

Lower Limb Amputation

Information for patients and families following a lower limb amputation

Reference Number: ULHT-LFT-4176 v1

Issued: October 2026

Review Date: October 2028

What is an amputation?

An amputation is the surgical removal of a limb or body part.

Why do I need to have an amputation?

There are three main reasons why an amputation is carried out:

- The limb has been affected by ischaemia (when the limb is deprived of blood and oxygen needed to keep it alive)
- The limb poses a life-threatening danger to the person's health for example it has been affected by a serious infection
- The limb has experienced serious trauma

Who will be involved in my care?

- Doctors: You will have a team of doctors that will see you regularly on the ward; they will monitor your recovery and help to manage any medical problems. The doctors will decide at what point you are classed as medically fit for discharge and no longer need acute medical management. On discharge you may be given a follow up appointment to see your consultant. Please contact your GP for any concerns once you have returned home. (However, your day-to-day care will be handed over to your GP).
- Vascular Nurse Specialist: They are there to provide advice for you both preoperatively and post operatively; they can also advise the ward staff about your treatment. They also help to provide a link between you and other healthcare professionals that you may need to see whilst you are in hospital.
- Nurses: The nurses on the ward carry out your care before and after your operation. They will provide you with your daily medication, help and advise you with wound care and monitor the condition of your skin.
- Discharge coordinator: The discharge coordinator will liaise with all members of the team and help coordinate your discharge from hospital.
- Physiotherapists and Occupational therapists: The therapy team will help you to regain your strength and independence following your amputation. They will provide you with strengthening exercises and stretches. They will support you to progress through this exercise programme with the intention that you will be able to complete them independently. They will also practice transfers with you and any other tasks that you may need to do at home. They will measure

you for a wheelchair and complete the referral for this. They will also arrange a visit to your property to identify any other equipment you may require at home.

Phantom sensations and pain

After your surgery you may experience the presence of the limb that has been removed. The limb may feel the same size and shape as the original limb. This is known as phantom limb sensations. This is very common after an amputation as at first your brain is not used to your limb not being there. The nerves that went into the end of your limb send messages to the brain even though they have been cut. Your brain remembers that for all those years these nerves went right down your limb to your toes. So, when it gets these messages it thinks your limb, or part of it, is still there. These sensations can feel very real, so it is important that when you stand or transfer that you concentrate to reduce your risk of falling.

For some these sensations may be painful. They can be felt in the absent limb as tingling, burning, itching, cramping or can be a sharp or shooting pain.

Phantom pain usually lessens with time and there are a variety of methods that can help reduce the different feelings you may be experiencing. Please discuss any concerns with a doctor, nurse or therapist.

Care of your amputated leg

Begin to touch your amputated limb as soon as possible. Gentle massage encourages the blood supply to help the wound heal and can help reduce phantom sensations.

Cleanliness is important to keep the skin around your wound soft and healthy. When your wound has fully healed you should wash your residual limb every day with mild soap and warm water. You should then pat it dry to make sure all the moisture has gone. Gently massage your residual limb with a gentle moisturiser for example E45 cream twice a day. Massage into the scar line once it is healed to stop the skin becoming attached to the underlying bone.

Every day you should check your skin for any blisters, broken skin or extreme redness. Consider using a mirror to monitor your residual limb. If at any point you are concerned, then please contact your district nurse or GP.

You should also be careful when moving so that you do not knock your leg; this may cause break down of the skin. If you have a stump board on your wheelchair it is important to rest your stump on the board with your knee straight to help prevent any swelling or loss of knee movement.

Care of remaining limb

It is extremely important to look after your remaining leg especially if you have diabetes or circulation problems. If you have any problems with your remaining leg, then please contact your GP.

