

After you leave hospital

You are likely to feel a bit tired and need rests 2 or 3 times a day for two weeks or more.

What about an artificial leg?

You will see the limb fitters once the wound has healed. It may take up to three months before you have a limb which suits you exactly, since the stump is changing and firming up all the time.. The physiotherapist will continue your training.

Driving

This depends on how quickly you cope with the artificial limb. You may well be able to drive an automatic car or one specially modified for your needs. We will help you in this.

What about sex?

You can restart sexual activities within 3 to 4 weeks, when the wound is comfortable enough.

Work

This depends on how quickly you heal up. It is unlikely that you could do a heavy manual job but many other jobs are perfectly feasible.

Complications

Complications are seldom serious and are well known.

Slow wound healing is sometimes seen and shows up within the first week or two. The doctors will discuss this with you. If you think that all is not well, please ask the nurses or doctors.

Infection is a rare problem and will be treated appropriately by the surgeon.

Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

General advice

The operation is a medium sized one. You will end up much better off than before it. Most patients are able to walk without difficulty on the new limb. The fitting of the new limb is rather tedious and slow but is well worth it in the end. If you have any problems or queries, please ask the nurses or doctors.

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THROUGH KNEE AMPUTATION

What is the problem?

There is not enough blood getting down your leg to keep the foot and toes alive. The lack of blood causes severe pain serious infection may result. The only choice is to take off the damaged part. This must be done high enough to get proper healing of the stump. In your case it means an amputation through your knee.

What does the operation consist of?

A cut is made so that after removing the diseased part, you end up with a rounded stump made of healthy skin.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

Diet.

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Shaving.

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The operation area will be shaved to remove excess hair.

Timing of the operation.

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past. You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally. Occasionally a tube (catheter) is put into your bladder to drain urine until you are more mobile.

Will it hurt?

Your original pain will have gone but you may still feel as if the foot and toes are still there. This is called a 'phantom limb' and is quite normal. The feeling fades in time. By the end of one week the wound should be virtually painfree. You will be helped out of bed after 24 hours. You should be sitting out of bed comfortably in a week. If you are strong enough and have no other physical disabilities, you should be trying to walk with crutches in a week or so. The Physiotherapist will help you mobilise.

Drinking and eating

You should be able to drink after the operation and be on a normal diet the next day.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. You will need help with a bedpan at first. Later you will find a commode easy but you will still need help. If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

Passing urine

If there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time but this is just an irritation by the tubing and it passes off.

Once you can move about in reasonable comfort the catheter is taken out.

If you have had a catheter in the bladder you must pass urine after the catheter is taken out. If you cannot, ask the nurses for advice. If you find using a bedpan or a bottle difficult, the nurses will assist you to commode or the toilet.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by continuous movement of body and limbs. You will have exercises to strengthen your leg muscles and to keep your knee working. You will continue exercises to build up your arms and shoulders for using crutches later.

The wound

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after 10 - 14 days. The dressing is usually removed after 1-3 days and replaced. Sometimes a plastic drain is used to drain excessive secretions from the wound. It may be slightly uncomfortable but is removed after a few days.

When you first see the wound the stump will look very bulgy but this smooths off in a week or two. Once the wound has healed we will arrange for you to see the limb fitter for an artificial limb. However, with the help of the physiotherapist, you will be practising to walk with a temporary limb from early on.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

How long in hospital?

You should plan to be in hospital for 3 weeks to cover any delay in healing of the wound. You may well be out before this.

You will be given an appointment for a check up about a 1 to 2 weeks after you leave hospital. You may need alterations to your home, such as bath handles and ramps, which will help you when you return. You will need to have a temporary wheelchair and learn how to use it.

Please ask your surgeon for any sick notes or certificates that you may require.