

Leg Amputation and Your Recovery



**A guide for you, your family
and friends**

We gratefully acknowledge the following people and organizations for allowing us to adapt their original work for St. Joseph's Healthcare Hamilton:

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Part 3: This information was adapted, with permission, based on a patient education book produced by Hamilton Health Sciences.

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Part 1

What to expect in the hospital and when you go home



Introduction

Having a leg amputation can be stressful. You may have many questions about your care. This book will help answer some of your questions.

The information in the book is divided into sections. There is information that is important to know while you are in the hospital and information you will need to know when you are at home. Take your time reading the parts that are important for you right now.

When you leave the hospital you will be on the road to recovery. However, you may not feel fully recovered for a long time. Keep this book and refer to it while you recover. Let members of your family and friends read it too.

We hope this book helps you take part in your own care and recovery. Any member of your health care team will be pleased to speak with you at any time. No question is too small to ask.

Why do I need my leg amputated?

Many people with diabetes, heart disease and kidney disease have hardening, narrowing or blocks in the arteries that supply blood to the leg. This means there is not enough blood going to the leg.

Diabetes can also cause damage to the nerves and blood vessels causing poor circulation, loss of feeling and slow healing in the feet. People with diabetes can develop ulcers or infections which may become severe and sometimes lead to amputation.

When hardening of the arteries becomes so bad that pain is constant and severe, or skin begins to die, amputation may be the only option. If amputation is not done in these cases, then infection may start and be life threatening.

Your surgeon has decided that it is not possible to increase the flow of blood to your leg or stop the infection, so you need to have an amputation.

This book gives information about having a leg amputation and what to expect before and after surgery.

If you have any religious beliefs about having a leg amputation, it is a good idea to talk to your surgeon before your surgery.

What happens before surgery?

Removal of the foot or part of the leg is called a major amputation. A major amputation can be either below the knee or above the knee. The surgeon decides if you need an amputation below or above your knee. The end of the leg that remains after an amputation is called the stump.

There are risks and benefits of any kind of surgery. Your surgeon explains these to you before you sign the consent form for surgery. It is important to have your questions and concerns addressed during your visit with the surgeon.



Some questions to ask your surgeon:

- Is amputation the best treatment and why?
- How long is the surgery?
- What are the major risks of surgery?
- What are the major benefits of surgery?
- What kind of pain will I have after the surgery and for how long?
- How will my pain be managed right after surgery?
- What kind of anesthesia will be used during surgery?
- How long will I be in the recovery room?
- Will I be able to use an artificial leg called a prosthesis? If yes, how much function will the prosthesis provide?
- What are some of the possible complications after surgery?

What happens during and after surgery?

The Operation

Operating Room

When it is time, you are taken to the Operating Room. This room is bright and cool. You move from your stretcher bed onto the operating room table with help.

The team then goes through the steps of preparing for surgery called a “surgical time out.” They make sure they have the right patient and the right surgery before starting your anesthesia.



The surgery takes 1 to 2 hours depending on what your surgeon plans to do. The incision is closed with staples, clips and/or stitches and wrapped in a thick bandage or a cast is put on.

The Post Anesthetic Care Unit and Nursing Unit

Recovery

After surgery you go to the Post Anesthetic Care Unit (PACU). You are watched closely by the nurses and given pain control medication. You stay here until you are fully awake and then go to your bed on a nursing unit. There is a waiting room for your support person.

Pain Control

You may have pain and discomfort from your operation.

Pain medication is given to you on a regular basis and as needed. If the medication is not enough, talk to your nurse and doctor.

Intravenous Therapy

The IV will give you fluids and medication after surgery. It is taken out when you are able to drink well.



Nausea

Some people have nausea after a general anesthetic. It is important to tell your nurse if you feel sick to your stomach. You can have medication to help.

Activity

Exercise and activity are very important to help you recover. Moving helps keep muscles strong and prevent:

- breathing problems
- blood clots
- constipation

Your nurse will teach you deep breathing and circulation exercises which you should do every hour that you are awake.

What happens after surgery on the nursing unit?

On the nursing unit, the nurses check your blood pressure and incision sites on a regular basis. You may have a thick dressing on your leg to help it heal. The nurses change this dressing every day or two to help keep the incision clean and dry.



You may have a cast instead of a thick dressing. This depends on your surgeon.

The next day you begin having a regular diet. Your IV is removed after you are eating and drinking well.

A cast or splint on your leg helps keep your knee straight. If you have a cast, it is often removed about 1 week after surgery. If you have a splint, your doctor or physiotherapist decides when you no longer need to wear it.

Members of your health care team help you get to the bathroom as needed. **Do not get out of bed without help.** You are advised when it is safe to get out of bed and move around on your own.

Who is on my health care team?

Members of your health care team have special skills and experience to help you after surgery

The **surgeon and residents** continue to follow you until your stump is healing well. They help monitor your pain and order medications to help. They monitor your incision and your medical recovery from the operation.

The **nurse practitioner** is an advance care nurse who helps manage your care with the surgeon, residents and other doctors you may see. The nurse practitioner gathers your medical history, does regular physical exams and works with you to address any issues you have. He or she may adjust or order any tests, treatment or medication you may need during your hospital stay.



The **nurse practitioner** also teaches you about your condition and what to expect. He or she explains your treatment, helps you progress smoothly from admission to discharge and provides guidance to help you restore and maintain your health.

Nurses look at your incision to check for signs and symptoms of infection and poor healing when you are in the hospital. Your nurses change the dressings and remove the staples when ordered by the surgeon.



Your **nurses** also wrap the stump with a tensor bandage and teach you how to wrap your stump for yourself. Your nurses also teach you about the signs and symptoms of infection and how to tell if there is good blood supply to your stump.

