



PATIENT INFORMATION

Vascular Amputation

Please pack this booklet with your belongings that you will bring to hospital. You will need to refer to this booklet after surgery.

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

*This booklet was prepared by
the Vascular Surgery team of The Ottawa Hospital
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Introduction

Welcome to The Ottawa Hospital. This booklet was prepared for you by the Vascular Surgery team to help you understand:

- your condition and your surgery
- how you can help yourself
- your care in hospital
- your needs, care and resources after discharge

Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the clinical pathway on pages 4 to 6. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

Please:

- Read the booklet carefully.
- Share it with your family.
- Ask questions if there is something you don't understand.
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital.

Your Condition and Your Surgery

Your surgeon has decided that it is necessary to surgically remove a portion of your limb by a procedure called amputation. Amputation is necessary when the blood flow to a limb is poor, the limb is no longer functioning, or there are wounds on the limb that may cause or be associated with serious infection. The most common reason for poor blood flow to a limb is peripheral arterial disease. In peripheral arterial disease (PAD), blood flow is decreased to the lower limbs by blockages or narrowing of the arteries resulting from cholesterol build up or injury from smoking. These narrowing or blockages are known as *atherosclerosis*, or “hardening of the arteries”.

There are two types of amputation: *minor* and *major*. They are described below.

Minor

This type of amputation can include amputation of the toes and/or forefoot (transmetatarsal). After surgery you may need to limit the amount of weight put on the amputated foot to help with healing. Once your foot has healed you may be able to walk without the need of a prosthesis/artificial limb. In some cases, your doctor will recommend a shoe insert if it is appropriate for you.

Major

A major amputation is an amputation at a higher level, and requires a prosthesis/artificial limb to walk. A prosthesis is a device to replace a missing part of the body. Depending on your state of health, a prosthesis may not be appropriate for you. Amputees who cannot use a prosthesis are taught how to safely use a wheelchair with little or no assistance.

Major amputations include the following:

- Syme’s amputation:
Amputation is performed through the ankle.
- Below the knee amputation:
About 4 inches/10 centimeters below the knee cap.
Many amputees who heal at this level become successful users of a prosthesis.
- Through knee amputation:
Through the knee joint.
- Above the knee amputation:
At about mid-thigh.

Whether an amputation is a result of trauma, infections or long-standing vascular disease, the prospect of losing a limb can be an emotional and social challenge. Social workers are available to help you and your loved ones through this challenge. Other health-care professionals are also available to answer any questions that you may have. These include physiotherapists who will help you with transfer training and exercises while in hospital and an occupational therapist who will help you resume your normal activities of daily living such as self care tasks and transfer training.

Your surgeon will decide the appropriate level for amputation.

The following three pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.

Clinical Pathway – Vascular Amputation			
	PAU	Day of Admission	Post-op Day of Admission
Tests	<ul style="list-style-type: none"> • Blood tests • Electrocardiogram, if required • Chest x-ray, if required • Urine test, if required 	<ul style="list-style-type: none"> • Blood tests 	
Medication	<ul style="list-style-type: none"> • Review patient medications 	<ul style="list-style-type: none"> • Antibiotic • Diabetic medications, if applicable 	<ul style="list-style-type: none"> • Epidural or Intervenous Patient Controlled Analgesia (IC PCA) pain medication • Anti-nausea medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Your own medication, as appropriate
Assessment and Treatment			<ul style="list-style-type: none"> • Vital signs (blood pressure, heart and respiratory rate, temperature), bowel and breath sounds • Oxygen if needed • Skin assessment
Activity			<ul style="list-style-type: none"> • Sit at the side of the bed • Foot and ankle exercises on remaining limb
Nutrition	<ul style="list-style-type: none"> • You may eat or drink as you wish 	<ul style="list-style-type: none"> • Follow the fasting instructions given to you by the Pre-Admission nurse 	<ul style="list-style-type: none"> • Sips of clear fluids
Elimination			<ul style="list-style-type: none"> • Urinary catheter
Patient Teaching	<ul style="list-style-type: none"> • Read the amputation patient education booklet • Patient specific medications • Health promotion 	<ul style="list-style-type: none"> • Pre-op instructions 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Repositioning while in bed • Foot and ankle exercises on contralateral leg • Extension of knee for below knee amputation • Diet • Smoking cessation information if needed
Discharge Planning	<ul style="list-style-type: none"> • Plan for 7 days in hospital • Plan on discharge time of 10 a.m. 		

