

Foot Amputation: Before Your Surgery

What is foot amputation?

Foot amputation is surgery to remove part or all of your foot. Your doctor will leave as much healthy skin, blood vessel, and nerve tissue as possible. You will be asleep during the surgery.

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

Your doctor may sew the skin closed to cover the residual limb or remaining part of your foot. Or he or she may leave it open to make sure that it heals as it should. In this case, the skin may be sewn together several days later. Or it may be left open to heal on its own. Skin that is left open can take a few months to close.

How long you will stay in the hospital after surgery depends on how much of your foot was removed. It also depends on your general health. You may need physical rehabilitation (rehab) after the surgery. Rehab can sometimes start within 48 hours of your surgery. It may last as long as 1 year.

Having part or all of your foot removed is traumatic. Learning to live with new limitations can be hard and frustrating. You may feel depressed. Or you may grieve for the lifestyle you used to have. Talking with your family, friends, and health professionals about your frustrations may help. You may also find that it helps to talk with a person who has had an amputation.

Remember that even though losing part or all of your foot is a challenge, 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.

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 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 **L746** in the search box to learn more about "**Foot Amputation:
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Foot Amputation: What to Expect at Home

Your Recovery

Foot amputation is surgery to remove part or all of your foot. Your doctor left as much healthy bone, skin, blood vessel, and nerve tissue as possible.

After a foot amputation, you will probably have bandages, a rigid dressing, or a cast over the remaining part of your leg or foot. The leg or foot may be swollen for 4 weeks or longer 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 the remaining part of your foot. You also may think you have feeling or pain where your foot 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 been fitted with a temporary artificial foot 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 foot or prosthesis, 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 may need to learn how to use a wheelchair, crutches, or other device. You may have to make changes in your home. Your workplace may be able to make allowances for you.

Having part or all of your foot removed 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 foot 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 or foot, it will heal faster.
- You may shower when your doctor okays it. Wash the remaining limb or foot with mild soap and water, and pat it dry. You may need help doing this at first.

- You may be able to drive when you finish your rehab and have an artificial foot or prosthesis. You may need to adapt your car to your situation.
- You will probably be able to return to work and your usual routine when your remaining limb or foot heals. This may be as soon as 4 to 8 weeks after surgery.

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 or foot care

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

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 or foot 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?

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

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