The **dietitian** looks after your nutrition therapy. The goals of nutrition therapy are to maintain healthy nutrition and prevent malnutrition. Good nutrition is important after surgery to help your body heal. A dietitian can work with you and your family to put together a nutrition plan for you.



The **occupational therapist** looks at how well you are able to function after your surgery. You may need help or equipment in order to complete bathing, dressing and toileting activities. You practice these activities and try equipment while you are in the hospital.

Your **occupational therapist** also provides you with a temporary wheelchair in the hospital and helps you to obtain a wheelchair when you return home.



Sometimes, the **occupational therapist** visits your home to make sure you are able to get in and out and move around inside. If you need to install a ramp or porch lift, it is important to begin planning early so that you can apply for funding or complete the work by the time you are ready to return home.

The **social worker** can help you, your family and friends cope with changes after surgery. A social worker can provide counselling while you are in the hospital and help with your plans to go home. Issues such as emotional adjustment, personal relationships, finances, housing and contacting community resources are some of the things you can talk about.

The **physiotherapist and assistants** see you soon after surgery. You first learn how to get out of bed and into a wheelchair. The physiotherapist also shows you exercises to do each day. The physiotherapist teaches you how to bandage your stump when your stump is ready. The physiotherapist helps you and your health care team, decide what rehabilitation program is best for you. A physiotherapy assistant may be involved in helping you with your exercises and getting in and out of the wheelchair.

Spiritual care providers are professionals who help you find or make meaning and purpose in life before and after having an amputation. A spiritual care provider can help you explore the meaning of illness and changes in life as a result of an amputation. This provider can also help you cope during difficult and emotional times and connect with a faith community and faith-based rituals while in hospital. He or she can help you explore difficult ethical or moral decisions and travel with you along your journey.

The **pharmacist** is a professional who can talk to you about the medications you are taking. The pharmacist can also help you if you would like to talk about planning to quit smoking. If you would like to see a pharmacist during your hospital stay, ask your nurse to arrange a visit.



The **Community Care Access Centre (CCAC) Manager** may meet with you and your family to help with discharge planning. At home, if you need community services or therapy, the CCAC Manager can help.

What happens when I am in hospital?

How do I care for my stump?

Your nurse or health care aid will help you change your dressing and care for your stump every day until the incision has healed. When the incision is mostly healed, the team will teach you how to take care of your stump yourself:

Do:

- Clean your hands before touching your stump.
- Rinse the soap off your stump well. Pat dry with a towel.
- Use cotton swabs to clean any skin folds.
- Check the skin of your stump each day. Use a hand mirror to check the skin on the back of your stump.
- Check your stump for signs of pressure or infection such as swelling, redness, bruising, open cuts, scrapes or hot spots. Let your doctor, nurse or therapist know if you see changes.
- Touch or gently massage your stump regularly to decrease the sensitivity. It is important that you become comfortable with touching your stump.



Do not:

- Do not put lotion on open areas or broken skin. If your skin is dry and flaky, ask your nurse if you can rub a small amount of mild, non-greasy skin lotion on healthy skin at night.
- Do not put any chemical or strong ointments on your stump.
- Do not expose your stump to extreme temperatures.
- Do not use a heating pad or ice on your stump.
- Do not touch open or broken skin as your stump could become infected.



When will the staples be removed?

Your staples will be removed 14 to 21 days after surgery by your nurse, surgeon, doctor or community health care provider.

What should I know about wrapping my stump?

Your stump may be wrapped with an elastic bandage after the thick dressings are removed. This depends on how well your stump is healing. Your health care team decides when it is time to start stump wrapping.

Proper wrapping helps to support the soft tissue of your stump and prevents swelling. Stump wrapping shapes your stump to fit a prosthesis (artificial leg) if you are getting a prosthesis.

At first, your nurse or physiotherapist wraps your stump. When you are ready, he or she shows you how to wrap the stump yourself.

You are given a handout with pictures to show you the steps to follow to wrap your stump.

You wear the elastic tensor bandage almost all of the time. Take the elastic tensor bandage off:

- when you wash your stump
- 3 to 4 other times a day for 15 minutes during the day. Use this time to check your skin for signs of pressure. You can also gently massage your stump at this time.
- if you feel increased or unusual pain

Keep the elastic tensor bandage on when you sleep. This helps control swelling. Swelling makes it hard for you to fit your stump into a leg prosthesis.

Wrap the elastic tensor bandage firmly at the bottom of your stump. Use less pressure as you wrap the bandage towards the top of your stump. If the bandage is too tight at the top, you may decrease the blood flow to your stump. Your bandage may be too tight if your stump feels cool or is painful. If so, you need to rewrap your stump until it feels comfortable.

There must not be any wrinkles or folds in the bandage. This can cause added pressure on your skin.

Secure the bandage with masking tape. Do not use pins or clips as they can scratch your skin.

How do I care for the elastic tensor bandage?

Wash the bandage by hand each week or more often if dirty. Wash it in warm water with a mild detergent such as Woolite™ or Ivory Snow™. Rinse it well until the water is clear.

Lay the bandage flat to dry, away from direct heat.

Do not wash your bandage in the washing machine or use the dryer. This can destroy the elastic.



How do I learn to move again?

You are given a wheelchair to use in the hospital. Your therapists teach you how to move in and out of the wheelchair and how to use a wheelchair to get around. It is important that you sit for periods in the wheelchair and learn how to use it. Try to sit for at least 2 hours at a time.

Your occupational therapist shows you equipment that helps you get on and off a toilet and in and out of a bathtub or shower.

Will I have pain or discomfort?

You may feel different kinds of pain or discomfort after an amputation.

