Leg amputation

The aim of this information sheet is to help answer some of the questions you may have about having a leg amputation. It explains why your surgeon has recommended this operation and the risks of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

Why is an amputation done?
An amputation may be needed if:
- you have a severe infection in your limb
- your limb has been affected by gangrene (as a result of peripheral arterial disease)
- your limb is deformed and has limited movement and function.

Diabetes
Patients with diabetes are at a greater risk of requiring an amputation. Firstly, many patients with diabetes experience what is called peripheral neuropathy. This means poor blood sugar control over time can lead to pain, tingling or lack of feeling in your hands and feet. You may step on something sharp but not feel it. Without proper monitoring, this could lead to an infection (a foot ulcer). If the infection becomes bad enough, it could require amputation.

Additionally, if you have diabetes you are at greater risk of having peripheral arterial disease (see below). When you have peripheral arterial disease, it is harder for blood to circulate in your body, making it harder for foot ulcers to heal.

Peripheral arterial disease
Peripheral arterial disease is a blockage or narrowing of the arteries supplying blood to your legs. Symptoms of this include pain in your foot that wakes you at night, black areas on your toes, feet or leg, or ulceration (the development of ulcers).

If this is left untreated, the lack of blood circulation will cause the pain to increase. Tissue in the leg will die due to lack of oxygen and nutrients, and this can lead to infection and gangrene. In some cases, gangrene can be very dangerous as the infection can spread through the body and become life-threatening.

Amputation is always a last resort and will only be recommended if your surgeon has decided it is not possible to improve the circulation, or resolve the infection in any other way.
What are the risks?
- Wound healing after the operation can sometimes be slow. Very occasionally it is necessary to perform another amputation higher up the leg if the original amputation wound does not heal.
- The wound can become infected and if so, will require treatment with antibiotics.
- Aches and twinges in the wound are common and may continue for several months. It is also very common to experience phantom pain that seems to be in the part of the leg that has been removed. This is called phantom limb pain. The sensation you may feel with this type of pain is burning, aching or itching. This can sometimes be managed with medication.
- Chest infections can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy.
- As with any major operation there is a risk of you having a medical complication or reaction to the anaesthetic. You may wish to read our leaflet Having an anaesthetic for more information.

Asking for your consent
We want to involve you in all decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. If you would like more information about our consent process, please ask a doctor or nurse caring for you.

Which parts of my leg will be amputated?
There are three main sites of amputation. These are:
- below the knee
- through the knee
- above the knee.

The site of amputation will depend on how poor the blood supply to your leg is. If possible, a below the knee amputation will be performed, as this makes it easier to walk with an artificial limb after the operation. However, many people also recover well and have a good level of mobility (movement) after an above the knee amputation.

How can I prepare?
We will send you information about how to prepare for your hospital stay with your admission letter. Please read this information carefully.

We will also send you information about fasting. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions if you need to fast and when to start fasting. It is important to follow these instructions. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs.
What happens during the surgery?
In the anaesthetic room you will be given a general anaesthetic to put you to sleep. Alternatively, you may have a tube inserted into your back, so that painkillers can be given to numb the lower half of your body whilst you remain awake (spinal or epidural). If this is the case, you will be given sedation to ensure you are not aware of the operation.

The amputation stump will be closed either with stitches under the skin that dissolve by themselves or with external stitches that will need to be removed. A small tube will also be inserted to drain any fluid that builds up after the operation.

Will I feel any pain?
You will be given painkillers to help keep you comfortable. These may be given via a tube in your back (epidural infusion), a tube directly into the stump (peripheral nerve catheter), or by a machine that you control yourself, which delivers painkillers whenever you need them through a drip into your vein (patient-controlled analgesia).

What happens after the procedure?
You will return to the vascular ward once you have recovered from the anaesthetic.

You will be given fluids through a drip in one of your veins until you are well enough to sit up and take fluids and food by mouth.

It is quite common to experience pain that feels as though it is in the part of the leg that has been removed. This is referred to as phantom limb pain, and can be helped with medication.

On the first day the drain will be removed along with any drips that are not required.

You will be visited by the physiotherapist before and after your operation. For more information about how you will be supported after your operation, both before and after you leave hospital, see our booklet, Rehabilitation after your lower limb amputation.

What can I do to help myself?
If you are a smoker we strongly advise you to quit and remain a non-smoker in the long term. Smoking may damage the circulation in your other leg. You can contact the free NHS smoking helpline on t: 0800 022 4322.

The booklet Rehabilitation after your lower limb amputation also provides information about how you can look after yourself and about a range of organisations that provide support and guidance.
Contact us
If you have any questions or concerns before or after you have left hospital, please contact the vascular nurse specialists on t: 07825 503902 (Monday to Friday, 9am-5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit w: www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.
t: 0800 731 0319 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk

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