Clinical Pathway – Vascular Amputation			
	Post-op Day 1	Post-op Day 2	Post-op Day 3
Tests	<ul style="list-style-type: none"> • Blood tests 		
Medication	<ul style="list-style-type: none"> • Epidural or IV PCA pain medication • Anti-nausea medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Diabetic medications, if applicable • Your own medication, as appropriate 	<ul style="list-style-type: none"> • Epidural or IV PCA pain medication • Anti-nausea medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Diabetic medications, if applicable • Your own medication, as appropriate 	<ul style="list-style-type: none"> • Epidural or IV PCA pain medication • Anti-nausea medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Diabetic medications, if applicable • Your own medication, as appropriate
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs • Oxygen if needed • Skin assessment • Assessment by Occupational Therapy and Physiotherapy 	<ul style="list-style-type: none"> • Vital signs • Oxygen if needed • Skin assessment • Assessment by Diabetes Nurse Specialist, if required 	<ul style="list-style-type: none"> • Vital signs • Skin assessment and incision assessment
Activity	<ul style="list-style-type: none"> • Up in chair/wheelchair once • Mobilize at least two additional times 	<ul style="list-style-type: none"> • Sit in chair/wheelchair twice • Mobilize at least one additional time 	<ul style="list-style-type: none"> • Sit in chair/wheelchair twice • Mobilize at least one additional time
Nutrition	<ul style="list-style-type: none"> • Diet as ordered • Dietitian consult, if needed 	<ul style="list-style-type: none"> • Diet as ordered • Dietitian consult, if needed 	<ul style="list-style-type: none"> • Diet as ordered
Elimination	<ul style="list-style-type: none"> • Urinary catheter 		
Patient Teaching	<ul style="list-style-type: none"> • Foot and ankle exercises on contralateral leg • Knee extension for below knee amputation • Deep breathing and coughing • Pain management • Repositioning • Diet • Smoking cessation information if needed 	<ul style="list-style-type: none"> • Reinforce: <ul style="list-style-type: none"> – Positioning – Exercise/activity – Pain management – Diet • Smoking cessation 	<ul style="list-style-type: none"> • Reinforce: <ul style="list-style-type: none"> – Positioning – Exercise/activity – Pain management – Diet • Smoking cessation
Discharge Planning	<ul style="list-style-type: none"> • Review discharge plans with family 	<ul style="list-style-type: none"> • Review discharge plans with family 	<ul style="list-style-type: none"> • Review discharge plans with family

Clinical Pathway – Vascular Amputation			
	Post-op Day 4	Post-op Day 5	Post-op Day 6 / Discharge
Medication	<ul style="list-style-type: none"> • Wean pain medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Diabetic medications, if applicable • Your own medication, as appropriate 	<ul style="list-style-type: none"> • Oral pain medication • Blood thinning medication • Sleeping medications, if required • Laxatives, if required • Diabetic medications, if applicable • Your own medication, as appropriate 	<ul style="list-style-type: none"> • Oral pain medication • Blood thinning medication • Diabetic medications, if applicable • Your own medication, as appropriate
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs • Skin and incision assessment 	<ul style="list-style-type: none"> • Vital signs • Skin and incision assessment 	<ul style="list-style-type: none"> • Vital signs
Activity	<ul style="list-style-type: none"> • Sit in chair/wheelchair twice • Mobilize at least one additional time 	<ul style="list-style-type: none"> • As tolerated 	<ul style="list-style-type: none"> • As tolerated
Nutrition	<ul style="list-style-type: none"> • Diet as ordered 	<ul style="list-style-type: none"> • Diet as ordered 	<ul style="list-style-type: none"> • Diet as ordered
Elimination			
Patient Teaching	<ul style="list-style-type: none"> • Activity • Pain management • Wound care 	<ul style="list-style-type: none"> • Activity • Pain management • Wound care • Medications • Foot care 	<ul style="list-style-type: none"> • Discharge instructions
Discharge Planning	<ul style="list-style-type: none"> • Confirm discharge plans with family and discharge time of 10 a.m. • Confirm Home Care plans, if applicable 	<ul style="list-style-type: none"> • Confirm discharge plans with family and discharge time of 10 a.m. 	<ul style="list-style-type: none"> • Discharge

