

Major Trauma Discharge advice for adult patients who have had an amputation of a lower limb

Aintree University Hospital 
NHS Foundation Trust

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This leaflet has been designed for patients who have sustained or undergone an amputation of a lower limb secondary to major trauma

What is an Amputation?

Amputation involves the removal of the leg to a level above the injured area.

Reasons for Amputation

Most amputations in relation to trauma are carried out as a last surgical resort.

Reasons for amputation include:

- Unsalvageable lower limb from extensive bone skin and or vessel injuries
- Already partially amputated limb from the immediate trauma
- Unmanageable life threatening bleeding from one or more major blood vessels

Types of surgical Amputation

Below is a list of the common types of amputations:

- Symes or Ankle Disarticulation - amputation of the foot
- Transtibial - amputation at mid-calf
- Knee Disarticulation - amputation through the knee joint
- Transfemoral - amputation at mid-thigh
- Hip Disarticulation - amputation through the hip joint

- Transpelvic (hindquarter) - amputation of the whole leg and the pelvis on the same side

Risks

Every surgical procedure has a spectrum of risks that are being classified within four categories:

- Risks common to general anaesthesia
- Risks common to all surgical procedures
- Risks and possible complications of an emergency amputation procedure
- Risks or complications of the proposed surgical treatment that is specific and unique to the patient.
- post-operative pain
- bleeding
- phantom limb sensation
- delayed wound healing
- infection
- haematoma (a collection of blood)
- blood clot

Later stages:

- revision surgery
- persistent phantom limb sensation

After the operation

You will be either kept in hospital as many days as its felt required by your treating team. Length of stay can be longer if you have sustained any other injuries during your trauma.

Drains

Drains can be used and temporarily left in the surgical wound for a day or two.

Skin staplers or stitches

Your team will give you advice about how your wounds were closed and how to care for them.

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre 10 – 14 days after your operation.

Your discharging nurse will inform you what arrangements have been made for the removal of your staples/sutures.

Dressings

You need to keep the scar / scars covered after an emergency amputation. In the initial 5 days' post operation you will have a heavy bulky dressing to control swelling and post op wound leakage.

This will normally be stripped down after 5 days and a lighter dressing applied.

You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Stump Care

Wash your stump daily with mild soap and warm water. If you are concerned about any scabs or unhealed areas, ask the nurses for advice.

Check your skin daily for any broken areas. You may need to use a mirror or get someone else to check for you.

Dry the skin thoroughly. Avoid excessive talcum powder. Do use a gentle moisturiser e.g. E45, but avoid open areas.

If you have been issued a compression sock (brown sock) to reduce swelling in your stump, use this when you are not wearing your prosthesis. Follow the advice on the sheet given when the sock was issued.

What are phantom limb sensations?

After the surgery, it is very common to experience the presence of the leg that has been removed. This is known as a 'phantom limb sensation'.

You may experience this sensation as tingling, numbing, warmth, coldness, heaviness or burning. The healing process could also add to the discomfort you feel in your leg.

There are a variety of methods that can help reduce the different feelings you have, so discuss any concerns with the staff helping you.

Therapy

During your inpatient stay you will have been assessed by one or more the Therapy team.

The therapy team includes practitioners from Physiotherapy, occupation therapy, dietetics, speech and language. The therapy team will have assessed your needs whilst being in hospital and for your discharge.

This would have been discussed with yourself and relatives is appropriate. The team will give go through exercises and adaptations to your life style required after this type of injury/operation.

We do not issue wheel chairs for short term users. The team will give you the appropriate contact information regarding this.

Psychology Services

The major trauma service offers an inpatient psychology service. The team will discuss with you/relative about this service if they feel or you feel that it would be beneficial to be referred to the service

Discharge

Whilst you were in the Major Trauma Centre, we closely observed you, monitored your blood pressure, heart rate and blood count for signs of possible bleeding and other complications related to your injury.

Now you are ready for discharge. However, remember that your wounds may not have healed yet.

Discharge summary, medical advice, sick note, and medicines will be given to you on the day of discharge from the hospital.

The inpatient pain team will have spoken to you about your painkillers to take home. They will also write to your GP about the plan to step down your pain killers whilst in the community.

The first 24 hours post discharge

You should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Some symptoms can be normal following the operation

They do not require a return to hospital but you should be aware of them. These symptoms are as follows:

- ✓ mild pain in your stump
- ✓ Intermittent nausea
- ✓ Mild tummy distension
- ✓ Mild elevation of body temperature

Some discomfort around the operation site is normal. However, if symptoms are constant or if they are increasing you should seek advice from:

- ✓ Your GP
- ✓ Major Trauma Nurse Coordinators
- ✓ Colorectal nurse specialists
- ✓ Nursing staff on Major Trauma Ward

You may also contact the secretary of your consultant and leave a message for the surgical team.

If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department.

VTE (venous thrombi-embolism)

VTE is a collective term for 2 conditions:

- DVT (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood
- PE (Pulmonary embolism) – a potentially fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, the risk of VTE is higher.

VTE is a major health risk in the UK. Your consultant will discuss with you if intervention with anticoagulation (blood thinners) is required.

Things that you can do to prevent VTE:

- Mobilise as instructed by the consultant and therapy teams.
- Keep well hydrated – drink plenty of water.
- We strongly advise you not to smoke. This is a great opportunity to stop smoking. The ward staff or your GP can help you to access smoking cessation services.
- If you have been recommended anticoagulation therapy, please comply fully with the treatment for the duration of the course.