- **Stump or incision pain** – tenderness in your stump around the area where the skin was cut to operate.
- **Phantom limb pain** – tingling, pressure, itching, or tickling in the part of your leg that has been removed. When it is severe, it may be called nerve pain.
- **Nerve or neuropathic pain** – mild to severe burning, squeezing, cramping, or stabbing pain in your stump or in the missing part of your leg. You may feel as if an electric current flashes through your leg which may cause your leg to jump.

Tell your doctor, nurse, therapist or member of your pain control team if you have pain. Depending on the type of pain you have, different medications can be used to control it.

Tips to help you take your pain control medication:

- Follow the directions on the label.
- Take your pain medication before your pain is severe. When you have pain it is hard to sleep, eat or exercise. Take just enough to be comfortable. Too much pain medication may cause you to be drowsy or confused.
- Do not drink alcohol, drive or operate machinery while you are taking pain medication.
- Ask your doctor when you can drive.



Tips to help you take your pain control medication (continued):

- If you feel dizzy, sit or lie down until you are no longer dizzy, then get up slowly.
- If the pain control medication makes you dizzy or drowsy, take less pain control medication when next needed.
- Narcotic pain medication such as codeine and oxycodone can cause constipation. Plain acetaminophen (Tylenol®) does not cause constipation. See page 14 for tips to help manage constipation.

Is it normal to feel upset and sad?

Yes since it is a major loss to have an amputation. This type of loss is similar to the death of a good friend or family member. When you are grieving this loss, you may have different feelings such as:

- denial
- anger
- frustration
- fear
- sadness
- guilt
- depression
- hopelessness
- relief
- anxiety

It is also common to have many different feelings at the same time. Although these feelings may be uncomfortable, it helps to express them to help you adjust to your amputation.

You may need to change the way you live in some ways. Worrying about the changes you have to make places stress on you, your family and friends. Stress can cause you to feel tense, sad or hopeless.



Everyone has his or her own way of getting use to an amputation. Try to remind yourself that you are never alone learning to cope with your amputation. Sharing your feelings with others may help to ease the stress. You may find it is helpful to listen to their experiences.

Your family and friends are also affected by your amputation. They may have many of the same feelings you have. Sharing your concerns and information about your progress with your family and friends helps them to support you as you become more independent.

A social worker or spiritual care provider is available to meet with you. He or she can help you adjust to the amputation or help with other personal issues that may be affecting your ability to cope. For more information, go to Part 2 of this book starting on page 25.



Do I need to change my diet?

You may need to change your diet. You need to eat enough calories and protein to help your wound heal, maintain your immune function and prevent an infection. You also need to follow a healthy diet to help you build up and maintain your muscle strength to move around.

You can ask to talk to your dietitian to discuss your need for nutrition supplements such as Nepro[®] or Ensure Plus[®] and extra vitamins, minerals or both.

You may also need to change your diet to prevent or manage constipation.



How do I prevent or manage constipation?

Constipation is the problem of having to strain or push hard to have a bowel movement. Since each person's pattern is different, it is hard to describe constipation one way. You are constipated when your pattern of bowel movement changes and you have trouble having a bowel movement. In the hospital, we would like most people to have their first bowel movement about 3 days after surgery.



There are many causes of constipation, which include:

- staying in bed, not moving around or doing your normal activity
- taking some medications such as codeine
- a change in food, fluid and your normal diet due to surgery or illness
- being in a strange place, often with no privacy
- anxiety related to being in the hospital, having medical tests

How do I prevent constipation?

There are 3 things that you can do to prevent constipation:

1. Drink fluids

A soft stool contains lots of water and is easy to pass without straining. Drinking plenty of fluids is important to have a soft stool. You need to drink at least 1.5 litres of fluids a day. This is about 6 to 8 glasses.



If you are not allowed to drink a lot of fluids due to health concerns, talk to your doctor, nurse or ask to see a dietitian. They can help you find a way to prevent constipation that is safe for you. For example, people with kidney or heart disease may need to restrict their fluid intake. If you have kidney disease, speak to your renal dietitian to learn how much fluid you are allowed to drink.

2. Exercise

Exercise and activity help your bowels to keep moving. Exercise also prevents you from getting weak. If you have questions about a certain exercise, talk to your physiotherapist.

3. Eat fibre

Adding fibre to your diet is a good way to prevent or treat constipation. Foods containing fibre include whole grain breads and cereals, bran, fresh fruit, vegetables and legumes. In the hospital, choose high fibre items on the hospital menu such as a high fibre cereal, whole wheat bread, fruit and vegetables.

Natural wheat bran is a good source of fibre. Natural wheat bran works like a sponge by holding water in your bowels. You can buy natural wheat bran at bulk food, health food or grocery stores. You can add it to many foods before or after cooking. Try adding natural wheat bran to meatloaf, muffins and cereal.



You may find you produce more gas when you add fibre to your diet. Begin by starting slow. Sprinkle a teaspoon of bran on a bowl of oatmeal or other cereal. Slowly increase the amount as your body adjusts. Your stools will become softer and more regular. Increasing fibre without enough fluid can worsen constipation. Remember to drink the amount of fluid your health care team advises to help the fibre work.

If you want more information about fibre, ask your family doctor or health care provider to refer you to a dietitian.

When do you need medication to help constipation?

There are times when fluids, exercise and fibre are not enough to prevent constipation.

Sometimes, you need medication to help your bowels move. Your goal is to use medication only when needed. When some medications are used too much for too long, your bowel becomes weak and lazy and it is hard to get bowel control back.

Medications are needed for some problems such as hemorrhoids or anal fissures. Stool softeners may be needed to provide a lubricating effect making it easier to have a bowel movement.

Your doctor or health care provider decides the treatment that is best for you. You can also talk to a pharmacist if you have questions or concerns about constipation or treatment.

