



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

A Patient's Guide to Lower Limb Amputation

Book two: recovery and rehabilitation

Information for patients, relatives and carers

① For more information, please contact:

Ward 11

York Hospital

Wigginton Road, York, YO31 8HE

Telephone: 01904 726011

Email: yhs-tr.vascularnurseservice@nhs.net

Contents	Page
Important contacts	3
Introduction	4
Your rehabilitation	4
Discharge planning	5
Important points to consider	6
Residual limb care	7
Compression sock	8
Prosthetics and the prosthetic limb service	9
What if I cannot use a prosthesis?	10
Foot care	11
Looking after yourself	12
Driving	13
Blue Badge	13
Tell us what you think of this leaflet	15
Teaching, training and research	15
Patient Advice and Liaison Service (PALS)	15

Important contacts

Consultant: _____

Vascular Ward: 01904 726011

Email: yhs-tr.vascularnurseservice@nhs.net

Vascular specialist nurses: 01904 724150

Physiotherapist/ Occupational Therapist: 01904 721386

Podiatrist: 01904 726510

Diabetes specialist nurse: 01904 726091

Introduction

This booklet is intended to give you information about your recovery and rehabilitation following your surgery at York hospital.

This follows on from “book one: pre and post operative information - your hospital stay”. Please ask a member of staff for a copy.

Your rehabilitation

The members of the multi-disciplinary team (MDT) including the nurses and therapists will start your rehabilitation while you are in hospital.

Either on the first day or second after your amputation, the therapists or nurses will help you to transfer (move) out of bed and show you exercises to follow.

The occupational therapist (OT) will give you any equipment needed to ensure you retain as much independence as possible. You will be measured for a wheelchair to aid mobility. They will discuss any adaptations that may be required at your home. The OT may ask for a family member or someone you trust to provide a short video of your house or to take some measurements of doorways and heights of furniture. This can help make your discharge home easier.

The MDT will work with you and your family to support a safe discharge. If there is any concern that you need more therapy input before going home the team may refer you to an inpatient rehabilitation unit. This may be closer to your home. If you need extra help at home after discharge, the team can refer you to a team that assist you at home until you have established a new routine.

Discharge planning

Your discharge home can be a daunting thought, but the MDT will support you throughout the process.

From the day you are admitted for a limb amputation we will talk to you about your home and social circumstances to help to identify what you need in place to return home safely.

In some circumstances it may not be appropriate for you to return to your own home at this time. The OT will discuss this and your options with you to make appropriate plans.

You will be followed up by your consultant and the vascular specialist nurses as part of your routine follow up care.

Important points to consider

In the first few weeks following your discharge, you may feel more tired than usual. Your mobility will have changed since you were last at home. It is therefore important to pace yourself and always be aware of your own safety, whatever you are doing. This will also help prevent further problems. We recommend:

- To minimise the risk of hip tightening, lie flat on your back for one hour each day.
- If you have had the below knee amputation, use the limb board attached to your wheelchair which supports and elevates your residual limb and reduce swelling while sitting.
- If you have had the below knee amputation, avoid supporting your residual limb with pillows, as this can cause knee stiffness. Ensure your knee can fully straighten. This is crucial for walking with a prosthesis.
- Continue with your exercises you were given by your physiotherapist after you have left hospital.

Residual limb care

It is important that you look after your residual limb. Nursing staff will advise you on how you can best look after your residual limb. General advice includes:

- Keep the skin clean and dry.
- Wash daily with warm water and ordinary soap. Be gentle to avoid damaging delicate skin. If you sweat a lot, you may need to wash more than once a day.
- Apply moisturising cream before bedtime to prevent dry skin.
- Inspect your residual limb carefully to make sure there are no reddened areas – a small mirror may be useful to inspect the whole area.

If you notice any reddened areas, discoloration or swelling ask a healthcare professional. This could include your GP, practice nurse or community nurse. You could also contact the vascular nursing team using the contact information in this leaflet.

Compression sock

If it is appropriate, you will be provided with a compression sock to wear on the end of your residual limb. This is designed to reduce the swelling, aid healing and help shape the residual limb.

