



Leg Amputation

This leaflet is to help answer some of the questions you may have about your procedure. It explains the benefits and risks, as well as what you can expect when you come into hospital.

This information has been put together by clinical representatives from across the acute hospital trusts in West Yorkshire and will be reviewed in September 2025. If you require this information in a different format, please contact your treatment team through the details provided on your appointment letter.

Leg Amputation

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Most amputations are performed due to a blockage or narrowing of the arteries supplying the leg, meaning that blood circulation has been severely reduced. This can become so severe that there is no longer enough blood to keep your leg alive. Left untreated, it will make you feel very unwell and can be extremely painful. If the blood supply to your leg cannot be improved through other medical procedures, a form of amputation may be the most appropriate treatment.

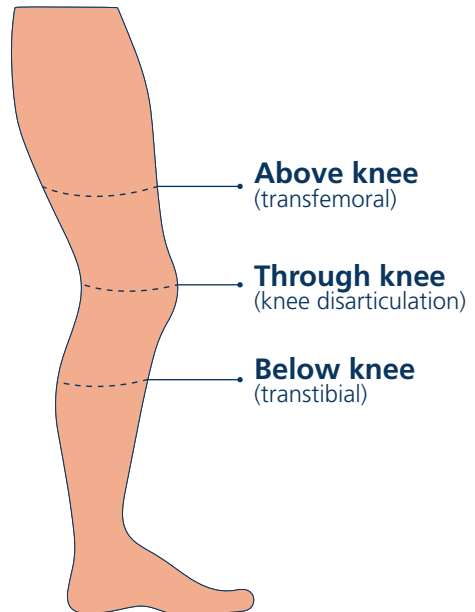
Significant artery damage is more common in people with diabetes, or those that smoke.

There may also be other reasons for amputation, such as chronic pain, cancers, injury or sepsis (when your body's response to infection starts to damage your own tissues and organs).

Damage to a leg can be so severe that keeping the limb may mean years of ongoing surgery or pain, which may result in a reduced quality of life. In these circumstances an amputation may lead to quicker rehabilitation.

The main sites for amputation are above or below the knee. Your surgeon will attempt to save as much of your leg as possible. There are other sites for amputation, but these are rare and will be fully discussed with you by your surgeon.

Many people lead a full and active life after amputation, using a wheelchair or prosthesis (artificial leg) to help with mobility.



Are there any alternatives?

A decision to amputate will only be taken when there are no further options available to you. The most common cause of amputations is poor blood circulation which, if left untreated, can make you dangerously unwell.

Pre-admission

Before being admitted for surgery, you will have a pre-operative assessment. This will usually be carried out a few days to a week before you are due to have the procedure and is to confirm your fitness for surgery and provide you with further information about your stay in hospital.

Following a physical examination, which may include blood tests, an ECG (electrical tracing of the heart) and a chest x-ray, you will be asked about your medical history and any medication you are taking. It is a good idea to bring any medication with you to this appointment, so the details can be noted.

If you are taking any anti-platelet medicines (such as aspirin or clopidogrel) or any medicines that thin the blood (like warfarin), then you may need to stop them temporarily before the procedure. If you are taking any medicines for diabetes (for example metformin) or using insulin, then these may also need to be stopped temporarily or the dose altered close to the time of the procedure.

You will also be given specific instructions relating to washing and fasting (when to stop eating and drinking) prior to your procedure.

Amputation is a life-changing event and your emotional recovery is very important. Our therapy team will be on hand to listen to any questions or concerns you may have, as well as discussing the physical, mental and emotional impact of this type of surgery and rehabilitation. We always strive to give you as much information as we can and answer all your questions to the best of our ability. We can also provide you with information on relevant support groups.

The anaesthetic

The first part of the operation involves giving you an anaesthetic. The operation can be carried out with a general anaesthetic, where you will be asleep throughout the procedure, or a more localised anaesthetic to numb the area being operated on but you remain awake. The choice will be made by you, alongside your surgeon and your anaesthetist.