Some medications used are:

- osmotic laxatives such as lactulose, milk of magnesia and polyethylene glycol (PEG), help your bowel movements hold water and stay soft
- stool softeners help your bowel movements hold water and become soft
- bulk laxatives add bulk to your bowel movements
- glycerin suppositories stimulate your bowel muscles to push the bowel movement out

Remember

If you are taking medication for constipation, you should still move around, exercise and drink fluids. Talk to a health care provider if you have any questions, problems or concerns.

Helpful hints for having a bowel movement

Diet, exercise, work, social schedules and stress all effect how well your bowels move. You need to pay attention to your body's signs telling you it is time to go to the bathroom. It may take weeks or months to get into a normal healthy bowel routine.

- Go to the bathroom when you feel the urge.
- Do not hold your stool and make the feeling pass.
- Relax in a private spot. Read a book or magazine.
- Drink a warm glass of water or other liquid.
- Go to the toilet after each meal to get into a pattern.
- Go to the bathroom at the same time each day.



Helpful hints for having a bowel movement

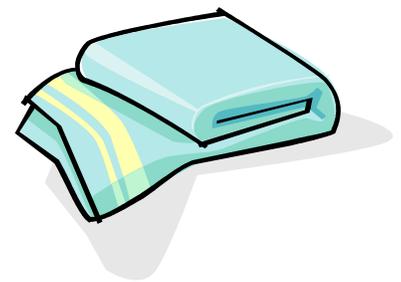
- Have your foot flat on the floor or on a footstool when you sit on the toilet.
- Do not push or strain to have a bowel movement.

Remember to ask for help before you become constipated. Talk to your health care provider.

Do I need to change any of my personal care routines?

Yes, you may need to change some of your personal care routines. At first, you will notice that you may sweat more because:

- you have lost some skin surface
- exercise and moving take more effort



Showering or bathing increases your blood circulation. This can slightly increase the size of your stump. It is better to shower or bathe in the evening rather than the morning. You should apply your bandage to the stump after bathing to control the swelling.

You may need to learn different ways to bathe and dress. An occupational therapist helps you re-learn or adapt how you do your personal care from a wheelchair or seated position.

How long am I in hospital?

You may leave the hospital or be discharged 4 to 7 days after your surgery. If you are not strong enough or ready to go home, you may go to a rehabilitation centre to get stronger before going home.

When you leave the hospital, you need to have help at home for the first few weeks. You may also need equipment like a commode, walker and wheelchair.



During your hospital stay all of the health care team helps you get ready and plan for discharge. This is called discharge planning.

If you need to use stairs in your home, you need to learn how to safely travel on the stairs or make arrangements in your home so that you do not need to use them. This may increase your hospital stay.

You may go home before you enter a rehabilitation program for prosthetic fitting and training.

Do I have rehabilitation after surgery?

There are many factors that affect your ability to take part in rehabilitation programs. The health care team decides the type of rehabilitation program you need with input from members of your health care team, yourself and your family.

You may have an appointment to go to the Regional Rehabilitation Centre where there is an Amputation Clinic. They decide if a prosthesis would be good for you.

What happens when I am at home?

- Do your exercises every day.
- Plan for several rest periods during the day.
- Increase activity daily.
- Avoid caffeine and other stimulants before bedtime.
- Take showers. Do not soak in the tub until after your staples are removed.
- Some stump swelling is normal after surgery.



What are the signs of infection?

Signs of infection are:

- redness or heat along or around the incision
- green, yellow or white drainage from your incision
- opening of your incision
- fever (more than 38°C or more than 100°F) and chills or flu-like symptoms with any type of drainage from your incision
- worse pain or tenderness in your stump
- foul odour



If you have any signs of infection, tell your health care provider.

When can I return to work?

Your surgeon and your rehabilitation specialist will inform you when you may return to work. You should expect to be off of work for at least 6 to 8 weeks. You may need to modify your work environment. You may be eligible for a wage replacement plan.

When can I drive?

Do not drive until you have talked to your surgeon or rehabilitation specialist about their recommendations for driving.



You will need to talk to a member of your health care team if you need forms completed for DARTS (Disabled and Aged Regional Transportation System) and MTO (Ministry of Transportation of Ontario) Accessible Parking Permits.

When should I see my doctors for follow-up?

You will be given an appointment card at the time of discharge. It will indicate all of your follow-up appointments.



What community supports can help me?

Your social worker will help you find supports in your community such as support groups, meals on wheels and any care providers that you need to help you at home.

How can I help my recovery?

- Stop or reduce smoking if you smoke. Smoking can slow or prevent the healing process. Talk to your doctor, nurse or pharmacist if you want to quit and would like help or support.
- Eat a balanced diet. Ask to speak to the dietitian if you would like help.
- Exercise every day and attend your appointments with your physiotherapist. Moving helps the healing process.
- Check your stump every day. Look for signs and symptoms of infection and take care of your stump.
- Control your blood sugars if you have diabetes. High blood sugars can slow or prevent healing



- If you are on dialysis, watch how much you drink, because leg swelling may delay healing or damage the tissues.
- Keep follow-up visits with your surgeon, family doctor and prosthetic clinic.

How can I look after my other foot and leg?

- Check your foot and leg every day. Watch for cuts, cracks, calluses, ingrown nails, blisters or sores because you may not feel them. You may have to have a support person check your foot and leg for you if you cannot see them well.
- Wash your foot and leg every day. **Do not soak your foot** as this can dry your skin out. Dry well, especially between the toes
- Put lotion over the top and bottom of your foot, **but not between your toes.**
- Have your toenails trimmed by a professional foot care provider.
- Do not wear anything tight around your leg. Choose a sock that has a non-elastic top. Always check inside your sock for any foreign objects or rough surfaces before putting it on.
- Wear a comfortable, well-fitting shoe with a cushioned sole. Always check inside your shoe for any foreign objects or rough surfaces before putting it on. Remember, you may not be able to feel these things inside your shoe.
- **Never try to cut calluses or corns yourself or use chemical agents like medicated corn plasters.**
- Tell your nurse, doctor or health care provider if you find a callus, cut, sore, blister, or notice any changes in your foot.