The Pre-Admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). The hospital will call to arrange this appointment. If you would like more information regarding your surgery you can visit The Ottawa Hospital website at www.ottawahospital.on.ca select Clinical Services then select 'my surgery'. (<http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery>).

The Day of Surgery – Before the Surgery (Pre-op)

Please follow the pre-op instructions provided by the nurse during your PAU visit.

Your Care in Hospital – After Surgery

Pain management after surgery

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that the pain does not prevent you from deep breathing, coughing, turning, or getting out of bed.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the *Pain Management after Surgery* booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

Phantom sensation and phantom pain

Phantom sensation is the feeling that the amputated limb is still present after surgery. Phantom pain occurs when pain or discomfort is felt in the amputated limb after surgery.

One or both of these is experienced by almost all amputees. The degree or the amount of sensation or pain is different for each person and can be affected by a number of things.

Over time, some amputees may feel that the missing limb is gradually moving towards the remaining limb. This is called “telescoping” and it may continue until the sensation of the phantom limb decreases or disappears. While the cause of phantom pain and sensation is not completely understood, various treatments have been effective in giving relief. You and your health-care team can assess what is best for you.

Fall Risk

You will be at risk of falling after your surgery. We will do everything we can to help you avoid falls while in hospital however, we need your help. When you want to get up call for assistance. Once you are able to transfer on your own your health care team will advise you. Until that point please call for assistance, even if you feel you can do it on your own. Your safety is our concern.

Drain

You may have a small drainage tube in the incision to drain extra fluid. This will be removed after a couple of days when drainage has decreased.

Intravenous (IV)

You will have an IV to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing.

Oxygen

Under certain conditions, the body may require extra oxygen. These conditions may include lung disease, heart disease and the demands of surgery. Extra oxygen can help restore normal oxygen levels in the blood and body tissues and reduce the workload of the heart and lungs.

During your hospital stay you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannula).

The amount of oxygen in your blood is measured by placing a small, painless clip on your finger. This is called pulse oximetry. This measurement is used to check that your body is getting the right amount of oxygen. The nurse and physiotherapist will use these measurements to increase, decrease or stop giving you extra oxygen.

You will be encouraged to do deep breathing and coughing exercises to keep your lungs clear. (See the section on *Post-operative Exercises*.)

Indwelling catheter

You may have a urinary catheter (tube) to drain urine from your bladder. This catheter will be removed after a couple of days.

Incision

You will have an incision covered by a dressing on your amputated limb. The dressing will be removed after 3 days. The incision will then be cleaned and dressed daily. Please keep the dressing dry. If you notice any bleeding under the dressing let the nurse know immediately.

Dressings

Below knee amputation

At the time of surgery, your doctor will use one of two types of dressings over the amputation site: a rigid dressing or a soft dressing.

Rigid dressing

A carefully padded plaster cast will be left on for one to two weeks. Often after 7 days the rigid cast is removed, if the healing process is going well, it is replaced by a simple dressing covering the incision or shrinker sock over the amputated limb. Sometimes the rigid dressing is removed earlier if it becomes too loose or feels too tight.

Soft dressing

A simple dressing covering the incision with a lightly wrapped bandage is applied over the amputated limb. Three days after surgery, the first dressing is removed to look at your incision. After that, your wound will be cleaned and your dressing will be changed daily.

If you are a candidate for a prosthesis, closer to the end of your stay you will be fitted for a shrinker sock. The shrinker sock is intended to help shape your amputated limb to prepare it to fit a prosthesis, should one be appropriate.

Diet

Once back on the unit, you will be allowed to take fluids as you can tolerate. It is recommended that you progress to regular food as you feel ready.

