

Life After a Leg Amputation

**A guide to managing
with a leg amputation**

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Illustrations by Vicky Earle, The Media Group, UBC

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Adjusting to Your Amputation

GRIEF is the most common feeling after the loss of a limb. Grief for the loss of a limb is like grief for the loss of someone close to you. There are stages of grief. Knowing the stages can help you better understand your feelings, cope with the loss, and face the new challenges in your life.

Grief can show itself in many ways.

Generally, there are five stages in the process of grief:

- denial
- anger
- wishful thinking
- depression
- acceptance

One stage does not abruptly end and another begin. People in grief often move back and forth between stages. Some days will be easier than others.

Denial

At first you may be shocked and confused. This reaction is common, especially if the limb loss is unexpected. You may also feel helpless. During this time, the support of family and friends is very important.

Anger

You will probably feel angry and frustrated. Learning to use a prosthesis is tiring. You may find that you can't do things as fast as you used to. Anger is often connected to the fear of having a disability. The only way to get beyond feelings of anger, guilt, and sadness is to feel them.

Wishful thinking

When people are told an amputation is necessary, they try to bargain with themselves and others. They may say, "I'll do whatever it takes to avoid the surgery." After surgery, a person may think, "If I work hard and am very good, I will get back to doing everything I did before the surgery".

Depression

This stage often begins when you and your family start to realize the full impact of your disability. You might feel sad and discouraged. Low mood is common and a normal part of the grief process. It usually comes and goes as you move through healing and rehabilitation.

For some people, the low mood can get worse. Sometimes, depressed feelings make it difficult to do normal daily activities. You may blame yourself for anything that goes wrong. You may also feel hopeless, tired, and helpless. Sometimes these emotions can prevent you from taking part in activities that might help you feel better and improve your abilities (such as attending therapy).

Acceptance

Acceptance is the final stage of the grieving process. It is a time when you have come to understand and accept that your limb is gone and not coming back. This is a time when you and your family have learned to live with the disability.

All these feelings and stages are normal. They are a necessary part of the healing process. It will take time and patience to adjust to the changes in your life.

Your Team Members

We are here to help you learn how to live with your amputation. We work closely with you and your family to plan and carry out your rehabilitation program.

Everyone heals at a different speed. The healing process depends on your physical, mental, and emotional abilities, as well as the amount of support you have from family and friends. Your recovery program is designed to allow you to move at your own pace.

The most important member of the team is you! Your recovery depends on you. If you need help or do not understand something, please ask.

Registered nurse

Often called an RN. Your nurse helps you manage your medical problems, gives you medications, and helps care for your wound.

Licensed practical nurse

Often called an LPN. Your practical nurse helps with your personal care and activities such as washing and dressing. Your practical nurse may also give you medication and help care for your wound.

Nurses are on duty 24 hours a day, every day of the week.

Nurse Practitioner

Often called an NP. A nurse practitioner is a nurse with advanced education, allowing this nurse to diagnose and treat medical problems as well as order medications. Our nurse practitioner manages your medical care and works with your doctors to identify a plan of care that is best for you.

Doctors

You already know your family doctor and your surgeon. A rehabilitation and physical medicine doctor (called a physiatrist) focuses on identifying the best rehabilitation program for you.

Dietitian

Our dietitian can talk to you about your appetite, weight, special diet needs, and menu choices.

Physiotherapist

Often called a PT. Your physiotherapist helps you with walking and ways to move about safely. Your physiotherapist also teaches you how to care for your limbs, manage your pain, and do your exercises.

Occupational therapist

Often called an OT. Your occupational therapist helps you work towards your everyday goals, and to reach your goals as safely and with as little help as possible. Your occupational therapist will make sure you have the proper equipment, like a wheelchair or bathing aids, to be safe in the hospital and at home.

Rehabilitation Assistant

Often called an RA. Your rehabilitation assistant helps you practice dressing, bathing, as well as doing the exercises and activities planned by your physiotherapist or occupational therapist.

Pharmacist

Our pharmacist reviews your medications and suggests changes as needed. The pharmacist also teaches you about your medications and gives you a medication program for you to follow at home.

Social worker

Your social worker can help you and your family plan around some of the difficulties an amputation may cause in your life. The social worker helps you get any support you may need once you return home.

Pastoral care worker

Our pastoral care worker offers you and your family support for your spiritual well being. This support is available to persons of all faiths and philosophies.

Prosthetist

Some people who have an amputation need an artificial leg (a prosthesis). If you need a prosthesis, a prosthetist will be a part of your team. The prosthetist makes the prosthesis and helps you care for and use it.

What to Expect After Surgery

Your care team of therapists and nurses are there to help you through your recovery. We tailor your plan of care to you, your type of amputation, and your abilities.

Day One

- We ask you to cough and take deep breaths. This keeps your lungs working well and prevents a lung infection.
- You can control your pain by a special machine called 'patient controlled analgesia' pump. The PCA pump allows you to give yourself pain medication when you need it. The PCA pump delivers the medication through your intravenous when you press a button. You may also have a special treatment to control pain called a nerve block. A nerve block is nerve-numbing medication. A small tube sends the medication into your stump. It stops nerve pain.
- We remind you to move the foot of your remaining leg up and down often during the day. This prevents blood clots from forming.
- We help you to use the toilet and wash yourself. You will not be able to take a normal shower or bath until your wound is mostly healed.
- We may help you sit at the edge of the bed. This depends on what time you had your surgery the previous day and how you are feeling.

Day Two

- We may stop the PCA pump and switch you to pain medication in a pill. It is important to take your pain medication as scheduled.

Let us know if the medication is not helping to manage your pain.

- Your physiotherapist may start teaching you exercises to strengthen both your remaining leg and your amputated leg. See pages 9 to 15.
- We may help you sit at the edge of the bed or move into a wheelchair.
- Your physiotherapist may start teaching you how to keep your joints moving freely. See the section on 'Positioning', pages 7 and 8.
- We change the bandage covering your wound usually between the second and fifth day after your surgery.