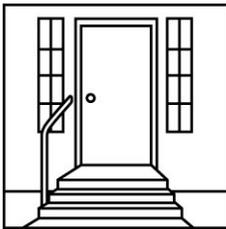
How can I make my home safe?

A safe home is important for everyone to reduce the risk of falling or having an accident.

Here are some helpful hints to make your home safe to move around in.

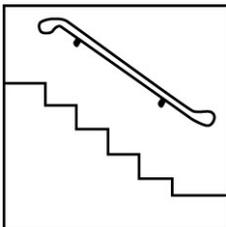


At each entrance



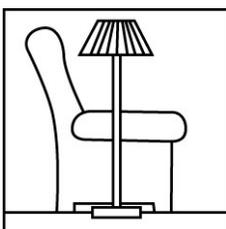
- Install at least 1 railing if there are steps.
- Keep steps and landing free from dirt, leaves, snow and ice.
- Keep outside walkways clear and in good repair.

Inside stairways



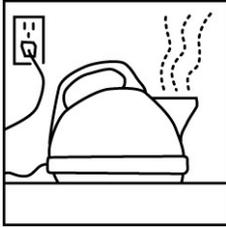
- Install at least 1 handrail that extends beyond the top and bottom steps.
- Keep stairs free of clutter.
- Use non-slip treads if the stairs are slippery.

Living room



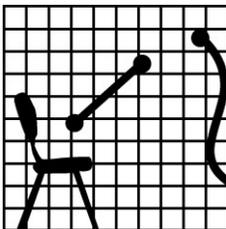
- Select stable chairs that are a good height for you to get up from. Avoid rockers, chairs with wheels, and low, soft sofas.
- Arrange furniture for clear, safe walking or wheeling.
- Keep things you use often within your reach.

Kitchen



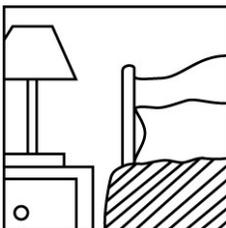
- Store items you use the most within easy reach, preferably between knee and shoulder height.
- If you use a walking aid, look for a safe way to lift and carry items.
- Keep a fire extinguisher in the kitchen.

Bathroom



- Use a non-slip bathtub mat or non-slip strips in the tub or shower.
- Do not stand in the tub or shower on one leg.
- Bath seats, shower hose extensions and grab bars can help you bathe safely by yourself.
- Your occupational therapist can help you choose the right equipment.

Bedroom



- Use a commode chair or a urine bottle beside the bed rather than getting up to go to the bathroom during the night.
- Keep a light handy beside your bed.

More safety ideas

- Make sure there is enough light in your home and around any stairs.
- Keep electrical and long telephone cords well away from walking or wheeling areas.
- Use smoke detectors.
- Use a cordless phone in your bathroom, basement or backyard.
- Plan ahead and conserve your energy. Never try to do a chore when you are tired. You are more likely to have an accident when you are tired.
- If you live alone, plan in advance for emergency situations.
- Remove all loose scatter rugs. If you want to cover your floors, choose a dense, short pile carpet.
- Do not have highly waxed floors.
- Wear good footwear at all times when you are up.



**If you have any questions about making your home safer,
please talk with your occupational therapist.**

Part 2

Your feelings and your recovery

“How you choose to deal with your amputation will help determine your quality of life. It is up to you!”

Introduction

An amputation can lead to many challenges on many levels: physical, emotional, social, spiritual and financial. It may affect your ability to think clearly and solve problems. An amputation can change your personal and family life in many ways.

Each person will react to an amputation in his or her own way. Most people feel a sense of grief and loss. This is normal. It is also normal to feel overwhelmed during this time.

How you respond to your amputation depends on your personality, values, attitudes, previous life experiences and support systems. It takes time to adjust and give meaning to what has happened.

What can I expect to feel after having an amputation?

Some of the feelings you may have are anxiety, fear, frustration, guilt, depression, shock, denial, ambivalence, hopelessness, helplessness, numbness and disconnection. You may struggle with feelings of anger. Anger can be directed toward yourself, family, caregivers or your faith.

Any feeling can be frightening and overwhelming. You may feel you are the only one with these feelings and this can lead to a feeling of being alone.

You may have a feeling of relief and freedom as the surgery has helped your problems with pain.

It is common to feel many of these emotions at the same time. There is no right or wrong way to feel. Each person has his or her own way to react and deal with feelings.

You may feel like you are on a roller coaster ride. It can be scary to feel like you have lost control. You may have 'highs and lows' feeling hopeful and then despair. This is all normal and part of the healing process.

Your feelings may affect how you cope with daily living. For example, if you liked to read as a way of coping with stress in the past, you may not be able to concentrate after surgery. You may need to wait to read and find a new way to help you deal with your feelings and stress related to your amputation. These intense feelings will settle over time.

Remember that members of your health care team can help. Feel free to talk to any of your care helpers.

How can I help myself adjust to a leg amputation?

Here are some helpful hints collected from other people who have an amputation.

Find positive meaning and purpose

People who have had an amputation say that it is important to find positive meaning and purpose in their lives. Here is what some people have said after this type of loss.

- “I had no idea that I am a strong person!”
- “I have discovered that I have a creative side and can find new ways to do things!”
- “I took things for granted until I lost my leg. Now I realize what is important to me.”

