BELOW KNEE AMPUTATION

WHAT IS A BELOW KNEE AMPUTATION?

The leg is amputated about 15 centimeters below the knee joint. This operation is only done if the foot is already dead or has lost too much tissue to still be functional or if there is an infection that is too severe to control with antibiotics. Occasionally the pain from severe blockage of the arteries is so severe that an amputation is the only thing that will get rid of the pain. Most amputation patients are diabetics because diabetes blocks the circulation to the foot and allows sever infections to occur.

PRE-ADMISSION AND REGISTRATION

Many patients requiring amputation are already in the hospital before the decision is taken to amputate. If you are at home, the day of your admission you should register your details with the hospital's Pre-admission Clinic. This allows the hospital to register all your personal and medical aid details, which greatly reduces the time and paperwork it takes to admit you on the day of your operation. If you are not a member of a medical aid you will be required to pay a deposit for the hospital costs on admission.

ADMISSION DAY

You should arrive at reception at 07:00, unless you have been given another specific time by your surgeon. The details given at pre-admission will be checked, and you will be admitted. You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation beforehand, and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation then read this again and then ask for more details from the surgeon or from the nurses.

VISIT BY THE ANAESTHETIST

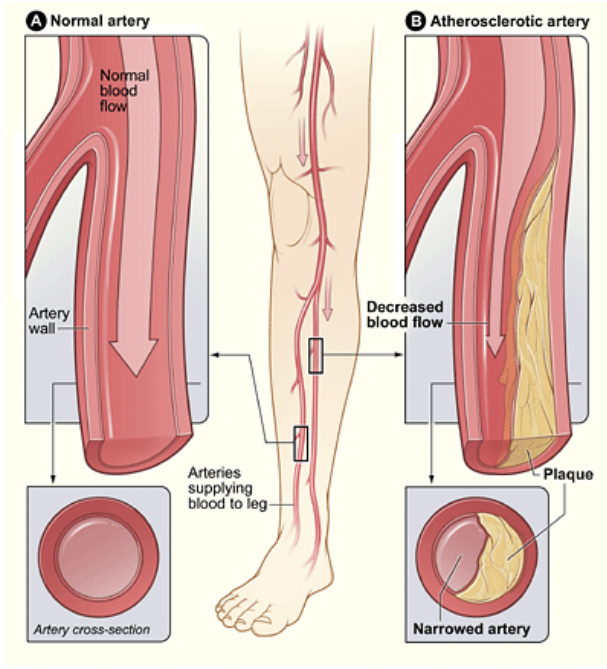
The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest and heart troubles, dental treatment and any previous anaesthetics you have had. She will explain the anaesthetic itself, and the risks associated with anaesthesia. Most amputations are performed without a general anaesthetic. We usually favour a regional anaesthetic in the form of an injection in the back (called a spinal anaestheic or epidural anaesthetic). If this is chosen you don't need to worry about feeling any paid in the leg as you will not. If you do not want to be awake during the procedure a strong sedative will be administered so that you can sleep but it will not be a full general anaesthetic.

DIET

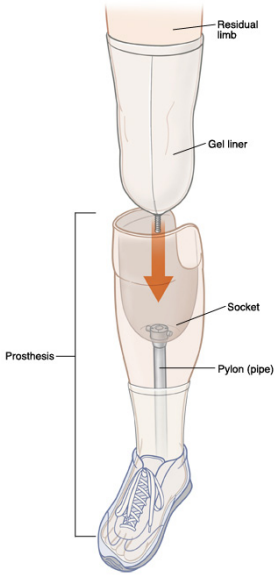
You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will allow your stomach to empty to prevent vomiting during the operation.

TIMING OF THE OPERATION

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Changes to the exact timing are common however, as emergency procedures have to be accommo-







These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

dated, and the time taken for the operations can be unpredictable. We frequently have to change the scheduling of cases on a particular day but you operation will almost always be done on the day that it is schedules. You may have to wait longer than we had hoped for reasons that are beyond our control.