Day Three and beyond

- We show you how to wash yourself safely until you are able to shower or bath.
- Your physiotherapist continues to teach you various exercises. Your activity will increase depending on your ability as well as where you will be living when you leave the hospital. Your exercise program may include exercises for your arms and legs while you are in bed, sitting, and standing.
- You practice getting to and from a wheelchair.
- You learn to stand in parallel bars. These are special bars that look like the bars ballerinas hold onto when practicing dancing.
- Your physiotherapist may teach you how to wrap your stump with a tensor bandage. This helps control swelling.
- If you had a nerve block, we remove it two to seven days after your surgery.
- We usually remove the staples or stitches from your wound after 10 to 14 days.

Managing Pain

Stump pain

Following the surgery, you may have swelling. This can cause pain at the site of the wound and throughout the stump. This should get better over time.

Phantom pain

Phantom pain is pain in the missing leg. It is quite common and it may be worse at night.

Phantom sensation

Phantom sensation is the feeling that the amputated leg is still there. It is not painful. Common phantom sensations include itchiness, a pressure sensation, tingling, or pins and needles.

If you feel phantom sensations, it can be easy to forget that you have an amputation, especially at night. You can put the bed rails up or put a wheelchair, commode, or walker beside your bed. This is meant to stop you from getting up and trying to walk to the bathroom.

How to manage phantom pain and sensations without using medication

- Wrap your stump in a warm, soft fabric like a towel. Poor circulation can be a cause of phantom pain. Warmth can sometimes increase circulation.
- Imagine your phantom limb is still there and try moving the painful area (for example, try moving your phantom toes).
- Focus on trying to relax the missing limb.

- Exercise the remaining part of your limb by tightening the muscles and relaxing them slowly. This will increase circulation.
- Change positions. If you are sitting, move around in your chair or stand up to let the blood flow down into your leg.
- Massage your leg with your hands or ask someone to massage it while you focus on relaxing your whole body.
- Keep a diary of when the pain is most severe. This can help you and your doctor find out the cause of the pain.
- Try to distract yourself from the pain. Some people find it helpful to do puzzles, reading, or other activities to take their mind off the pain.
- If your surgeon and your physiotherapist agree, you can put a tensor bandage or a shrinker sock on your stump.

Using medication to manage pain

Pain medication – If pain interferes with your daily life, your doctor may prescribe pain medication for you.

Medications for phantom pain - Some medications are effective in treating phantom pain. If you are not able to manage the phantom pain without medication, talk with your doctor to see if these medications would be an option for you.

Caution:

Alcohol may affect how your medication works. Always ask your doctor or pharmacist if it is safe for you to drink alcohol while taking your medications.

A note about sleeping – A good sleep is important for healing. If you do not sleep well, you will not feel well. If you have problems sleeping, talk to your doctor.

Positioning

Some positions can cause tightness in your joints. If a limb is placed in a poor position for a long time, the muscles shorten and cause something called a *contracture*. A contracture does not allow the limb to move normally. It can become permanent if the leg is kept in a bent position for long periods of time and if stretches and exercises are not done frequently.

To prevent contractures, there are certain positions you must avoid. Your physiotherapist teaches you the best positions for you and which positions to avoid.

For above knee amputees (AKAs), you want to prevent contractures from forming at the front of the hip.

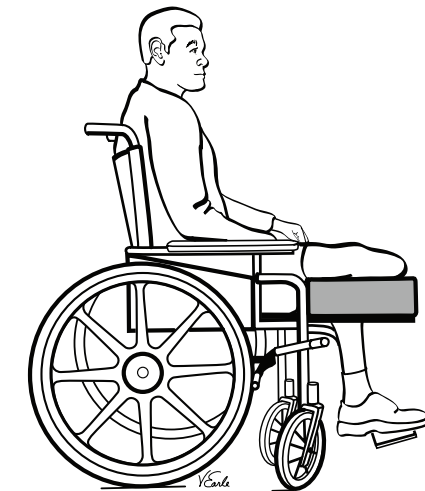
For below knee amputees (BKAs), you want to prevent contractures from forming at the back of the knee and front of the hip.

It is easier to prevent contractures from forming than to stretch them out after they have formed.

Once a contracture forms, it decreases your chance of being eligible for an artificial leg. This is because you won't be able to walk with a prosthesis if you have an extremely bent hip or knee.

Good Positions

- For BKAs, when sitting in your wheelchair, always rest your amputated leg on your amp cushion and amp board.

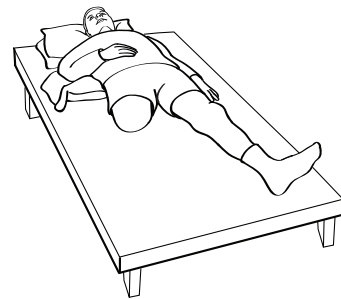
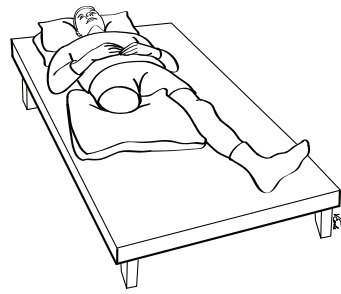


Refer to the 'Exercises' section for stretches and exercises that will help prevent contractures.

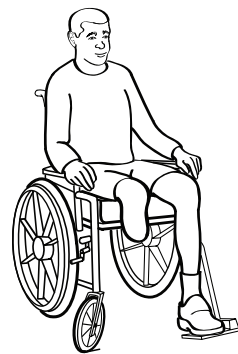
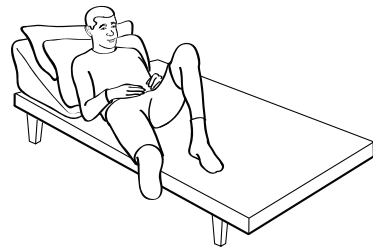
Positions to avoid

For BKAs and AKAs:

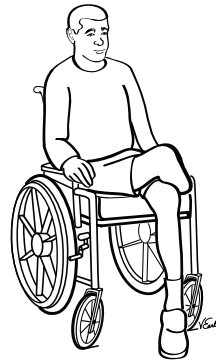
- **Do not** place pillows under your hip, knee, or low back when lying on your back.



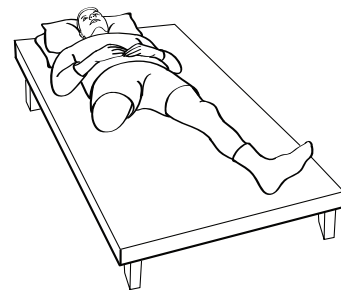
- For BKAs, **do not** hang your stump over the edge of the bed or wheelchair.