Some patients will be discharged home with blood thinning injection. Your Consultant, Pharmacist and Nursing team will speak to you re this.

Symptoms:

- Swelling – you may already have some swelling of the legs, but increase in swelling needs to be assessed.
- Calf tenderness and increased pain.
- Heat and redness in one or both legs.
- Unexplained shortness of breath.
- Chest pain when breathing in.

A blood clot can occur without any symptoms. If you have any concerns seek immediate advice.

When should you return to hospital?

We know that most people recover well after an amputation, and they do not experience complications.

Your recovery may be affected by other injuries you have sustained and or any previous medical problems.

However, you should bear in mind that there always is a risk of developing complications after every injury and operation, either minor or major. That would mean that:

- ✓ You have to return to A&E or Major Trauma Centre at once if your stump pain begins suddenly or worsens, or general weakness, dizziness, or any fits, i.e. collapsing or passing out suddenly, occur. Sudden vomiting is also a sign of an emergency condition.
- ✓ Your wound has an offensive smell or shows other signs of infection
- ✓ You should also return to A&E or Major Trauma Centre if anyone is telling you that you are pale.

- ✓ You should return to A&E or Major Trauma Centre if you suffer from spikes of fever, rigors, shivering or chills, for this may be the signs of infection.

Pain control

Painkillers will be prescribed for you for about 5 – 10 days. Your GP will be able to assess you for further pain control.

They may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering. Fresh fruit and vegetables will help to keep your bowels moving regularly.

When do I get my artificial leg?

A member of the multidisciplinary team will discuss limb fitting with you and explain the process involved. If it is felt that you will manage an artificial leg, a referral will be made to a limb fitting centre.

You will normally be seen at the limb fitting centre four-six weeks after your operation

The psychological and emotional impact of amputation

Having an amputation is a life-changing experience. As you adjust to this change it is normal to have a range of emotional reactions that come and go.

Some of the most common ones are listed below. However, everybody is different and your reactions and concerns may not necessarily be the same as these.

Early on you may have feelings of shock, disbelief, bewilderment or, perhaps, relief. Many people feel sadness and for some the sense of loss can be at times overwhelming. You may experience anger about what has happened and / or frustration as you begin to adjust to doing things in different ways.

You may have anxieties about how you will cope and about how your life will be from now on.

It is also natural to experience, for a time, reduced self-confidence and self-esteem.

Over time you will hopefully begin to adjust to the new situation which may involve learning new skills, adopting new roles and establishing new goals for yourself for the future.

Having an amputation also often has an impact on your relationships with other people whether it be partners, family members, friends or strangers.

The way you see and feel about yourself affects how you interact with others and it is natural for a time to have concerns regarding how other people will react to your limb loss.

It is normal to feel anxious or even avoid talking to family members and friends about the amputation perhaps because of fears concerning how they might feel and react or to avoid causing them and/or yourself further emotional pain.

Similarly, other people may avoid talking about the amputation with you which can feel uncaring and hurtful but is often about not knowing what to say or fear of saying the wrong thing and causing further upset.

Often you will find that actually discussing these issues although it may be initially upsetting, will help to work through any problems in the relationship that have arisen.

You may find that how you feel about intimacy, sexuality and having sex is affected by amputation. A person's sexuality is a unique part of who they are.

It includes how they feel about their body, how they relate to others, and how they feel about physical contact with another person and with themselves.

Feelings or concerns about these aspects of yourself are natural following amputation.

Making sense of your own particular reactions and concerns can be difficult. They may feel very personal and you will have only your own experience to go by.

It can help to talk to a partner if you are in a relationship, or to a close friend or family member. You may find it helpful to speak to one of the clinicians in your care.

If at any time you feel that you would like to have someone independent to talk to in confidence about your emotional adjustment.

Am I entitled to any benefits?

The Department of Social Security (Benefit Enquiry Line 0800 882200) and the Citizen Advice Bureau (CAB) are two organisations that can advise and assist you with financial and benefit queries. The Social Worker can also discuss with you any benefits you may be entitled to, such as Incapacity Benefit, Disability Living Allowance (if you are under 65 years), Attendance Allowance (if you are over 65 years) and Invalid Care Allowance (for carers).

As each person's situation is unique, it is best to have a benefits check by a social worker or staff from DSS and CAB to maximise your income.

It is important that you do not miss any of your follow up appointments

Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma or Emergency General Surgery Clinic to ensure that your injury is healing and for us to also monitor how you as a whole are recovering from your injury.

You will also be seen at prosthetic limb clinic.

Sometimes if a patient is out of the area it may be that you are referred back to your local hospital for further follow up.

Who do I contact if I have questions or concerns?

- ✓ Major Trauma Nurse Coordinators:
Contact Hospital switch board on 0151 525 5980 and ask switchboard to bleep 5428. This service is available 7 days a week from the hours of 8 am to 8 pm.
- ✓ Major trauma ward manager
Vanessa Lownsborough (0151) 529 8278
- ✓ Nursing staff on Major Trauma Ward:
Telephone number: 0151 529 6255
- ✓ During working hours 8am - 5pm
Monday to Friday you can Contact the secretary and leave a message for the surgical team. 0151 529 4663
- ✓ If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.
- ✓ Seek advice from your GP.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2104

Email: interpretationandtranslation@aintree.nhs.uk