TRANSFER TO THEATRE

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, rings will be fastened with tape and removable dentures will be left on the ward. You will initially wait in the theatre preparation area, and then be transferred to the operating theatre itself where your anaesthetic will begin. There will be several checks on your details on the way.

THE OPERATION

The operation will be performed as discussed with you beforehand. Occasionally the findings during surgery are unexpected, and the procedure has to be modified. The surgeon will then complete the procedure as he sees fit, using his specialist expertise and experience to optimise your safety.

COMING ROUND AFTER THE ANAESTHETIC

If you had a general anaesthetic, you will be conscious a minute or two after the operation ends but you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. When amputations are performed using an epidural anaesthetic we will often continue this for a few days to help relive the pain. This necessitates being in a high-care ward. There is usually a drain in the wound to such up any blood that might ooze into it. This will be removed after a few days.

WILL IT HURT?

Some pain will be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for painkillers if you have pain. If an epidural was chosen you should not experience pain whilst the epidural catheter is still in your back.

OPENING BOWELS

It is quite normal for the bowels not to open for a few days after an operation. This is due to a combination of surgery, painkillers, and physical inactivity. If you are worried, ask the nurses for a laxative.

PASSING URINE

Most amputees require a catheter in their bladder for a few days after the operation. It is important that you pass urine and empty your bladder within 6 12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

SLEEPING

Hospital wards are unfortunately often noisy, and sleeping is often difficult. You should avoid sleeping tablets if possible, but if you cannot sleep despite taking painkillers, then please let the nurses know.

ACTIVITY AND PHYSIOTHERAPY

Activity following surgery is recommended, and helps to reduce chest complications. A physiotherapist may help with this process. Coughing and activity, although uncomfortable, will not harm your wound.

THE WOUND

The wound has a dressing, which may show some staining with old blood in the first 24 hours. The dressing may be changed for a clean one. It should stay in place for around 10 days. Stitches or stables are usually left in for at least 2 weeks and the stump will be firmly bandaged.

HOW LONG IN HOSPITAL?

Most amputees spend at least a week in the hospital after the operation and some spend a lot longer. Once the drain is out and the wound is stable (1-2 days) the physiotherapists will start getting you moving. Initially this consists of exercised in bed but soon you will be taught how to transfer yourself into a wheel-chair and on to the toilet. Within a few days you should be walking with the help of a walking frame or parallel bars to support you. Frequently after a week or so your surgeon will recommend transfer to a rehabilitation facility where you can continue with this rehabilitation outside of the hospital environment. You will be given an appointment for a check up 1 to 2 weeks after discharge.

SICK NOTES

Please ask your surgeon for any sick notes or certificates that you may require.

WILL I GET AN ARTIFICIAL LIM AND WHEN WILL THIS BE?

If you are physically strong enough to learn to walk on one leg for a while, your surgeon will arrange for an artificial limb to be made for you and for exercises that teach you how to walk with it but the full process of getting and walking on an artificial limb usually takes about three months from the date of the amputation with the assistance of an Occupational Therapist and Orthotist..

COMPLICATIONS

The risk of complications such as chest problems (pneumonia, partial collapse of the lung), heart problems (heart attacks), stroke etc are related to any underlying medical problems you may have, and are often unpredictable. There is a high risk of deep vein thrombosis and blood clots in the lungs and as such, necessary steps will be taken to reduce that risk.

There are also complications specifically related to the procedure. Despite the surgeon's best care, these are unavoidable, and we cannot say in advance which patient will suffer from them. The commonest ones are infection of the wound or death of some of the skin and muscle due to poor blood supply. This may require a further operation to amputate the leg at a higher level. "Phantom pain" is the feeling that the foot is still there and is still painful. It occurs because it takes the brain quite a while to get used to not having the leg around anymore but medication can help this.