- For BKAs, **do not** sit with your legs crossed.



- For AKAs, **do not** rest with stump out to the side.



Never put weight through the end of your stump.

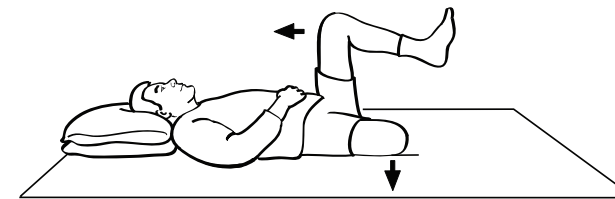
Exercises

Exercises for Above Knee Amputation

* If you feel any pain with any of these exercises, stop and talk to your physiotherapist.

1. Hip Stretch

- Lie on your back.
- Bend your knee up to your chest and hold it with your hand(s).
- Push your straight leg down flat into the bed.
- Hold for 15 seconds.
- Repeat 3 to 5 times on both legs.



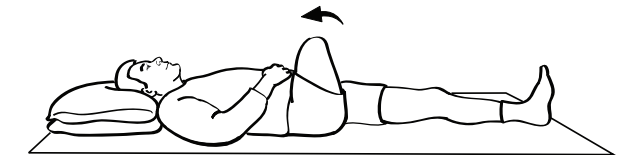
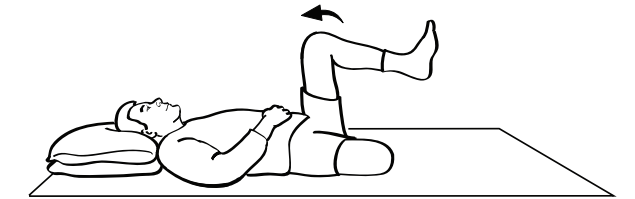
2. Hip Stretch

- Lie on your stomach, with your legs straight.
- Do this for 5 to 10 minutes each day.



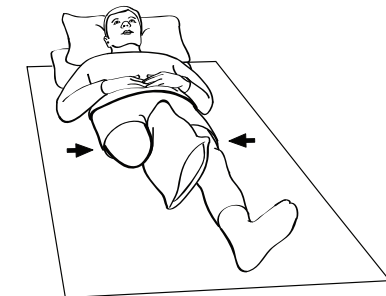
3. Hip Flexion

- Lie on your back with your legs flat on the bed.
- Bend one leg up to your chest.
- Lower the leg back down slowly.
- Repeat 20 times on each leg.



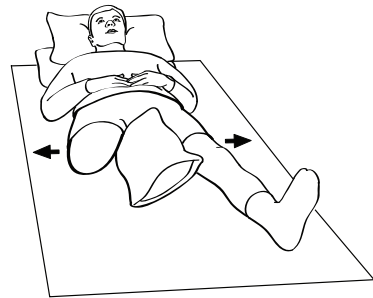
4. Hip Adduction

- Lie on your back with a pillow (or rolled up towel) between your thighs.
- Squeeze your thighs together for 6 seconds.
- Keep your knees flat on the bed and your toes pointing towards the ceiling.
- Repeat 20 times.



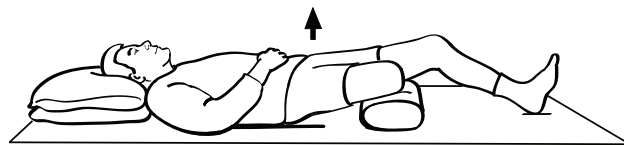
5. Hip Abduction

- Lie on your back with legs straight.
- Slide your legs apart, keeping your toes pointing towards the ceiling.
- Repeat 20 times.



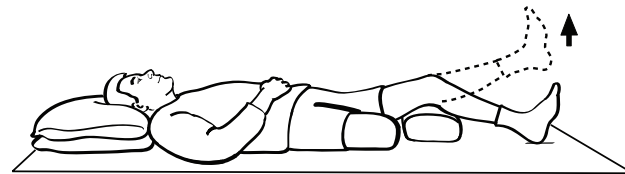
6. Bridging

- Lie on your back with a rolled towel under your thighs.
- Push down on the roll and lift your hips up.
- Hold your hips up for 6 seconds.
- Repeat 20 times.



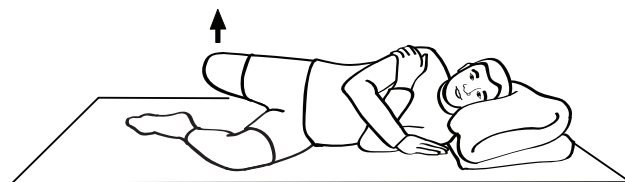
7. Knee extension

- Lie on your back with a rolled towel under your good knee.
- Straighten your knee by tightening the muscles on the top of your thigh.
- Hold for 6 seconds.
- Repeat 20 times.



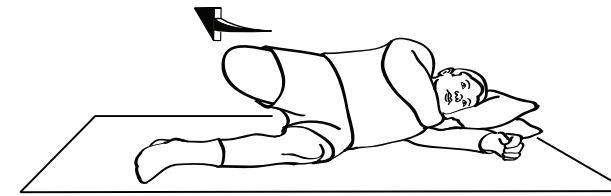
8. Hip Abduction

- Lie on your side.
- Keeping your top leg straight and in line with your body, lift your leg up towards the ceiling.
- Think of lifting your heel up first, toes pointing down.
- Repeat 20 times on each side.



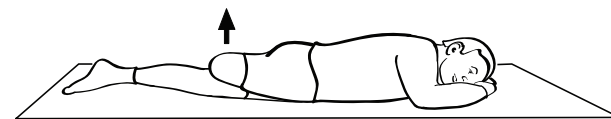
9. Hip Extension

- Lie on your side with your bottom leg bent.
- Move the top leg back behind you. Do not arch your back or roll your body backwards.
- Hold this position for 6 seconds.
- Repeat 20 times on each side.