Your body needs more energy and protein when recovering from surgery and during illness. Try to include a protein rich food at each meal. Examples of protein rich foods include: meats, poultry, fish, eggs, dairy and dried beans/legumes.

If you are unable to eat well at meals, ask to see the inpatient dietitian. The dietitian can help optimize your nutrition to promote healing, while you are in hospital.

Activity while in hospital

The early stage of your rehabilitation begins within a day after your surgery. Although this process will vary from person to person, the following guidelines may be helpful.

Bed activity

While you are in bed, it is important to move and reposition frequently to avoid pressure on your skin. You will be assisted to reposition every few hours. There should not be a pillow under your amputated limb. You are encouraged to use a pillow under your remaining limb to prevent pressure on your heel. If you have a soft dressing, it is very important that you keep your knee straight and not bent.

The physiotherapist will teach you some simple exercises to do while in bed. The physiotherapist may also help you lie on your stomach for short periods during the day to maintain the flexibility of your hip joint.

Getting out of bed

Within one day, you will be assisted to get up to a chair or wheelchair. During your hospital stay, the physiotherapist or occupational therapist will teach you how to get in and out of bed safely into a chair or wheelchair.

The occupational therapist will loan you a wheelchair while you are in hospital and provide you with a specialized cushion to improve your comfort and sitting balance, if required.

Exercise program

The physiotherapist may take you to the gym to practice transfers when appropriate. You will be given suggestions about the type of clothing that's best to exercise in.

Personal care

Returning to independence in the areas of dressing and bathing will be encouraged and may be assisted through the use of special equipment such as grab bars for the bath and toilet, transfer boards, tub seats for bathing, and raised toilet seats. Getting dressed is usually easier from a lying and sitting position on the bed. Front fastenings and loose clothing also help to minimize frustrations. The occupational therapist will help you to problem solve and find the safest way to perform your self-care tasks.

Clothing that is suitable includes:

- sweat suit
- shorts
- a running shoe or walking shoe for your transfers and exercises

Preparing for a prosthesis

If you are a candidate for a prosthetic device, shortly after surgery the health-care team will begin to prepare your amputated limb to be able to fit a prosthesis. A shrinker sock will fit over the end of your amputated limb and will be used to decrease swelling and to shape the limb to allow it to fit well inside a prosthetic device. This will occur once fitting for the prosthesis is appropriate. In order to determine if a prosthesis is appropriate for you, you will be assessed by a Rehabilitation Specialist while in hospital. Then, four to six weeks after your surgery, once the incision has healed, a follow-up appointment will be made with The Rehabilitation Centre amputee clinic to further establish your readiness for the prosthesis.

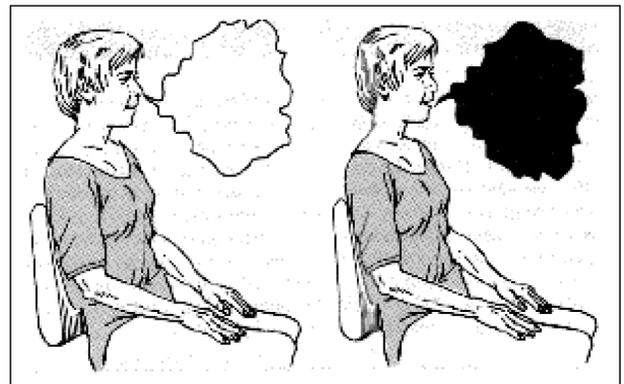
Post-operative Exercises

Deep breathing and coughing exercises

After surgery, we tend to take smaller breaths. This can be due to pain, anaesthetic medications given during surgery, or due to you not being as active as before your surgery. Doing deep breathing and coughing exercises will help to keep your lungs healthy.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Take a deep breath in through your nose. Hold for 5 seconds.
- Breathe out through your mouth.
- Repeat this exercise ten times each hour while you are awake and until your activity level increases.



Coughing exercises help to loosen any secretions that may be in your lungs and should be done after your first five deep breaths.

