



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# A Patient's Guide to Lower Limb Amputation

Book one: pre and post operative  
information - your hospital stay

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](mailto:yhs-tr.vascularnurseservice@nhs.net)

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# Important contacts

Consultant: \_\_\_\_\_

Vascular Ward: 01904 726011

Email: [yhs-tr.vascularnurseservice@nhs.net](mailto: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 inpatient stay following your surgery at York hospital. It supplements the pre-surgery consultation you may have had with the therapists or the vascular specialist nurse. There will be plenty of opportunities to ask questions throughout your stay.

Following on from this booklet is “book two: recovery and rehabilitation”. Ask a member of staff for a copy.

## **Multi-Disciplinary Team**

Along your journey you will meet many members of the multi-disciplinary team (MDT). This is a team of health professionals e.g. nurse, physiotherapist, occupational therapist, who are here to support you. They will introduce themselves and their roles when you meet them. They will support you in your recovery and help you make informed decisions for your recovery.

## **Volunteer support**

To speak to a volunteer for support before and after amputation you can refer yourself to the Limbless Association by completing the referral form on their website or contacting them via the telephone.

The Limbless Association group are amputees themselves, sharing their own lived experience as an amputee. They can also offer advice and support to your family or carer.

Website: [limbless-association.org](http://limbless-association.org)

Telephone: 0800 644 0185

# **What is lower limb amputation?**

A lower limb amputation involves the removal of the leg to a level above the diseased area. Most lower limb amputations at York hospital are carried out because of peripheral vascular disease (a lack of blood getting to the tissues of the leg due to narrowing or blockage of the arteries), diabetic complications, chronic infections, or trauma. You will be advised to have your lower limb amputated only after all other options to save your leg have been ruled out.

The most common amputations are:

- Transtibial, or below the knee, lower limb amputation at mid calf.
- Transfemoral, or above knee, lower limb amputation at mid thigh.

Occasionally, if there are significant problems with the healing or if extensive infection returns you may need further surgery.

The amputated limb is commonly known as the “stump” or residual limb. For the purpose of this booklet, we will use the term residual limb.

Your consultant will decide the type of lower limb amputation that is best for you, and this will be discussed with you prior to surgery. Where possible this will be decided following assessment and recommendation from the physiotherapist and occupational therapist.

# The benefits of this operation

- **Pain relief:** in some cases, lower limb amputation can relieve major pain, particularly where there is infection or a lack of blood supply.
- **Prevention of gross infection:** where part of the limb is infected to such an extent that it may be life-threatening, lower limb amputation will help to prevent the infection from spreading further.
- **Mobility:** for some people it will be easier to move around using a wheelchair, or by using an artificial leg, than if you have a leg which is intact but not functioning properly.
- **Prevention of growth of a tumour:** if the spread of a tumour is life threatening, lower limb amputation will be considered by your consultant.

A major benefit of having a lower limb amputation is that your quality of life may improve in the following ways:

- Improved sleep patterns.
- Better general health.
- More motivation.
- Improved social interaction.

# **What are the risks of the surgery?**

There are risks associated with any surgery and the doctors will discuss with you the specific risks involved in your operation. The risks can include:

- Post operative pain.
- Bleeding.
- Phantom limb pain (see page 13).
- Delayed wound healing.
- Infection.
- Blood clot.
- Haematoma (a collection of blood under the skin within a soft tissue and display as a purple coloured bruise).
- Further surgery.
- Falls.



# **What will happen when I arrive at hospital?**

If the lower limb amputation is planned before you came into hospital, you will come in for pre-assessment around a week before your operation. A pre-assessment involves answering a questionnaire and then invited for further tests prior to surgery if indicated.

Otherwise, you will be admitted on the morning of your operation. You may also already be in hospital having been admitted due to a deterioration in your condition.

When you arrive on the ward a member of the ward team will greet you. If you have any questions, please ask a member of staff. You may also meet other members of the multi-disciplinary team at this time. Before your operation one of the doctors from your consultant's team will discuss the operation with you and answer any questions you may have. You will be asked to confirm your consent for the operation.

# What to bring with you to hospital

- All your medications (including insulins and inhalers).
- Nightwear and a few changes of comfortable clothing (e.g. loose shorts/skirt/tracksuit bottoms) and non-slip footwear (either shoes or slippers).
- Toiletries.
- Dentures, glasses and hearing aids if you have them.
- Your wheelchair if you have one.
- Items that can help occupy you such as reading material/music and headphones/crossword books, iPad etc.
- Please leave any valuables at home.

The hospital cannot accept responsibility for items left on the ward. The length of time you stay in hospital depends on a number of factors. These include how the wound is healing and what equipment can be provided for you to be discharged home safely. A hospital stay is often between five and 10 days.

# Your operation

From midnight on the night before your operation, you should not have any food but can drink clear fluids e.g. water until 6 am on the day of your surgery. A nurse will go through a checklist with you and a doctor will mark the limb for surgery.

You will be seen by an anaesthetist prior to surgery. They will discuss with you, which type of anaesthetic is best for you. You may have your surgery:

- Under a general anaesthetic. In this case you will be given a drug to make you sleep.
- Under a spinal anaesthetic which completely numbs the lower half of your body. You will be awake and aware through the operation, but you will also be given sedation to help you relax throughout your operation.