Try to let go of the ‘way things used to be’ and change your focus to how good your ‘here and now’ and future can be. Living in the ‘here and now’ helps you accept what has changed and learn ways to make the most of your life today.

Over time you may want to think about helping others adjust to an amputation. You may join or run a support group, write an article or book or talk to a group about your experience.



Regain control and independence

After an amputation, you may feel that you have lost control over your life. You may feel like you are a burden to others. As you begin to learn how to look after yourself you can begin to learn how to take control of your life again.

As you recover, along with your friends and family, you can take small steps to being more independent. You need to learn what you can and cannot control.

Here are some examples of how you can begin to take control:

- Family may have been making decisions for you when you were ill. As soon as you are able, be more involved in decision making. Talk to people you trust to get the information you need to help you make decisions.
- Be clear with yourself and others as to what you are able to do for yourself. You are strong when you know what your limitations are and ask for help.
- Remember that it is okay to get frustrated. This feeling will be less over time as you regain your independence and feel more comfortable asking for help when needed.

Take care of your physical needs

Think about how changes in your diet, exercise, alcohol or smoking habits may help improve your health and the way you cope. Be sure to take your medications as prescribed to help manage your symptoms and prevent falls. You may want to use a pill organizer to make sure you take your medications the right way.

Talk to your health care team about ways to make sure you are in the best health you can be. You can ask to speak to a dietitian, physiotherapist, pharmacist or social worker for education and resources in these areas.

Take care of your spiritual needs

This is a way to help connect with your inner self. Many people feel some form of spiritual distress with big changes such as an amputation. Spirituality can provide a deep connection to something bigger than your everyday life. It can be developed through meditating, listening to music, being close to nature, reading, taking part in a formal religion, being with other people and having hopes and dreams.

Spirituality can help you find your strengths beyond your physical appearance by finding new ways of looking at yourself and the world.

Talk to people

Talk to people who are good listeners, have a positive outlook and who have your best interests at heart. Ask for their honest feedback. It is important to share and talk about your feelings. When you feel you are being listened to and heard, you can begin to understand how you really feel, what your amputation means to you and how to move forward with your life.



If you feel that you do not have anyone in your life that you can speak with, members of your health care team can help connect you with counselling services and resources that may help.

Take time with your partner

You may feel a change in your self image and self esteem. This may make you feel more helpless in your intimate relationships. It may be hard for you to feel like being close to your partner sexually. You and your partner have both had to adjust to the change in your body as well as time you spent away from each other.

Sexual intimacy requires you and your partner to work through changes together. Remember that your partner is also grieving the loss of your limb and needs time to adjust. It is important to talk about your feelings with your partner. This process of growing and learning together can help deepen your relationship.

Keep a journal

It can help to keep a journal to record phone numbers, dates of events, community resources, ideas offered and your feelings as you make this journey.



People report that recording their feelings, challenges, successes, goals, and hopes for the future is helpful in seeing how far they have come since the amputation.

Try not to worry about others accepting your amputation

People generally interact with you with the same level of comfort that you have with yourself. As you become more comfortable with the changes that have happened, others will also feel more comfortable around you.

Be open and honest with children

Children may ask clear and direct questions. These questions can be a challenge to answer. It is important to find out what a child is thinking about what happened to you and why. Do not be afraid to talk about your amputation. This helps a child understand that he or she is not to blame and you are still the same person.

You may want some advice about what to say and when to show your amputation. Children are not all the same. There are many stages of growth and development they go through. Some children are ready to see the amputation and some are not. Talk to a member of your health care team or ask to speak to a child life specialist for advice about talking to children.

Plan and prepare for going out

People report that going to their first special event or public outing is scary. It helps to plan and prepare.

You may want to go on the internet and see if the place you are going has pictures and describes how easy it is to access.

You can have a friend help you go to the place before the special event to look at the parking, entrances and washrooms to see how easy it is to get around.

Decide who will go with you, what equipment you need and the best way to travel to and from the place.

Planning ahead should help you think about how to manage going to your first event and having fun.



Know when to ask for help

If you feel that you are not doing well adjusting or family or friends have concerns about how you are coping, talk to a health care provider such as a social worker or spiritual care provider.

After discharge from hospital, you can contact your family doctor, health care provider in the community or the Community Care Access Centre (CCAC) to find out about counselling services.



Part 3

Exercising after an amputation

What exercises can I do?

Your physiotherapist will teach you exercises in the hospital to help maintain your muscle strength and range of movement.

It is important to do the exercises in this booklet as well as a gym program prescribed by your physiotherapist. In the gym you may work on pulleys and practice standing for strength. Depending on how long you are in the hospital your physiotherapist may change this program to challenge you.

It is also important to maintain your cardiovascular or aerobic fitness. Your physiotherapist may ask you to spend time on the arm bicycle in the gym to help with this.

You should move around in your wheelchair as much as possible. This is called wheelchair propelling. It will help you with aerobic fitness, strength and energy. Try to do some laps around your unit each day in your wheelchair if your physiotherapist says it is safe to do so.

Do all of the exercises checked

**Do each exercise 10 times, unless you were told something else.
Repeat all of the exercises 2 to 3 times a day.**

Leg Exercises for Your Stump

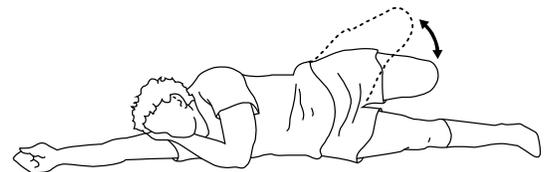
Exercise 1 – Hip Abduction

Lie on your side. Your stump should be on top.

Slowly lift your stump upward.
Be careful not to roll your hip backward.