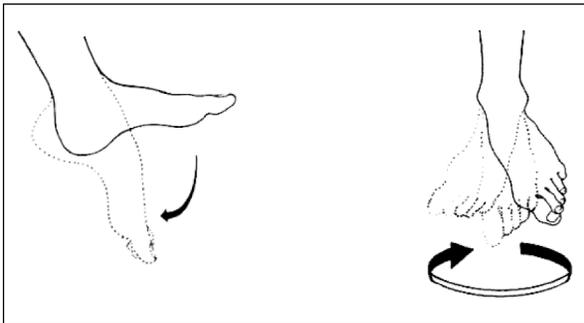
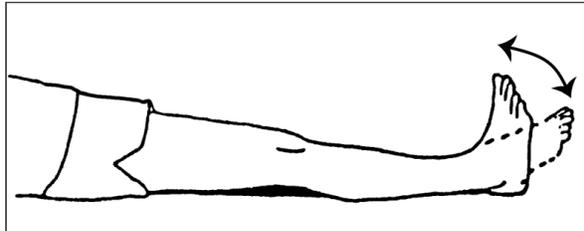
To produce an effective cough:

- Take a deep breath and cough.

Calf and ankle pumping exercises

Calf and ankle exercises help the blood circulate in your leg while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

- Lie on your back with your leg straight (see picture).
- Point your toes (as if you were pressing on a gas pedal) and then point your toes towards your chin.
- Move your ankle in a circle clockwise and counter-clockwise.
- These exercises will help prevent blood clots by increasing blood circulation in your leg.
- Remember to do these exercises ten times each hour.



Preparing for Discharge

Where you go after discharge from hospital will depend on your rehabilitation needs. The health-care team with you and your family will discuss and decide together what the best option is for you.

Discharge planning options

Social work is available to assist with discharge planning, assessing future care needs, and arranging:

- Financial assistance including medication funding
- Home care including meals on wheels and housekeeping
- Transportation including ParaTranspo
- Private health care agencies
- Convalescent care
- Rehabilitation
- Long-term care

For home support, the Community Care Access Centre Case Manager will assist in setting up any services you will need. For example, an occupational therapist, physiotherapist or personal support worker may be arranged.

If going home is an option for you, consider the following helpful tips on Home Safety and Preventing Falls:

A wheelchair may be required in your home even if you are to be fitted with a prosthetic limb. Wheelchair mobility may be an important part of your daily routine. Ensure that the wheelchair you use is in good working order and that you fit properly in it. Your therapist can assist you with this assessment.

If you require any equipment at home such as walker, wheelchair, commode or amputee board you will be responsible for renting or purchasing this equipment. If finances are an issue, please ask to speak with a health-care professional (occupational therapist, physiotherapist, or social worker) for various options.

- Keep your home free of clutter so it is easy to move about. There should be no scatter rugs as these can be potential tripping hazards.
- Keep your home well lit. Night-lights should be used, especially if you go the bathroom during the night.
- Use furniture that is a comfortable height for you. This is usually a firm chair with armrests, slightly higher in the seat than you may be used to. Your hips should be higher than your knees while sitting.
- Use safe objects for support (e.g. handrails, grab bars, mobility aid). Do not lean on furniture.

After Discharge

You may need help at home when you are discharged. Where you go after discharge will depend on your rehabilitation needs. The vascular team and rehabilitation specialist will help you and your family decide on the best available options for you. If you think you will have problems at home, discuss them with your nurse or social worker.

Arrange for someone to pick you up at 10 a.m. on the day of discharge. You will receive a follow-up doctor appointment and a prescription for medication.

Be sure you understand about your:

- Medications
- Exercise program

- Diet
- Any restrictions regarding your surgery
- When to call the doctor for symptoms
- Follow-up appointment(s)
- Preventing falls at home

Activity

- Take frequent rest periods as necessary. Let your body be your guide. Resume your usual activities gradually. Discuss any specific concerns with your doctor. Regular, daily exercise helps control your weight, helps reduce stress and controls blood pressure. It is not necessary to exercise vigorously. Mild exercise, such as sitting in a chair and doing arm raises or leg lifts, is generally safe and helpful for most people, but needs to be done on a regular basis to decrease risk of disease. Discuss exercise with your health-care professional.