You will be accompanied to the operating theatre by a nurse from the ward.

A lower limb amputation usually takes one to two hours, following which you will be cared for in a recovery area before being transferred back to the main ward.

Occasionally after your operation it may be necessary for you to be nursed for a short time in the nurse enhanced unit. The nursed enhanced unit is based on the main ward and has closer monitoring to provide enhanced support initially after surgery.

# **What to expect after the operation**

When you wake up after your operation you may feel sick from the anaesthetic and have some post-operative pain. Every effort will be made to control these. This may be in the form of oral medication, and/or patient controlled analgesia system (PCAS) which will be explained by the nurses. You may also be given a local anaesthetic device which relieves your pain directly at the site of the wound. This is known as a 'pain buster' and is usually removed two days after surgery.

Some other equipment which may be attached to you includes:

- A small tube (drain) coming from your wound for the removal of any blood and fluids that have collected after your operation. This will be removed after a day or two.
- A drip into your arm to replace fluids.
- An oxygen mask over your mouth and nose.
- A urinary catheter which is necessary to measure the level of fluids in your body and to reduce the risk of you falling whilst trying to empty your bladder/ going to the toilet.

Your wound will be dressed with bandages for up to five days. Your residual limb can be closed with staples, dissolvable stitches or the skin edges may have been left open to heal over naturally. The type of wound closure will be decided during your operation and can be discussed with your consultant afterwards.

## **What are phantom limb sensations or phantom pain?**

After surgery it is very common to feel as if the leg which has been removed is still there. This is known as 'phantom limb sensation'. Phantom sensations can be very strong, and you can easily forget that you have had a lower limb amputation. You may experience this sensation as warmth, coldness, heaviness, a feeling of wiggling your toes or moving your leg, itching of your leg/foot, or just that all or part of your leg is still present.

You may also experience phantom pains (perhaps twitching, burning, numbness type pains) which can be more troublesome. Please tell your medical team if these sensations are distressing you. There are a variety of methods that can help manage the symptoms.

Patients often report that massaging the end of the residual limb or gently "scratching" the space where you are getting the sensations can help.

# How soon can I get up after the operation?

Where possible the therapists will see you the day after your operation and teach you some simple but essential exercises to prevent tightness in your muscles and stiffness in your joints. They may also teach you some breathing exercises to help you clear any excess phlegm off your chest.

On the first or second day after your surgery, you will be taught how to sit up on the edge of the bed and transfer on your remaining leg to your wheelchair with the help of the therapists or nursing staff. You will be provided with a loaned wheelchair to help you get around. You will be taught how to use a wheelchair safely on the ward.

It is very important that you do not hop anywhere, even if it is a short distance using a frame or crutches.

Hopping anywhere, even using a frame of crutches, can be dangerous and can easily lead to a fall as your balance can change after your operation.

It also puts added strain on your other leg.

# Your safety

Falls are very common following lower limb amputation as it is more difficult to keep your balance when moving. However, by sticking to some simple rules you can help to prevent falls and injuries:

- Always take your time when moving. Rushing is likely to cause an accident.
- When moving in and out of your wheelchair, make sure the brakes are on, and you have positioned yourself close enough to make the manoeuvre safely.
- Wear a comfortable, well-fitting shoe that has a non-slip sole.
- If you have phantom limb sensation it is easy to forget that you have had your leg amputated. Trying to stand on a phantom limb is a common cause of falls. Be especially careful when you first wake up or move from your bed at night.
- Keep active – inactivity leads to both weak muscles and poor balance. Continue the exercises provided to you on the ward to help prevent tight muscles and maintain strength. Moving around in the wheelchair helps upper-body and core strength as well as providing cardio-vascular exercise.
- Eat a healthy balanced diet and keep well hydrated.

## **What to do if you fall**

We advise you to take care to try and prevent falls. Falls can lead to further injuries including damage to the residual limb which may require surgical repair.

Before you go home, we will discuss an action plan in case you fall. We will teach you how to get up from the floor safely.

## **Discharge planning**

From early on in your admission for a lower limb amputation, we will ask you questions about your home and social circumstances and start to plan your discharge. There are no fixed time scales as both medical and social circumstances can vary for each patient.

For more information about what happens before and after discharge see “A patient’s guide to lower limb amputation, book two, recovery and rehabilitation”.



# Emotions

Lower limb amputation is a life changing event. It can take a long time for you to adjust both physically and emotionally. Your emotional recovery is very important.

There are members of the team who have been trained to support you emotionally and are happy to listen to your concerns and worries. They can help signpost you to appropriate services and support. It is normal to experience feelings of loss and grief at some point following lower limb amputation. Feelings may include fear, anxiety, anger, denial or depression. These are very natural responses. For most, these feelings will fade as you adjust to life after lower limb amputation and begin to make positive plans for your future.

Do not ignore these feelings. It is important to speak to a member of staff or your GP who can help you decide what you need.

This is the start of your recovery and rehabilitation, book two provides you with the information related to these stages. For a copy of book two please speak to a member of staff.

**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](mailto: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](mailto: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/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

Owner	Lisa Chapman, Advanced Clinical Specialist Helen Thornton, Clinical Lead Physiotherapist for Amputees Daisy Hurn, Clinical Specialist Occupational Therapist Lisa Sharpe, Vascular Specialist Nurse
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