woking. Of course this will be discussed with you first.

A physiotherapist will discuss with you whether it is appropriate for you to be referred for a prosthesis (artificial leg). The limb fitting centre for this area is at Queen Mary’s Hospital in Roehampton.

There is a specific information booklet about Roehampton that, if you are referred there, your physiotherapist can supply.

Occupational therapist (OT)  
An OT will meet you soon after your operation when, If appropriate, he/she will asses you for a wheelchair. Until you are provided with a long-term wheelchair of your own, you will be able to borrow a hospital one. OT will also asses any need for equipment to help maintain and support your independence when you return home.

Other professionals you may meet  
Consultant in Rehabilitation  
Prosthetist  
Social worker  
Clinical psychologist  
Smoking cessation officer  

you will meet these at Roehampton.
TAKE CARE OF YOUR RESIDUAL LIMB/STUMP

After your amputation and still with the dressing in place you should start to handle your residual limb (stump). It will be necessary to monitor the condition of your skin from now on so it is important you get used to touching and handling your limb.

It is not unusual to feel that your limb is still there. These are called phantom sensations and are perfectly normal. Handling your stump may help to diminish them. Occasionally amputees suffer from phantom pain; if so your physiotherapist can talk these through with you.

You may find that your residual limb becomes swollen. This is normal after surgery. It is advisable to keep your limb elevated as much as possible. On your wheelchair you may be given a stump board - keep your limb on it, DO NOT allow your leg to hang down. Once your wound has healed, your physiotherapist will measure you and issue you with a “Stump Shrinkage shock”. This is designed to help with the swelling (see below for further details). It is not uncommon for stumps to heal many years after the initial operation and you may find that this advice may need to be followed whenever your stump swells.

If you are a below knee amputee try not to keep your knee bent or resting on pillows when in bed – it is essential that you make sure your knee can go straight. No matter what level amputee you are it is better to place your residual limb flat on the bed.

Limbless association
Roehampton Rehabilitation Centre
Roehampton Lane
London SW15 5PR
Tel: 020 8788 1777
E-mail: enquiries@limbless-association.org
Website: www.limbless-association.org

Queen Mary’s Hospital
Roehampton Lane
London SW15 5PR
Hospital Tel no: 020 8487 6000

Douglas Bader reception: 020 8487 6001

British Red Cross (national branch) –
or use telephone directory to find your local branch
9 Grosvenor Crescent
London SW1X 7EJ
Tel: 020 7235 5454
Website: www.redcross.org.uk

Disabled Living Foundation
380-384 Harrow Road
London W9 2HU
Tel: 020 7289 6111
E-mail: advice@dlf.org.uk
Website: www.dlf.org.uk

Citizen’s Advice Bureau
(National Number) –
or use telephone directory to find your local branch
Tel: 0845 050 5152
• Other medical pathologies e.g. stroke (CVA), arthritis, respiratory or cardiac problems.

(Devised by BACPAR South Thames Region January 2004)

USEFUL NUMBERS

Your consultant is 

Ward name and Tel No 

St Peter’s Hospital: 01932 782000

Ashford Hospital: 01784 884488

Your physiotherapist is 

Contact details: 

Your Occupational therapist is 

Contact details: 

Your social worker is 

Contact details: 

Your physiotherapist, once the wound has healed, may teach you to massage the scar. This is important as, if you are to have a prosthesis, your skin needs to be mobile around this area.

Overall, look after your residual limb, take care when you transfer from wheelchair to bed etc. Any areas of broken skin, bumps and scrapes may slow down your rehabilitation or, in the future, prevent you from wearing your prosthesis.

COMPRESSION SHRINKER SOCKS

You may be issued with a compression shrinker sock. This will help reduce the swelling in your residual limb (stump). Your physiotherapist will advise you when to wear it but normally, if you are not wearing your prosthesis, it is worn all day. **Remove the sock at bedtime** unless advised otherwise. Do not wear your compression sock with your prosthesis unless advised to do so by a member of the team looking after you.

Your sock should feel comfortably firm but not tight. When you wear it try and keep your residual limb elevated as much as possible – use wheelchair stump board whenever possible and do not let your stump hang down over the edge of the chair. Avoid hopping wherever possible.

If you experience pins and needles, or any pain or discomfort wearing the sock, you must remove it immediately and contact your physiotherapist.
Remove sock at least once a day to wash your residual limb. Check the skin for any redness, abrasions or soreness and, if you find any, leave the sock off and seek advice from your medical team/physiotherapist/GP.

Make sure there are no wrinkles present in your sock and check that it is well pulled up and does not roll down. Your sock should be washed regularly by hand or at 30° to 40° in a machine. Dry it over night but avoid using the tumble dryer. The shape can be improved by stretching it lengthways. Any problems, discuss them with your physiotherapist.

WHEN WILL YOU GO HOME?

If your home environment is suitable most people go home 5-10 days after the operation (your OT will discuss this with you). The OT can also supply equipment for your home so that you can maintain as much independence as possible.

If appropriate you will continue to attend physiotherapy department at Ashford Hospital as an outpatient, for further rehabilitation

WILL I BE SUITABLE FOR PROSTHETIC (ARTIFICIAL) LIMB?

If you are able to achieve the following, then you may be suitable for prosthetic rehabilitation

- understand the importance of safe wheelchair drill, e.g. brakes, positioning of chair, removal of sides/stump board/footplates and be completely independent in using your wheelchair indoors.
- Using a standing pivot transfer, you should be able to transfer independently to and fro from wheelchair to bed/chair/toilet and back.
- Push up from sitting in wheelchair to stand independently in the parallel bars.
- Have independent standing balance within parallel bars for at least 5 minutes.
- Achieve a hip/knee flexion contracture of less than 25°
- You must be able to follow instructions, process new information and remember it over a period of time.
- Be able to mobilise in the parallel bars with the aid of the PPAM (explain abbreviation – what is it) aid. Throughout a treatment session, on a regular basis, you should be able to achieve 6-10 lengths, repeatedly.

The following may cause concern or impact on your likely success with prosthetic rehabilitation:

- Weak muscles in remaining limb and upper limbs.
- Poor hand dexterity. You need to be able to manage Velcro fastenings, straps and locking mechanisms.
- Unable to wash and dress independently.