Eating at Home

The food that you eat affects many of the important risk factors associated with vessel disease, for example:

- Your blood cholesterol
- Your blood pressure

A vessel healthy diet includes:

- Limiting trans fat
- Reducing salt and sugar
- Increasing fibre

To ensure you are making healthy choices:

- Eat three meals daily. Include healthy snacks if needed.
- Eat a variety of foods from each food group of Canada's Food Guide every day.
- Include at least three of the four food groups at each meal.

Fruits and Vegetables:

- ✓ Choose fresh or frozen vegetables rather than canned vegetables with added salt.
 - ✓ Prepare vegetables without using salt.
 - ✓ Choose fresh, or canned/frozen fruit without added sugar.
-

Grain Products:

- ✓ Choose higher fibre cereals that are lower in sugar.
 - ✓ Choose whole grain breads/buns – look for the word “whole grain” in the ingredient list.
 - ✓ Choose brown rice, barley, quinoa, bulgur, whole wheat pasta.
 - ✓ Enjoy air-popped popcorn or light microwave popcorn, unsalted pretzels, homemade bagel or pita chips as snacks.
-

Meats and Alternatives:

- ✓ Choose fish two to four times per week. Avoid deep fried fish. Choose unsalted, canned fish.
 - ✓ Include meatless meals a few times a week. Enjoy vegetarian chili, burritos with beans, split pea or lentil soups, hummus, meatless curries, baked beans, tofu, or soy burgers.
 - ✓ Choose omega-3 eggs more often. Limit yolks to three per week.
 - ✓ Choose natural nut butters (e.g. peanut, almond, hazelnut).
 - ✓ Avoid processed meats, poultry, and fish – e.g. seasoned products, deli meats, bacon, ham, sausages, wieners.
-

Milk Products:

- ✓ Choose lower fat varieties including 1% or less.
 - ✓ Choose plain or fruit yogurt with 3.25% Milk Fat (M.F.) or less.
 - ✓ Choose lower fat cheese with 20% M.F. or less. Choose lower sodium cheese as well.
-

What about Fats and Oils?

Limit to two to three tablespoons per day. This includes the amount used in cooking.

- ✓ Choose olive, canola oils, safflower or flaxseed oil.
 - ✓ Limit or avoid deep fried foods.
-

A Word about Salt:

- ✓ Use fresh or dried herbs, unsalted spices, lemon juice and flavored vinegars for flavouring during food preparation. Try Mrs. Dash or McCormack’s No Added Salt seasoning blends.
- ✓ Reduce or limit salt in cooking and avoid adding salt at the table.
- ✓ Prepare meals using fresh ingredients.
- ✓ Choose rarely: processed foods such as deli meats, canned/packaged soups, pickles, soy sauce, salted snack foods, commercial coatings for meats, frozen dinners, vegetable juices, canned vegetables, fast foods.

Read food labels to help make better choices

Nutrition Facts	
Per ½ cup (125 ml)	
Amount	%Daily Value
Calories 220	
Fat 2g	3%
Saturated 0 g + Trans 0 g	0%
Cholesterol 0 mg	
Sodium 150 mg	6%
Carbohydrate 44 g	15%
Fibre 8 g	32%
Sugars 16 g	
Protein 4 g	
Vitamin A 0% Vitamin C 0%	
Calcium 4% Iron 3%	

Look for foods with:

- Not more than 0.5g of Trans Fat per serving
- Less than 200mg (8%) Sodium per serving
- At least 2 g of fibre per serving
- Less sugar

Check the serving size carefully. It may not be the same as the amount you usually eat.

Note: While your wound is still healing, you need to ensure you continue to eat well and continue to include good protein at every meal. If you are having difficulty eating well at home, talk with your CCAC case manager or your doctor about seeing a Registered Dietitian.

Medications

- Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
- To avoid constipation (a side effect of many pain medications) add water-soluble fibre to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
- Do not drive a vehicle or sign any legal papers while you are taking narcotics (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and impair your judgment.

Wound care

- Do not wear clothes which irritate or constrict the incision.
- You may take a shower allowing the soapy water to run over the incision, rinse and pat dry. Do not soak in the bathtub, swim or use a hot tub until after seeing your doctor at your follow-up appointment.
- The clips on your incision will either be removed before you leave hospital or by your family doctor after you are discharged. Your surgeon will discuss this with you before you go home.
- Observe the incision for increased redness, increased tenderness, drainage, and incision separation. Notify your doctor if any of these occur. If you are unable to reach a doctor go to the emergency department.