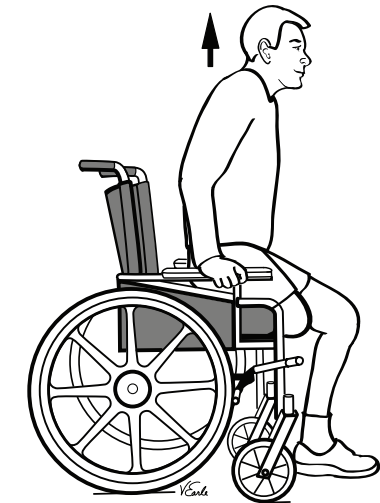
10. Hip Extension

- Lie on your stomach.
- Keep your hips flat on the bed and knees straight.
- Lift one leg up. If you feel any back pain, put a pillow under your hips.
- Repeat 20 times on each side.



11. Arm push-ups

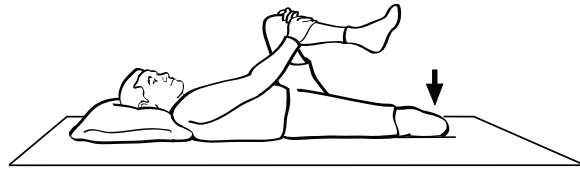
- Sit in a chair with your hands on the armrests.
- Lift your bottom off the seat by straightening your arms.
- Repeat 20 times.



Exercises for Below Knee Amputation

1. Hip Stretch

- Lie on your back.
- Bend your knee up to your chest and hold it with your hand(s).
- Push your straight leg down flat into the bed.
- Hold for 15 seconds.
- Repeat 3 to 5 times.



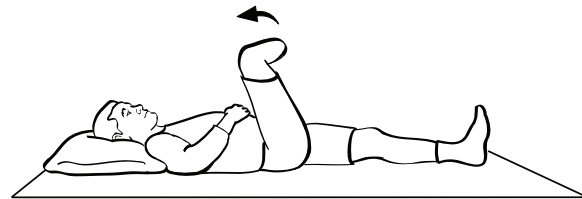
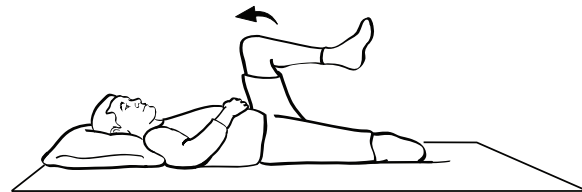
2. Hip Stretch

- Lie on your stomach, with your legs straight.
- Do this for 5 to 10 minutes each day.



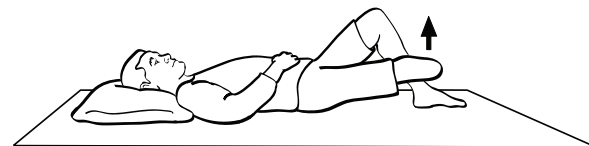
3. Hip Flexion

- Lie on your back with your legs flat on the bed.
- Bend one leg up to your chest.
- Lower the leg back down slowly.
- Repeat 20 times on each leg.



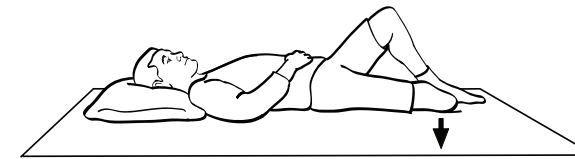
4. Straight leg raise

- Lie on your back with your stump flat on the bed and your good leg bent.
- Lift your stump about 2 inches (5 cm) off the bed, keeping your knee straight.
- Hold your leg up for 6 seconds.
- Repeat 20 times on each leg.



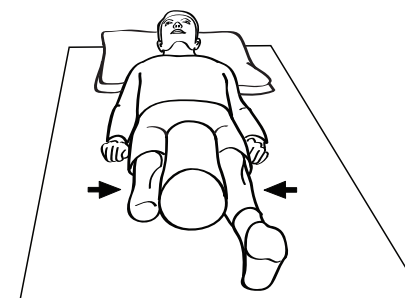
5. Hip Extension

- Lie on your back with your good leg bent and your stump flat on the bed (or up on a rolled towel).
- Tighten the muscles on the front of your thigh and push your straight knee down into the bed (or rolled towel).
- Hold for 6 seconds.
- Repeat 20 times each leg.



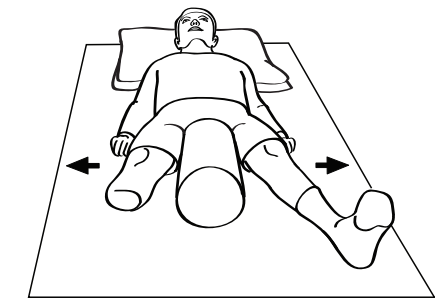
6. Hip Adduction

- Lie on your back with a pillow (or rolled up towel) between your thighs.
- Squeeze your thighs together for 6 seconds.
- Keep your knees flat on the bed and your toes pointing towards the ceiling.
- Repeat 20 times.



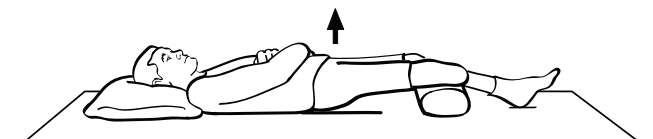
7. Hip Abduction

- Lie on your back with legs straight.
- Slide your legs apart, keeping your toes pointing towards the ceiling.
- Repeat 20 times.



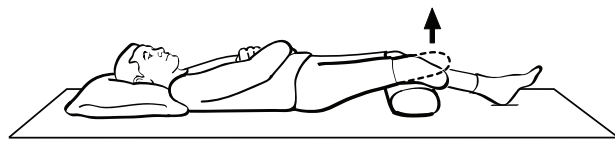
8. Bridging

- Lie on your back with a rolled towel under your knees.
- Push down on the roll and lift your hips up.
- Hold your hips up for 6 seconds.
- Repeat 20 times.



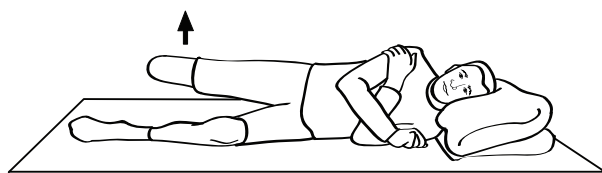
9. Knee extension

- Lie on your back with a rolled towel under your knees.
- Straighten your knee by tightening the muscles on the top of your thigh.
- Hold for 6 seconds.
- Repeat 20 times on each leg.



