

Patient information

Amputation and Debridement

Vascular Department

Your Consultant / Doctor has advised you to have an amputation and/or debridement

What is amputation and/or debridement?

- Amputation is removal of all or part of a limb. Amputations nearly always involve the lower limb and this leaflet will concentrate on lower limb amputation.
- Debridement is the medical term used to describe removal of dead tissue. Tissue death can occur with gangrene, ulcer, trauma or infection.

Sometimes the circulation in a leg can be reduced to such a severe level the leg can no longer stay alive. Your doctor will already have had the discussion with you regarding any possibility of improvement of the circulation: losing the limb through amputation is very much the last resort. In most cases there is time for you to discuss this with your family and plan for some rehabilitation – in others the surgery has to be undertaken as a matter of urgency to save your life.

Continuous severe pain in the leg, severe infection, excessive gangrene and trauma are the commonest reasons for amputation. If you have diabetes there may be a combination of severe infection and arterial disease.

The main sites of major amputation are above the knee, through the knee (uncommon) and below knee.

Minor amputation includes removal of one or more toes.

What are the benefits of amputation and debridement?

The aim of amputation and debridement is to remove the dead tissue, remove a source of infection and to stop infection and gangrene spreading. Amputation and debridement can stop the severe pain of infection and ischaemia (loss of blood supply). A major amputation may be necessary to save your life.

What are the risks of amputation and debridement?

Common risks (greater than 1 in 10) include the risk of wound infection and failure to heal the wound. If this is excessive it may be necessary to repeat the amputation at a higher level or remove more tissue.

Patients are often left with the phantom sensation that the leg is still there after the operation. Some patients may experience persistent severe pain as a result of this sensation. A variety of analgesics (painkillers) and pain modifying drugs such as gabapentin and pregabalin are used to treat this.

Occasional risks (between 1 in 10 and 1 in 100) include the risk of internal bleeding requiring further surgery, chest infection that may require antibiotics and physiotherapy.

Deep vein thrombosis (blood clot in a deep vein) and pulmonary embolism (blood clot in the lung) may occur as can heart attack, stroke or a transient ischaemic attack (stroke symptoms lasting less than 24 hours) and kidney failure. For some patients (1 in 10) these risks can result in a fatal complication.

Are there any alternatives available?

Your doctors and surgeons will already have explored the possibilities of improving the circulation, treating any infection and prescribing pain relief – amputation is recommended because the alternative of doing nothing will lead to serious deterioration in your health and a risk to your life.

Smaller areas of dead tissue can be chemically debrided with gels and dressings. Larvae therapy (maggots) can also be used to remove small areas of dead tissue.

What happens if I decide not to have the treatment?

If the areas of dead tissue are small you may get by with larvae or chemical debridement. If a large section of the foot or leg is affected the infection and gangrene are likely to spread with a serious risk to your life.

Some patients are just too unwell to have any surgery and will need palliative (end of life) care.

What sort of anaesthetic will be given to me?

You will be given a general or spinal anaesthetic.

General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.



Spinal anaesthesia involves injection of an anaesthetic agent into the coverings of the spinal cord in the back. This will numb the lower half of your body and allow lower limb surgery to proceed without pain.

Side effects include headache, low blood pressure and temporary paralysis (numbing of the nerves to muscles). Very rarely nerve damage to the spinal cord can result in permanent numbness, pain or paralysis.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be admitted urgently to hospital because of infection, gangrene or persistent pain.
- Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- If you smoke, you should stop completely. The risks of stroke are greatly increased in smokers and there are additional risks of heart attack and lung disease with surgery. Advice and help is available via your physician, GP and through NHS Direct.

The day of your operation

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.



- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing rate and urine output regularly. We will also carefully monitor your wound for any bleeding or swelling.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water.
- Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- After a few days, you will be allowed to sit out, drink and eat.

Going Home

If you have had a minor amputation or debridement you should be able to return home within a week unless you have further complications with the wound. Patients who undergo a major amputation may require a prolonged stay in hospital. This all depends on how quickly the wound heals, any complications and home circumstances.



Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

The surgeon usually uses a dissolvable suture in which case you may not require the District Nurse. This will be discussed with you before discharge.

Rehabilitation

Patients undergoing major amputation will require a prolonged period of physiotherapy and rehabilitation. Rehabilitation may involve transfer to another hospital nearer your home. Adjustments may be needed at your home to manage your disability. Some patients may need to change their accommodation if it is completely unsuitable for disabled access.

You will be measured for a wheelchair while you are an inpatient on the ward. You will also be referred to the Limb Fitting Centre at Aintree Hospital for psychological support and you will have an assessment regarding suitability of a prosthetic limb.

It may be possible for you to return to driving with your disability with additional controls.

Further Appointments

You will have a follow up appointment in vascular outpatients about six weeks after discharge in addition to further appointments at the Aintree Limb Fitting centre.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.



Further information

LiVES Contact Numbers

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

Vascular Ward

Ward 3

Aintree University Hospital

Tel: 0151 529 2028/2262

Vascular Nurses:

Aintree via switchboard

Tel: 0151 525 5980 Bleep 5609/5594 or extensions 4691/4692

Royal Liverpool Hospital via switchboard

Tel: 0151 706 2000 Bleep 4212 or extension 4675

Text phone number: 18001 0151 706 2000 Bleep 4212

Southport via switchboard

Tel: 01704 705124

Whiston Hospital

0151 290 4508/ 430 4199

Secretaries:

Aintree University Hospital

Tel: 0151 706 3691/ 3523/3524/3481/3457/11813

0151 529 4950/4953

Southport/Ormskirk Tel: 01704 704665

Whiston Hospital

St. Helens and Knowsley NHS Trust

Tel: 0151 430 1499

NHS 111

Tel: 111



Circulation Foundation:
www.circulationfoundation.org.uk/vascular-disease/

Smoking cessation:

Liverpool	Tel: 0800 061 4212/ 0151 374 2535
Sefton	Tel: 0300 100 1000
West Lancashire	Tel: 0800 328 6297

ACSIL (Amputee and Carers Support in Liverpool and all areas of Merseyside)

**The Breckfield Centre
Breckfield Road North
L5 4QT**

Tel: 0151 261 1166

Email: acsil.liverpool@gmail.com

Website: <http://www.acsil.co.uk>

The Limbless Association is a national organisation which gives advice and campaigns for disabled rights:

The Limbless Association

Unit 10, Waterhouse Business Centre

2 Cromar Way

Chelmsford

Essex CM1 2QE

Tel: 01245 216670/1 or 01245 216672.

Help line: 0800 644 0185

Website: <http://www.limbless-association.org/>

Also for ex-service men

Blesma

115 New London Road

Chelmsford

Essex RM6 6NA

Tel: 0208 590 1124

Fax: 0208 599 2932

Email: headquarters@blesma.org



Liverpool Vascular and Endovascular Service
Aintree University Hospital
Lower Lane
Liverpool
L9 7AL
Tel: 0151 525 5980
vascsecs@liverpoolft.nhs.uk

Participating Hospitals in LiVES are:

- **Liverpool University Hospitals NHS Foundation Trust**
- **Southport District General Hospital**
- **Ormskirk District General Hospital**
- **Whiston and St Helens Hospitals**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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