Slowly return to the starting position and relax.

Alternate: If you cannot roll onto your side place a slide sheet or plastic under your stump and move it away from your body and back.



Goal: Strength

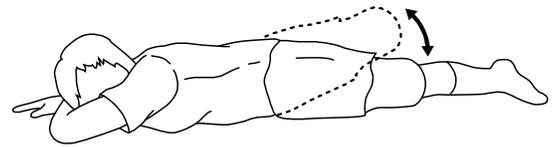
❑ Exercise 2 – Hip Extension, in lying

Lie flat on your stomach with your arms folded under your head.

Keep both legs straight and close together.

Lift your stump off the bed as high as you can without your stomach lifting off the bed.

Alternate: If you cannot lie on your stomach, lie on your side as in Exercise 1. Move your stump behind you. Do not move your hips.



Goal: Strength back and stretch front

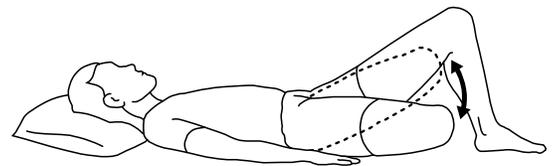
❑ Exercise 3 – Straight Leg Raise (Hip Flexion)

Lie on your back. Keep your stump straight and bend the other leg. Keep your legs close together.

Straighten your stump as much as possible, tightening the muscles on top of the thigh.

Raise your stump off the bed about 4 inches (20 cm) and hold for 5 seconds.

Slowly return to the starting position and relax.



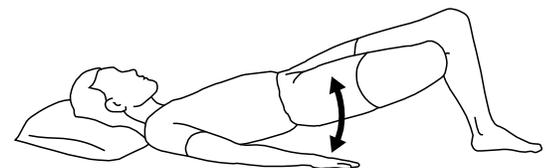
Goal: Strength

❑ Exercise 4 – Bridging

Lie on your back with your knee bent and your foot flat on the bed.

Using your hands for balance, push down with your foot and lift your buttocks until your hips straighten completely.

Rotate the hip of your stump side in an upward direction until both of your hips are of equal height.



Goal: Strength

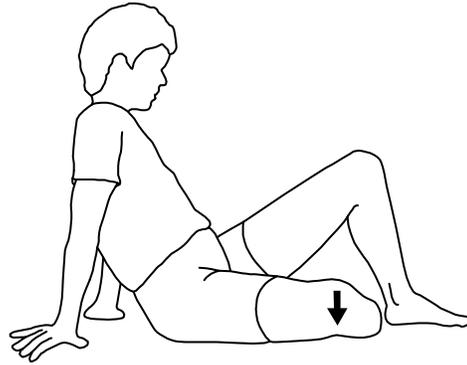
❑ Exercise 5 – Quadriceps Set

Lie on your back or lean back on your arms.

Keep your stump straight and bend the other leg. Keep your legs close together.

Straighten the knee on your stump as much as possible. Tighten the muscles on top of the thigh.

Try to press the back of your knee or leg into the bed. Hold for 5 seconds, then relax.



Goal: Strength front and stretch back

Leg Exercises for Your Other Leg Only

❑ Exercise 6 – Ankle Pumps

Lie on your back. Without moving your knees, pull your foot and toes up towards your head as far as possible.

Next point your foot and toes down as far as possible.

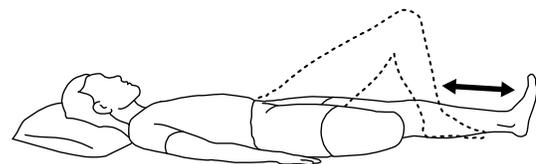
Hold each position for 5 seconds.



Goal: Increase blood flow and reduce swelling

❑ Exercise 7 – Hip and Knee Flexion and Extension

Lie on your back. With a slider sheet or plastic bag under your heel, bend and straighten your leg.

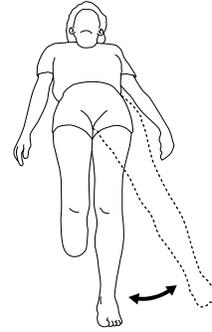


Goal: Range and strength

❑ Exercise 8 – Hip Abduction, in Lying

Lie on your back with a slider sheet or plastic bag under your heel. Keep your toes pointing up.

Slowly bring your leg out to the side and then back to the middle position.



Goal: Strength

Leg Exercises for Your Other Leg and Below Knee Stump

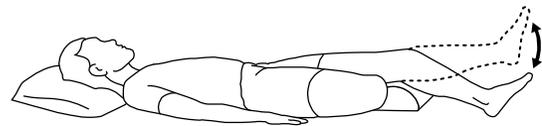
❑ Exercise 9 – Quads over a Roll (Knee Extension)

Lie on your back with a large towel roll under the knee of your leg and the stump straight on the bed.

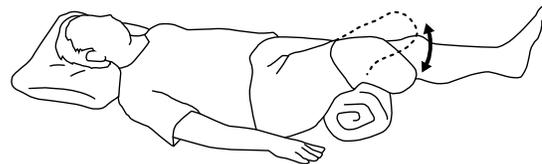
Straighten the knee pushing your thigh into the roll and lifting your foot off the bed, hold for 5 seconds.

Slowly return to the starting position and relax.

If you have a below the knee amputation, repeat with your stump.



Goal: Strength



❑ Exercise 10 – Hamstring Curls (Knee Flexion)

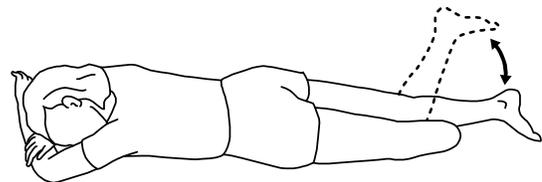
Lie flat on your stomach with your arms folded under your head.