We will show you how to put it on. It may be difficult to put it on yourself at first as it is designed to be tight, but it will get easier. The sock should not be worn when you are asleep or overnight as you will not be aware of how your residual limb is feeling. Remove the sock if it causes you pain or if your wound becomes very sore and tell your therapist/nurse about this.

If you notice your sock is damaged, for example it has a ladder or a hole, it will no longer be effective, and you should not wear it. Socks cannot be repaired, and you will need a new one. Please ask your physiotherapist/prosthetic centre for a new one.

Please follow the washing instructions inside the sock or in the information sheet with the sock.

Prosthetics and the prosthetic limb service

The physiotherapist will discuss this with you in hospital and refer you to your nearest physiotherapy outpatient service.

After being discharged from the hospital, you will have a primary outpatient assessment to determine if you can manage with a prosthesis and if it will benefit your daily life.

If you are suitable for a prosthesis your physiotherapist will refer you to a prosthetic centre. The location of this depends on where you live. At the prosthetic limb centre, you will be allocated a prosthetist. They will be responsible for fitting your new limb.

Once you have been measured, it can take several weeks for your prosthesis to be made. When your prosthesis is ready, you will be required to attend physiotherapy appointments regularly to learn how to use the limb correctly for walking.

The physiotherapists will help you work on your core muscles and limb strength, balance and functional activity to allow you to be able to use your limb at home. They may refer you to community therapists to work with you in your own home and outdoors to achieve your personal goals.

There may be opportunities at these sessions to talk to one of the vascular specialist nurses who can provide wound care advice.

The rehabilitation process for limb wearing can take many months and needs weekly commitment to attend physiotherapy appointments.

What if I cannot use a prosthesis?

Some people who have had an amputation might not be suitable for a prosthesis as walking with one requires a substantial increase in energy. Pre-existing medical conditions can limit your ability to return to walking.

If you are not suitable for a prosthesis, you can still learn to be very independent in your wheelchair. Some people find they have a better quality of life in a wheelchair where they feel safer and have more energy to do everyday tasks.

Foot care

It is very important to look after your remaining foot. You should never ignore a minor problem because it could get worse and need hospital care. You should:

- Examine your foot daily.
- Wash your foot daily. Test the water temperature first to avoid burns.
- Dry your foot carefully, especially between the toes.
- Cut and file toenails straight across. If you have altered sensation, have your toenails cut by a podiatrist.
- Apply a non-perfumed moisturiser around the heel and sole of your foot, not between the toes.
- Cover breaks in the skin with a dry sterile dressing. Do not burst blisters in the skin as this can cause an infection.
- Never use sharp instruments on your foot.
- Do not use corn plasters as they may contain acid.
- Avoid direct heat.
- Make sure your shoe fits well.

You can get more information from the diabetes and podiatry clinics if you need it. If your foot or residual limb becomes sore, please contact your podiatrist, GP, or vascular team as soon as possible.

Looking after yourself

If you smoke, make a determined effort to quit to protect the circulation in your remaining leg.

It is important that you take the medications that have been prescribed for you. Your medications can help to reduce the risk of further damage occurring in your arteries.

Diet and weight control are important following an amputation as putting on weight will make mobilising with a wheelchair or an artificial limb more difficult.

For quitting smoking, medication help, and diet/weight advice, support and aids are available to help you succeed; ask ward staff or your GP for more information.

Driving

It is a legal requirement to inform the DVLA and your insurance company of your change of circumstances. Your ability to drive again depends on your amputation and your car. Adaptations can be made to adapt your vehicle to satisfy the requirements of the DVLA. It may be advisable to take specialist driving lessons before driving an adapted car.

For further information: www.gov.uk/amputations-and-driving.

The following is a useful publication: Motoring after an amputation RiDC (Research Institute for Disabled Consumers)

For further information:
www.ridc.org.uk/content/motoring-after-amputation.

Blue Badge

The Blue Badge scheme is a service for people with severe mobility problems that enables the badge holders to park close to where they need to go. The scheme operates throughout the UK and is administered by local councils who deal with applications and issues badges on behalf of the government. If you want to apply for a badge you need to apply to your local council which is the one that you pay your council tax to.

Space for your notes and questions

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Vascular Nurse team, York Hospital, Wigginton Road, York YO31 8HE. Telephone 01904 724150 or email yhs-tr-vascularnurseservice@nhs.net.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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