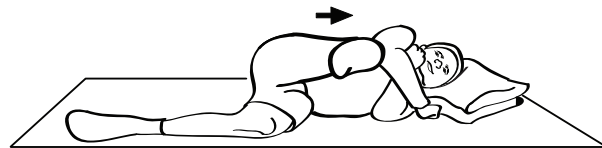
10. Hip Abduction

- Lie on your side.
- Keeping your top leg straight, lift your leg up towards the ceiling (think of lifting your heel up first, toes pointing down).
- Do not let your body roll back as you lift your leg.
- Slowly lower your leg while keeping it in line with your body.
- Repeat 20 times on each side.



11. Hip Extension

- Lie on your side with your bottom leg bent.
- Move the top leg forward then move the leg back behind you. Do not arch your back or roll your body backwards.
- Hold the leg back behind you for 6 seconds
- Repeat 20 times on each side.



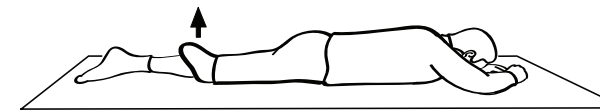
12. Hip Extension

- Lie on your stomach.
- Keep your hips flat on the bed and knees straight.
- Lift one leg up. If you feel any back pain, put a pillow under your hips.
- Repeat 20 times on each side.



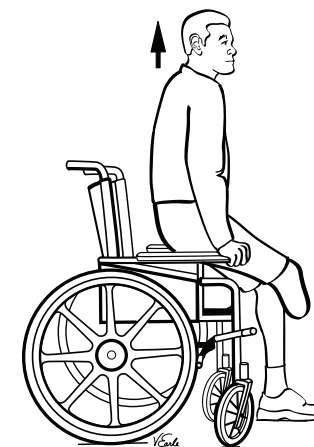
13. Knee flexion

- Lie on your stomach.
- Bend your knee, lifting your lower leg up behind you.
- If you feel any back pain, put a pillow under your hips.
- Repeat 20 times on each side.



14. Arm push-ups

- Sit in a chair with your hands on the armrests.
- Lift your bottom off the seat by straightening your arms.
- Repeat 20 times.



Getting Around

You will use a wheelchair to get around while in the hospital. Later, you may learn to use crutches or a walker.

Pushing yourself around in your wheelchair is good exercise for your arms. When you increase your heart rate, you are giving your heart and lungs a work out too.

Your therapist teaches you how to push yourself in the wheelchair. When we feel you are ready, we will ask you to push yourself around the unit.

Wheelchair safety

Wheelchair safety is very important to prevent falls. Falls may injure your stump or wound and delay healing. This can result in a delay getting your prosthesis.

- Use the wheelchair brakes. The brakes should be on when you:
 - are stopped.
 - plan to get in or out of the wheelchair.
 - want to pick something up off of the floor.
 - want to reach for something.
 - are in a wheelchair taxi or HandyDART.

- Clear the way. Move your footrests and 'amp' board out of the way when you:
 - get out of your wheelchair.
 - want to pick something up off of the floor.
 - want to reach for something.
- Go slow. Always go through doorways and around corners with caution. Slow down and look before proceeding. Watch your knuckles!
- Steady yourself. Never use the brakes to control your speed – it could send you flying! Use your hands on the hand rims to control your speed when going downhill and wear bike gloves to protect your hands.
- Stick to the middle. Place your wheelchair in the middle of a ramp when going uphill or downhill.
- Stay alert. Always be aware of what is going on around you to avoid hitting someone or something.

Hopping

Many people ask us about hopping as a way to get around. Hopping is not for everyone. It can be very demanding on the joints, muscles, lungs, and heart. It can also damage the remaining foot and cause problems.

To be able to hop, you need:

- a strong upper body.
- strong leg muscles on the remaining leg.

You need this strength so you can lift and lower your body weight and keep

from slamming your remaining foot into the floor as you hop.

Hopping is not a good idea for people with:

- diabetes.
- peripheral vascular disease.
- foot deformities.
- arthritis in the arms or remaining leg.
- heart or lung conditions.

Hopping may increase your risk for falling, which could cause injury to the stump or wound and delay healing.

You may need to learn to hop if:

- You can't change your home so you can get in and out of your home easily in a wheelchair.
- You can't move around easily in your home in a wheelchair.

If you need to learn how to hop, your physiotherapist will teach you to hop using parallel bars, then using a walker or a set of crutches.

Always wear shoes when hopping.

Transfers

A 'transfer' is when you move safely from a bed to a chair, from a wheelchair to the toilet, or from the toilet to a wheelchair.

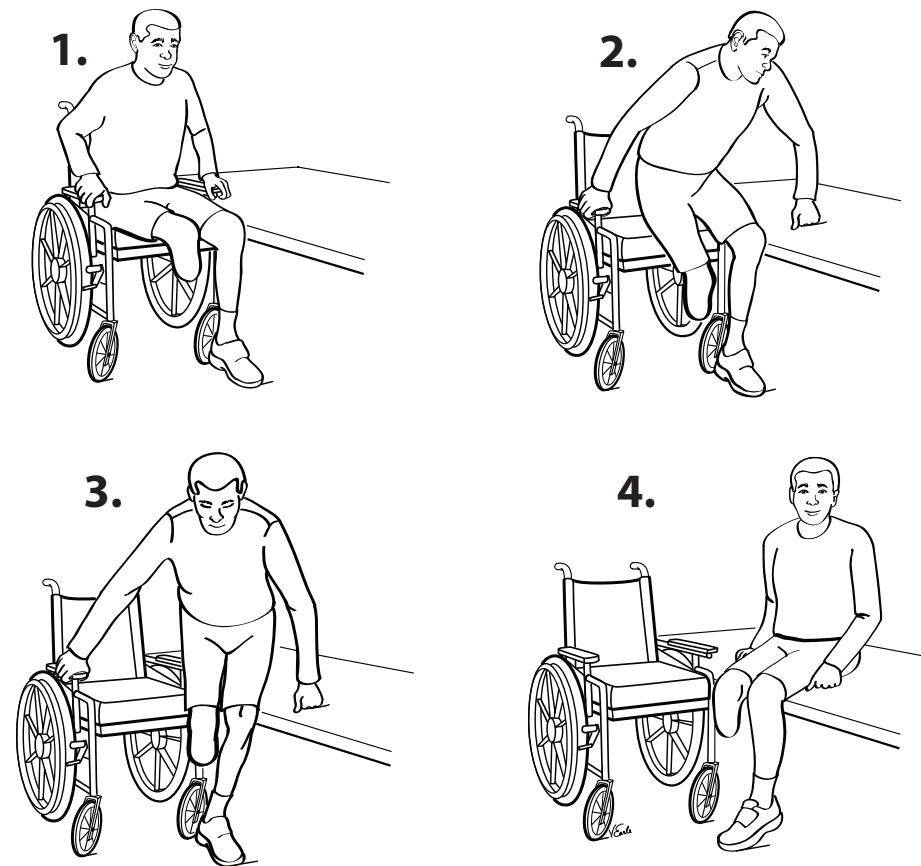
While in the hospital, you will have a wheelchair with a seat cushion, an 'amp' board and an 'amp' cushion.