Keep your legs straight and close together.

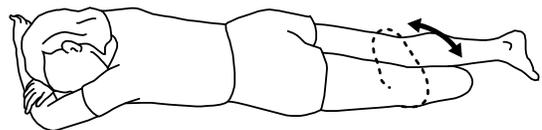
Slowly bend your leg, bringing your foot toward your buttocks.

Slowly return to the starting position and relax.

If you have a below the knee amputation, repeat with your stump.



Goal: Range



❑ Exercise 11 – Knee Extension, in sitting

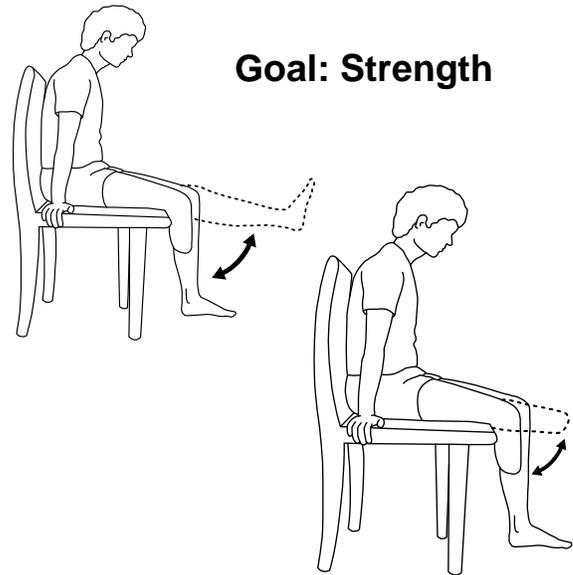
Sit up straight at the edge of your bed, chair or wheelchair.

Put your hands at your side for support.

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold 5 seconds.

Slowly return to the starting position and relax.

If you have a below the knee amputation, repeat straightening the knee of your stump completely.



❑ Exercise 12 – Hip Flexion, in sitting

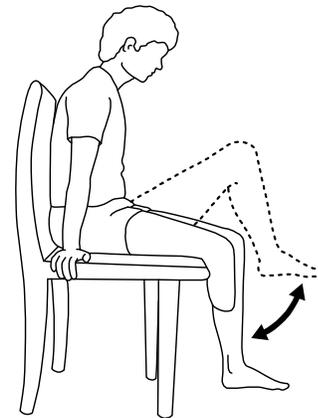
Sit up straight at the edge of your bed, chair or wheelchair.

Put your hands at your side for support.

Slowly lift the thigh of your leg (not stump side) up off the seat, keeping the knee bent.

Slowly return to the starting position and relax.

Repeat with your stump.



Goal: Strength and range

Arm Exercises

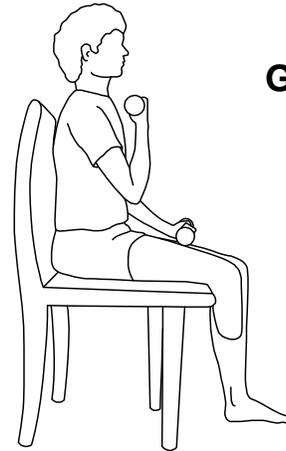
❑ Exercise 13 – Biceps (Elbow Flexion)

Sit up straight at the edge of your bed, chair or wheelchair.

Let your arms hang down. Turn your palms forward.

Bend then straighten one elbow, then the other elbow.

You may do this exercise while holding a ____ kg weight.



Goal: Strength

❑ Exercise 14 – Triceps (Elbow Extension)

Sit up straight at the edge of your bed, chair or wheelchair.

Bring the arm to be exercised up with the elbow pointing to the ceiling.

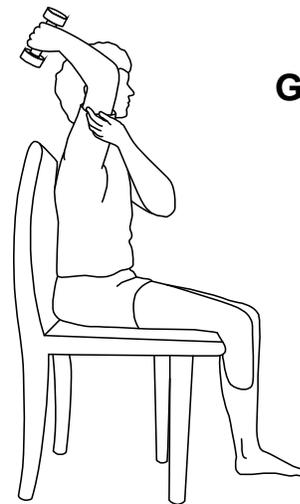
Support the elbow with the other hand.

Straighten the arm toward the ceiling.

Slowly return to the starting position and relax.

After your 10 repetitions, do not forget to repeat this exercise for the other arm.

You may do this exercise while holding a ____ kg weight.



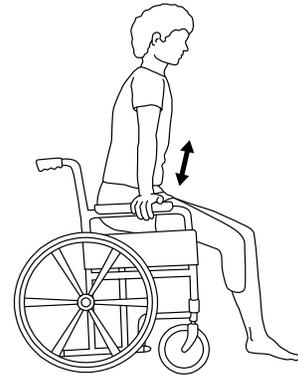
Goal: Strength

❑ Exercise 15 – Wheelchair Push-ups

Rest your hands comfortably on top of the armrests of the wheelchair.

Push downward into the armrest, straightening your elbow, raising your buttocks off the wheelchair.

Pause and slowly lower yourself to the resting surface.



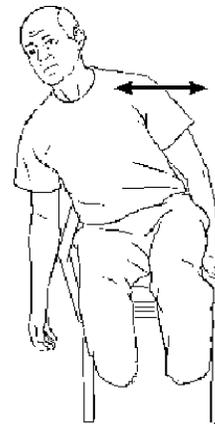
Goal: Strength and pressure relief

❑ Exercise 16 – Seated weight shift

Rest your hands comfortably at your sides.

Lean to the right raising the left buttock off the chair.

Pause and slowly lower yourself to the resting surface. Repeat to the left side



Goal: Pressure relief