Foot Care

- Avoid injury to your leg or foot, e.g. stubbing your toe while making a bed. Do not go barefoot. A shoe or slipper will help protect your foot from trauma. Leather shoes are better than plastic. Avoid sandals with thongs between the toes. Make sure the shoe is not tight when buying it. Wear a sock with your shoe.
- Wash your foot daily; however avoid soaking your foot. Soaking causes feet to dry and crack. Use super fatted soap, e.g. lanolin or glycerin. You may add moisturizing oil to the water when washing your foot.
- Use petroleum jelly or lanolin to soften hard dry skin overnight. Cover with a sock to keep the cream next to skin.
- Toenails should be clipped regularly and straight across flush with ends of toes. File sharp edges or corners with an emery board. If your nails are cracked or split, you may apply cotton balls soaked with mineral oil for 20 minutes to soften them. You may well be advised to have someone else care for your nails.

Smoking

Stop Smoking! Avoid all forms of tobacco (cigarettes, cigars, pipes, chewing tobacco) Smoking damages the lining of the arteries and increases the risk of atherosclerosis. Smoking cessation programs are available to assist you to stop smoking. Ask your nurse while in hospital about the programs available.

After discharge contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca.

Follow-up with Physician

At discharge from the hospital a follow-up appointment will be booked in one of three ways:

- Before you are discharged you will be given a follow-up appointment with your surgeon,
- One will be booked for you and you will receive a phone call notifying you of your appointment,
- You will be given a number to call to book your appointment.

If you are unable to make your appointment, please contact the central booking number: 613-761-4766 you will need to know the name of your surgeon.

Your surgeon's name: Dr. _____

Call your surgeon if you have any of the following:

- Chills or fever (temperature greater than 38.5°C)
- Increased pain, redness, swelling or drainage around the incision
- Separation of the incision
- Increased pain in your amputated limb or remaining leg or foot. A change in the colour (blue or white) or temperature (colder than normal) of the amputated limb or remaining foot or lower leg.

If you are unable to reach your doctor, please go to the Emergency department.

Resources

Associations and support groups

- Amputee Visitor Program

Information for Amputees is a book developed by the Amputee Visitor Program to help amputees access the many community services and resources available. This book also includes general information including care of the remaining limb, bandaging, and prosthetics. Be sure to get a copy of this book from a member of your health-care team.

Website

- Visit The Ottawa Hospital website at www.ottawahospital.on.ca for more information.

The Ottawa Hospital Learning Services

Do you need help finding more information about your disease? Please email Learning Services at learningservices@toh.ca.

Local Associations and Support Groups:

- Amputee Society of Ottawa/Amputee Visitor Program
613-737-7350 ext.75416
- Canada Mortgage and Housing Corporation (The Residential Rehabilitation Assistance program) 1-800-668-2642
- In the Community 613-724-5886
- Ontario March of Dimes 613-596-3463
- The Rehabilitation Centre Resource Centre 613-737-7350, ext. 75689
- The War Amps of Canada 1-800-250-3030

Recommended Resources:

- Information booklet for amputees. Amputee Society of Ottawa. 2001.
- I need an operation...now what? A patient's guide to a safe and successful outcome. Thomas Russell, 2008.
- Living with a below-knee amputation: A unique insight from a prosthetist/amputee. Richard Riley. 2005.
- Available at The Ottawa Public Library (OPL) or at your local bookstore

Websites:

- Amputee and Disability Resource Directory for Canadian Amputees www.amputee.ca
- Canada Mortgage and Housing Corporation: www.cmhc.ca
- Easter Seal Society: www.easterseals.org
- Lower Extremity Amputation Prevention: www.hrsa.gov/leap/
- Moss Rehab Resource Net: <https://www.mossrehab.com/>
- Ontario March of Dimes: <http://www.marchofdimes.ca/EN/Pages/default.aspx>
- The War Amps of Canada: www.waramps.ca