There are different ways to transfer. Your physiotherapist and occupational therapist will teach you the safest way for you to transfer to and from:

- the wheelchair
- the commode chair
- the toilet
- the bed

Here are three examples of transfers:

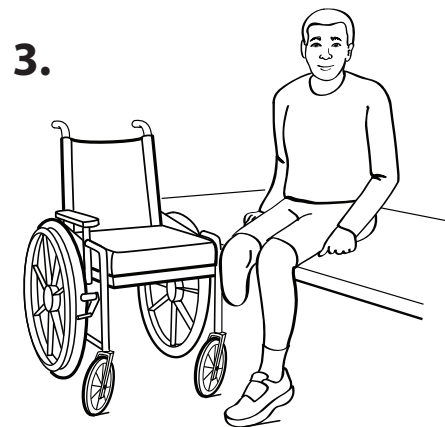
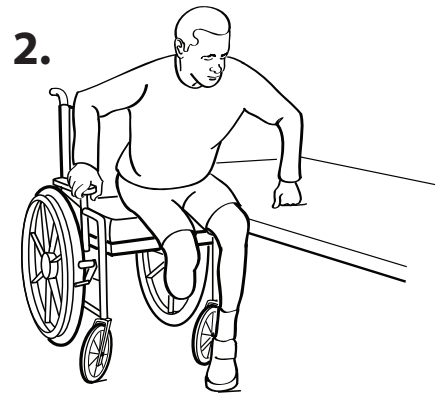
1. Standing pivot transfer



Whenever you transfer:

- ✱ *always* put the brakes on before you get in or out of the wheelchair.
- *always* move the 'amp' board out of the way.
- *always* move the foot pedal out of the way.
- *always* place your foot on the floor.

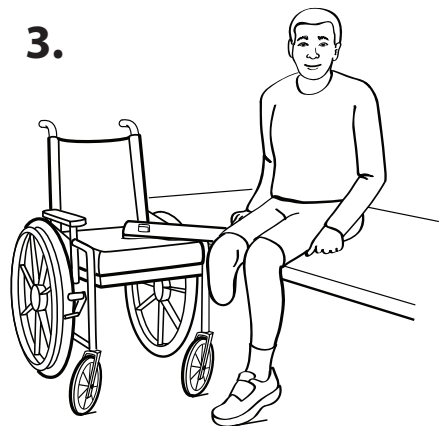
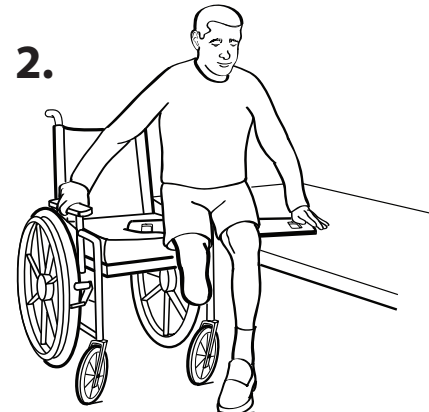
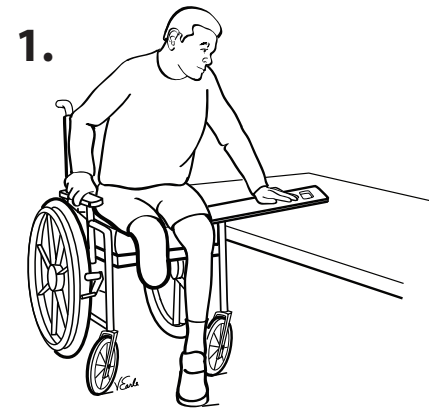
2. Lateral transfer



Whenever you transfer:

- ✘ *always* put the brakes on before you get in or out of the wheelchair.
- always* move the 'amp' board out of the way.
- always* move the foot pedal out of the way.
- always* place your foot on the floor.

3. Sliding board transfer



Caring for Yourself

Helping your wound heal

Your wound must be well healed before you can have a prosthesis. All of your stitches or staples must be out and the wound must not have any scabs or open areas on it.

Healing time is different from person to person. It may be weeks or months. No one can tell you how long it will take for your wound to heal completely. It can be frustrating to wait for your wound to heal.

Things that delay healing:

- Smoking.
- Infection.
- Poor blood flow from not being active or from high blood pressure.
- Not eating healthy foods or not eating regularly.
- Injury, especially direct injury to the stump.
- High cholesterol.

Things you can do to help with healing:

- Do your exercises as directed by your physiotherapist.
- Do not touch or pick at your scab.
- Stop smoking.
- Eat nutritious foods including fruits and vegetables.
- Be careful not to bump or fall on your stump.

- If you have diabetes, carefully monitor and control your blood sugars as directed by your family doctor.
- If you have a high blood pressure or high cholesterol, see your family doctor about controlling these.
- Talk to your nurse or surgeon if you have any concerns with how your wound is healing.

Care of your stump

For two to five days after surgery, your stump is quite swollen and wrapped in a large bandage. It is okay to start gently moving your stump.

As your wound heals and your bandages become smaller, look at and gently touch your stump. This can help relieve phantom pain and sensation, reduce sensitivity, and increase how much pressure your stump can tolerate. It may also help you accept the loss of your leg.

Once your wound is healed, get into the habit of doing the following routine every night:

- Wash your limb carefully using non-perfumed soap and lukewarm water.
- Rinse your limb thoroughly to remove all the soap. If left on, soap can irritate your skin.
- Gently pat your skin dry with a towel.

