

Below-the-Knee Leg Amputation: Before Your Surgery

What is a below-the-knee amputation?

A below-the-knee amputation is surgery to remove your leg below the knee. Your doctor removes the leg and keeps as much healthy skin, blood vessel, and nerve tissue as possible.

Having your leg removed is traumatic. You have to learn to live with new limitations. This can be hard and frustrating. You may feel depressed. Or you may grieve for your previous lifestyle. Talking with your family, friends, and health professionals about how you feel may help. You may also find it helps to talk with a person who has had an amputation.

Even though losing a limb is a challenge, it does not change who you are. It doesn't prevent you from enjoying life. You will have to learn new ways to do things. But you will still be able to work and take part in sports and activities. And you can still learn, love, play, and live life to its fullest.

Many organizations can help you adjust to your new life. Websites for some of these include www.americanamputee.org, www.amputee-coalition.org, and www.nationalamputation.org.

Your doctor will tell you how much of your leg should be removed. He or she will leave enough healthy skin to cover the remaining part of your leg (residual limb). You may get an artificial leg. This is called a prosthesis. If you get one, your doctor will shape your residual limb for the best possible fit.

Your doctor may sew together the skin to cover the residual limb. Or he or she may leave it open to make sure it heals as it should. In this case, the skin may be sewn together 10 to 14 days later.

After surgery, you will stay in the hospital for several days. How long you stay depends on your general health and the way your doctor does the surgery. You may spend part of your recovery in a skilled nursing facility.

Your residual limb may heal as soon as 4 to 8 weeks after surgery. But it may take longer. You will need physical rehabilitation (rehab). The rehab can sometimes start within 48 hours of your surgery. It may last as long as 1 year.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for your surgery.

Preparing for surgery

- Understand exactly what surgery is planned, along with the risks, benefits, and other options.

- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your surgery. You may need to stop taking certain medicines a week or more before surgery. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

What happens on the day of surgery?

- Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center

- Bring a picture ID.
- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the surgery.

Going home

- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your surgery. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to <http://www.healthwise.net/ed>

Enter **C024** in the search box to learn more about "**Below-the-Knee Leg Amputation: Before Your Surgery.**"

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Below-the-Knee Leg Amputation: What to Expect at Home

Your Recovery

A below-the-knee amputation is surgery to remove your leg below the knee. Your doctor removed the leg while keeping as much healthy bone, skin, blood vessel, and nerve tissue as possible.

After a below-the-knee amputation, you will probably have bandages, a rigid dressing, or a cast over the remaining part of your leg (remaining limb). The leg will be swollen for at least 4 weeks after your surgery. If you have a rigid dressing or cast, your doctor will set up regular visits to change the dressing or cast and check the healing. If you have elastic bandages, your doctor will tell you how to change them.

You may have pain in your remaining limb. You also may think you have feeling or pain where your leg was. This is called phantom pain. It is common and may come and go for a year or longer. Your doctor can give you medicine for both types of pain.

You may have already started a rehabilitation program (rehab). You will continue this under the guidance of your doctor or physical therapist. You will need to do a lot of work to recondition your muscles and relearn activities, balance, and coordination. The rehab can last as long as a year.

You may have been fitted with a temporary artificial leg while you were still in the hospital. If this is the case, your doctor will teach you how to care for it. If you are getting an artificial leg, you may need to get used to it before you return to work and your other activities. You will probably not wear it all the time, so you will need to learn how to use a wheelchair, crutches, or other device. You will have to make changes in your home. Your workplace may be able to make allowances for you.

Having your leg amputated is traumatic. Learning to live with new limitations can be hard and frustrating. You may feel depressed or grieve for your previous lifestyle. It is important to understand these feelings. Talking with your family, friends, and health professionals about your frustrations is an important part of your recovery. You may also find that it helps to talk with a person who has had an amputation.

Remember that even though losing a limb is difficult, it does not change who you are or prevent you from enjoying life. You will have to adapt and learn new ways to do things, but you will still be able to work and take part in sports and activities. And you can still learn, love, play, and live life to its fullest.

Many organizations can help you adjust to your new life. Websites for some of these include www.americanamputee.org, www.amputee-coalition.org, and www.nationalamputation.org.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- Be active. Talk to your doctor about what you can do. If you are active and use your remaining limb, it will heal faster.
- You may shower when your doctor okays it. Wash the remaining limb with soap and water, and pat it dry. You may need help doing this at first.
- You may need to adapt your car to your situation before you drive.
- You will probably be able to return to work and your usual routine when your remaining limb heals. This can be as soon as 4 to 8 weeks after surgery, but it may take longer.

Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. Take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.

Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if and when to start taking those medicines again. Make sure that you understand exactly what your doctor wants you to do.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor has told you not to).
 - Ask your doctor for a different pain medicine.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Remaining limb care

- You may have bandages, a rigid dressing, or a cast on your remaining limb. Your doctor will tell you how to take care of it. Depending on your dressing and the doctor's instructions:
 - Check your remaining limb daily for irritation, skin breaks, and redness. Tell your doctor about any problems you see.

- Wash your remaining limb with mild soap and warm water every night. Pat it dry.
- If you have a temporary artificial leg, remove it before you go to sleep.

Exercise

- Rehabilitation is a series of exercises you do after your surgery. This helps you learn to use your remaining limb and artificial leg. You will work with your doctor and physical therapist to plan this exercise program. To get the best results, you need to do the exercises correctly and as often and as long as your doctor tells you. Your rehab program will give you a number of exercises to do. Always do them as your therapist tells you.

Other instructions

- Preventing contractures is very important. A contracture occurs when a joint becomes stuck in one position. If this happens, it may be hard or impossible to straighten your remaining limb and use an artificial leg.
 - Make sure you put equal weight on both hips when you sit. Use firm chairs, and sit up straight.
 - Keep your remaining limb flat with your knees straight and your legs together while you are lying on your back.
 - Lie on your stomach as much as possible to stretch your hip joint.
 - Do not sit for more than an hour or two. Stand, or lie on your stomach now and then.
 - Do not put pillows under your hips or knees or between your thighs.
 - Do not rest your remaining limb on crutch handles or a wheelchair.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe trouble breathing.

Call your doctor now or seek immediate medical care if:

- You have loose stitches, or your incision comes open.
- You have bleeding from the incision in your remaining limb that suddenly increases or does not stop when your doctor said it should.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - A fever.

- You are sick to your stomach or cannot keep fluids down.
- You have pain that does not get better after you take pain medicine.

Watch closely for any changes in your health, and be sure to contact your doctor if:

- You do not have a bowel movement after taking a laxative.

Where can you learn more?

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