Falls

You can be at higher risk of falls following your amputation due to changes to your balance and muscle strength. Here are some simple tips to help reduce your risk of falls:

- Always ensure your wheelchair brakes are on – put this one to the top of the list
- Do not stand up or transfer barefooted, always wear well fitted nonslip shoes
- Take your time when moving
- Ensure your wheelchair is as close to the furniture you are transferring to/from as it can be
- Try and keep your environment free of any clutter/obstacles
- Have good lighting around the house

Psychological and emotional support

Undergoing an amputation can have a considerable psychological impact on a person and coming to terms with this is just as important as coping with the physical demands.

It is common for people to have negative thoughts and emotions after an amputation especially if you have not had much time to mentally prepare yourself before your surgery. Many people who have had an amputation report feeling emotions such as anger, grief, bereavement, shock, helplessness and denial similar to experiencing the loss of a loved one. You may experience highs and lows, and it is important to remember that every day is different.

Talking often helps and there are services out there that can help you – please see the contact information at the end of this patient information leaflet.

Planning for discharge

With your consent an access visit will be completed whilst you are in hospital to assess the home environment and identify any equipment you may need. The therapist on the ward will need to contact a family member or a friend of yours to arrange this. This person will need to be available to meet us at your property. If equipment needs are identified a family member or friend will also need to be at the property to accept delivery of these. You may need to consider downstairs living; we will be able to advise you on this.

What will happen once I am discharged from hospital?

If required, you may be referred to the Discharge to Assess (D2A) team for further physiotherapy and occupational therapy support at home. Some people may need support from carers when being discharged home, this will be assessed whilst you are in hospital.

A therapist from the Discharge to Assess team (D2A) will visit you at home to ensure you are managing. They will assess your equipment needs, review your transfers and ensure you can manage your exercises independently. This rehab team can also help you practice everyday activities such as washing and dressing, preparing your own meals, making your own hot drinks etc. The Discharge to Assess team are a short-term rehab service who will support you to regain your independence at home, which is tailored to your personal rehabilitation goals.

Depending on your wishes and functional ability you may be placed on a waiting list to be seen and assessed by a physiotherapist at one of the hospital sites within United Lincolnshire Teaching Hospitals Trust. The physiotherapist will assess your potential for further rehabilitation and suitability for a prosthetic limb.

They will ask how you have been managing everyday activities since your amputation, assess how you are transferring, assess your muscle strength and how your joints are moving. They will provide you with an exercise plan to target any areas for improvement and will assess your walking with an early walking aid. It is very important that you do not hop on one leg after your amputation as the risk of falling is high. A fall can result in another operation and in some cases a higher level of amputation.

On discharge from hospital, you will also be referred to the Nottingham Mobility Centre where you will be able to explore getting a prosthetic limb if suitable for you. They will contact you with an appointment. There are many factors that can impact on achieving success with a prosthetic limb including wound healing, safety, cognitive function and your general health. This will all be discussed with you at your appointment.

Fire Service Referral

If you are unable to get in and out of your home by yourself then the therapy team can refer you to the Fire Service for advice and a home fire safety check.

Driving

Driving is still possible following an amputation. You will need either an automatic car or a car with some adaptations. It is a legal requirement to notify the DVLA and your insurance company.

Useful contact numbers

- Discharge to Assess Therapy Team: 0300 123 4868 option 2
- Nottingham Mobility Centre: 0115 969 1169 ext 76544
- Millbrook Wheelchair Services: 01529 350055
- Adult Social Care Occupational Therapy: 01522 782140
- Patient Advice and Liaison Service (PALS): 01205 446243
- Steps to change: www.lpft.nhs.uk/talking-therapies/self-referral
- Limbless association: www.limblessassociation.org
- Steelbones: www.steelbones.co.uk
- AGE UK: Telephone 03455 564 144
- Website: www.ageuk.org.uk/lincolnshire
- Carers First: Telephone 0300 303 1555
- Website: www.carersfirst.org.uk
- Diabetes UK: www.diabetes.org.uk
- How R U Lincolnshire: haylincolnshire.co.uk

© United Lincolnshire Teaching Hospitals NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net