Care of your stump, *continued*

- Gently rub a small amount of lotion on your skin if it is dry. Do not apply any heat-producing lotions. They can burn your skin. Check with your surgeon or the rehabilitation and physical medicine doctor (physiatrist) about what lotions are best to use.
- Check your skin for irregularities. Use a mirror or ask someone to help you check. Call your surgeon if you notice anything unusual.

Contact your family doctor or surgeon right away if you notice a sudden increase in pain along with redness and warmth of your stump. These are signs of infection.

Care of your remaining leg

It is very important to look after your remaining leg. Wash your leg every day using a non-perfumed soap and lukewarm water. Gently pat the skin dry, especially between your toes. If your skin is very dry, use a small amount of moisturizing lotion. Never apply lotion between your toes.

Care of your remaining foot

Keep your toenails short and cut straight across. Be very careful not to cut or scratch your toes. You may need help cutting your nails if:

- Your nails are very thick.
- Your eyesight is poor.
- You have diabetes or problems with your circulation.

If you need help cutting your nails, a podiatrist (or a specially trained foot care nurse) can do this for you.

Rest your leg up on a foot stool when you are sitting down. This will help control swelling.

Walk short distances regularly to improve your circulation. If you notice a lot of swelling, redness or an open sore, report it your family doctor immediately.

Socks

Do not use a sock that has elastic around the top. These can cause pressure and slow down the circulation in your leg.

Change your sock daily.

Shoes

It is important that your shoe fits well and supports your foot.

Check your shoe regularly to make sure there are not any rough areas on the inside. These could rub your foot and cause a sore.

Tips for buying shoes:

1. Fit – A shoe should be comfortable at the time you buy it. Do not depend on it stretching out. Your shoe should not feel tight when you are standing. Choose a shoe that supports your foot, but gives you lots of room to move your toes. Choose a shoe with as few seams as possible.
2. Sole – The sole of the shoe should be flexible. Leather is often too hard and makes walking more difficult. Avoid shoes with heavy soles.

3. Material – The material of the shoe should be soft. The shoe needs to be firm around your heel to give your foot good support. If possible, choose a shoe that is lightweight.

4. Lacing – The shoe should be easy to put on and fasten with laces or Velcro. Lace-up shoes can be loosened if your foot swells.

People with diabetes

- Inspect your foot every day for blisters, cuts, and scratches.
- Use a mirror to help see the bottom of your foot.
- Always check between your toes for sores, blisters, cracks, or dry skin.
- Ask for help if your vision is impaired. Have a family member inspect your foot daily, trim your nails, and buff down calluses. A podiatrist (or a specially trained foot care nurse) can also help you with foot care.
- Wash your feet daily and dry them carefully, especially between the toes.
- Wear a sock at night if your foot is cold.
- Inspect the inside of shoes daily for foreign objects, nail points, torn linings, and rough areas.
- Take special precautions in winter to keep your foot warm. Wear a wool sock and protective footwear like a fleece-lined boot.

- If you develop a blister or sore on your foot, arrange to see your family doctor or podiatrist right away.

- Do not walk on hot surfaces such as sandy beaches or the cement around swimming pools.
- Do not walk barefoot.
- Do not use chemicals to remove corns and calluses.
- Do not use corn plasters.
- Do not use strong antiseptic solutions on your foot.
- Do not use adhesive tape on your foot.
- Do not soak your foot in water.
- Do not use hot water bottles or heating pads on your foot.
- Do not wear shoes without socks.
- Do not wear sandals where a strap goes between your great toe and second toe (flip-flops).

Getting Ready to Leave the Hospital

Our goal is for you to return home. However, not everyone can safely live at home after a leg amputation.

Where you go once you are ready to leave the hospital depends on several things including:

- Can you get a wheelchair into your house and move around all parts of your home? If not, can you modify your home so you can get around easily?
- How easily are you moving around in the hospital?
- Do you have anyone to help you at home?
- Do you have any medical conditions that would prevent you from managing safely at home?
- Are you getting a prosthesis?

You may go directly home. You may live at home while you wait for your wound to heal. If you are getting a prosthesis, you may attend an outpatient physiotherapy program to learn how to use it.

If the layout of your home is not wheelchair-friendly, you may not be able to go home right away or at all. If changes can be made to your home, you might stay with family or at a rehabilitation facility until the renovations are done.

If you live alone and/or are too weak to manage safely at home, you may

be transferred to a rehabilitation program. You stay there while you work on increasing your strength and endurance. If you are getting a prosthesis, you will get it and learn how to use it while in the rehabilitation program.

If you are not able to live at home at all, we work with you and your family to find you a different place to live that allows for movement in a wheelchair or offers more support services.

Options include:

- Wheelchair-adapted apartments, condominiums, or town houses
- Private or government-supported seniors' apartments
- Private or government-supported assisted living facilities that provide meals and some support services
- Extended care facilities (such as nursing homes or auxiliary hospitals) that provide meals, support services, nursing care, therapy, and staffed 24 hours a day

Each facility has rules about who is eligible to receive their services.

Preparing Your Home

Depending on your home, you may need certain equipment or make certain changes so you can move around safely.

Whether or not you get a prosthesis, it is always best to have your home set up to manage without a prosthesis.

You may not be able to wear the prosthesis because of stump pain or wounds, or because it needs repair.

Wheelchair

We feel anyone with a leg amputation should have a wheelchair available. Even if you are very comfortable and safe hopping with crutches or a walker, there will be times when it is safest for you to use the wheelchair. Your occupational therapist will tell you the type of wheelchair that best for you.

Cushion

You may spend a lot of time in your wheelchair. Without a cushion, your backside (buttocks) can get quite sore. Your occupational therapist will suggest different seat cushions that will work for you. Some seat cushions are made specially to lower the risk of developing pressure sores on your buttocks.

Amp board with Amp cushion

If you have a below knee amputation, you must keep your knee straight. This prevents the knee from becoming stiff in a bent position (a contracture). An amp board and cushion keeps your knee straight when you sit in a wheelchair without a prosthesis on.

Equipment

Your occupational therapist helps you get the equipment you need at home such as a wheelchair, bath seat, grab bars or raised toilet seat. Your physiotherapist helps you get the walking aids you may need (such as a walker or crutches).

Ramp or mechanical lift

We strongly suggest you have a ramp or mechanical lift installed if your entrance has stairs and you are not able to hop safely with crutches.

Other changes your home may need

To help you get around safely and reduce the risk of falling, you may need to:

- Move furniture.
- Widen doorways (so a wheelchair can fit through).
- Remove scatter rugs.
- Clear away any cluttered areas.
- Add extra lighting.
- Install staircase railings on both sides of stairways.
- Install grab bars for the bathtub/shower and toilet areas.

We know some of these changes cost money. Your occupational therapist and social worker can help you find out if you are able to get financial help from Fair Pharmacare, Persons with Disabilities, WorkSafeBC, ICBC, or private insurance.

Safety

Make sure you have an emergency contact in case you fall or need help. If you are worried about falls, carry a cell phone with you or talk to your team about the Lifeline Programs.

Tips for Living at Home

Everyday tasks like making a bed, getting the mail, or entertaining friends and family will take more time and energy than they did before your amputation. This can be frustrating. With practice, your energy will improve. So will your ability to do things.

Here are some ways you can make things easier for yourself:

- Decide which tasks are the most important and plan ahead.
- Take rest breaks.
- Ask family and friends for help.
- Make changes to your home to make things easier.
- Allow extra time to get things done.

Driving

If you want to return to driving, talk to your occupational therapist. You may have to do one or more of the following before you can start driving again:

- Pre-driving screens – A series of tests to make sure that you can drive safely.
- Driver's medical – A form completed by your family doctor and sent to the Office of the Superintendent of Motor Vehicles.

- 'Drive-Able' – A computer simulation that tests your ability to drive. There is a 'Drive-Able' program at Holy Family Hospital.
- Driver rehabilitation services – A service that identifies what changes are needed to your car. They also check that you are able to use your car safely with these changes. Services are available through Holy Family Hospital, GF Strong, and through private driver rehabilitation services.
- On-road driving re-test – The Office of the Superintendent of Motor Vehicles (OSMV) may require that you pass a road test to show that you can drive a vehicle safely.

If you are unable to drive or need help using public transit, TransLink offers a service called HandyDART across the Lower Mainland. It is a door-to-door, shared-ride service using special vehicles for passengers with physical or mental disabilities. Ask us for more information. You can also go to www.translink.bc.ca and search for HandyDART.

Prosthesis

You may or may not benefit from a prosthesis. Your team helps you decide if a prosthesis is right for you. Many people do fine without one.

Below Knee Amputation

A prosthesis can help you transfer and walk. Most people with a BKA benefit from a below knee prosthesis.

Above Knee Amputation

A prosthesis will not help you transfer. A prosthesis may help you walk but first you have to be able to transfer and stand with a walker by yourself.

Things that can affect your ability to use a prosthesis:

- Medical conditions that limit the amount of activity you can do safely
- An open wound on your foot or other problems with your non-amputated leg that prevent you from standing or walking on it
- Poor vision
- A very stiff and bent hip or knee (a contracture)
- Poor memory, poor judgment, or poor problem-solving abilities

Choosing a prosthetist

It is important to have a good working relationship with your prosthetist.

What to think about when looking for a prosthetist:

- Where is the clinic located?
- Is it clean and comfortable?
- Is there parking available?
- What are the business hours?
- Will the prosthetist be there full time and available when you need an appointment?

We give you a list of prosthetists in the Lower Mainland. We encourage you to interview prosthetists. Find one you trust and feel comfortable with since this is someone you will be working with for many years.

When you first get your prosthesis, you see your prosthetist often to make sure it is fitting your correctly. The prosthetist also helps you practice using your new prosthesis.

In the years to follow, the prosthetist repairs or replaces the prosthesis so that it is still comfortable and working for you.

Always contact your prosthetist if you have any concerns with the 'fit' or the 'function' of your prosthesis.

Prosthesis Costs

You are responsible for paying for your prosthesis. You may be able to get help with the costs through your insurance.

A) Fair PharmaCare

Fair PharmaCare provides eligible BC residents with financial help with medical costs. Fair PharmaCare covers most prostheses and prosthetic supplies. Before you can apply for Fair PharmaCare, your BC Medical Services Plan (MSP) account must be up-to-date.

To register for Fair PharmaCare, either call or register online

- 604-683-7171 or 1-800-663-7100
- www.health.gov.bc.ca/pharmacare

You will be asked some basic questions about your income. If you register by phone, forms are sent to you to complete. You must return the completed forms within 30 days or your benefits will stop.

Your prosthetist can help you fill out the form but it must be signed by you. PharmaCare must approve the funding before you get your prosthesis. It can take a few weeks for your request to be approved.

You will have to pay a deductible. This is the amount you pay before Fair PharmaCare starts to help pay for eligible costs. Your annual deductible is based on you and your spouse's net income from two years ago. This means you must have submitted a tax return for that year.

For more information on this program, go to www.health.gov.bc.ca/pharmacare.

B) Other insurance

Many employers have extended health benefit insurance plans. The plan often covers prosthetics. Check your plan to see if you have coverage.

Let your prosthetist know if you have coverage for your amputation or prosthesis through your Extended Health Benefits plan, WorkSafeBC, ICBC, or Non-Insured Health Benefits. Your prosthetist will fill out the necessary funding paperwork. You must receive approval for funding before you get your prosthesis.

If you have questions about the costs for your prosthesis or help with the costs, ask your prosthetist or the prosthetic clinic staff.

Terms to know

Amputee Board with an Amputee Cushion

A special board with a small cushion that you rest your leg on to help keep your knee straight.

Contracture

When a limb is placed in a poor position for a long time, the muscles shorten and stay in the contracted position. This condition can become permanent.

Intravenous

Intra meaning 'into' and venous meaning 'vein', commonly called an IV. A needle is used to place a small flexible tube (catheter) into a vein of an arm or hand. This intravenous catheter is connected to an IV set up and used to give you fluid and medication after your operation.

Prosthesis

A device made to replace the missing part of a limb, commonly called an 'artificial leg'.

Shrinker sock

A special elastic sock used instead of an elastic bandage. It helps reduce swelling of the stump.

Stump

The remaining part of the amputated limb.

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Providence Health Care

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