- If you have a general anaesthetic, a small needle is placed in the back of your hand and you will be asleep within a few seconds
- If you have a more localised anaesthetic, a small tube will be placed in your back. This may be a spinal or an epidural anaesthetic

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A spinal anaesthetic stops you from feeling anything below the waist. This anaesthetic lasts for about 2-2½ hours.

An epidural stops you from feeling anything from waist downwards and affects both legs. The epidural is like a drip and can stay in for several days to provide post-operative pain relief.

A tube called a catheter will be inserted into your bladder to drain the urine away while you have your operation and for a few days after.

For all three options, a drip is placed into a vein in your forearm to give you some fluids during and following surgery.

Amputation surgery

Once you have arrived on the ward, you will be welcomed by the staff and changed into a theatre gown, as well as having your pulse and blood pressure checked. A small tube called a cannula will be placed into a vein in your arm, in case you need any medication during your procedure.

Most amputations involve removing a section of your leg. Once this has been carried out, additional procedures may be undertaken to help improve the function of the remaining part of your leg and reduce the risk of complications.

These can include shortening and smoothing the bone in the remaining section of your leg, so it is covered by an adequate amount of soft tissue and muscle. The surgeon then stitches the muscle to the bone to help strengthen the remaining section. This is known as myodesis.

The operation wounds will often be closed with stitches that dissolve, and occasionally, a small tube may be placed under your skin to help drain any excess fluid. This will be removed after a few days. A clear plastic dressing may be used to allow the medical team to assess your wound and check it is healing well.

It can be difficult to predict how long the amputation will take as there are several factors that will affect this type of surgery, but you should expect it to be between one to three hours. Your surgeon will be able to advise you on your specific circumstances.

After your surgery, you will be taken back to the ward and your blood pressure and pulse will be observed regularly. You may be given oxygen to help you breathe and an intravenous drip until you are able to eat and drink normally.

Recovery

It is quite normal for a large dressing to be applied when you come back from theatre. This is usually left for a few days to allow your wound to begin healing. Your wound will be examined by a doctor and the dressing changed when necessary. If you had non-dissolvable stitches, these will usually be removed 2-3 weeks following your operation.

Following your operation, you may feel a little disorientated due to the anaesthetic. This will normally pass quite quickly and the use of an oxygen mask may help with this.

You will normally rest in bed on the day of your operation. Following this, most people feel well enough to start sitting in a wheelchair and staff will encourage and help you to do this.

Medical staff will try to ensure that your pain is controlled. You may have a tube placed in your back which gives constant pain relief, or a machine that you control by pressing a button to deliver a measured dose of painkillers. As soon as you are able, you can start taking regular painkillers by mouth. If you are given any of these devices, you will be reviewed on a daily basis by a member of the acute pain team/ward staff to ensure you are getting the most appropriate treatment.

It is common to experience sensations that feel as though your leg is still there. This is perfectly normal and these feelings are called 'phantom sensations'. What you feel and how long these feelings last vary from person-to-person. They may be worse at night, or if you feel upset. Keeping your mind occupied can help relieve these sensations. There are also medications that can help.

Physical Therapy

After your operation, it is important to start moving around as soon as possible to help prevent post-operative complications, such as blood clots, chest infections and pressure sores. A physiotherapist will teach you exercises to reduce the risk of muscle weakness and joint stiffness. They will continue to check that you are exercising correctly and, working alongside an occupational therapist (OT), will teach you safe ways to get in and out of bed and use a toilet facility. The OT can also help you to practice everyday activities, such as washing, dressing and other household tasks.

As your wound heals, the physiotherapist may speak to you about a compression sock. These help reduce the swelling that most patients get following an amputation. They will also assess whether it is appropriate for you to start using an early walking aid (practice leg) during physiotherapy sessions.

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Following an amputation, you may be able to have a prosthetic leg fitted. These are only suitable in some cases and it can take several months before you are fitted for one. The safest method of getting around immediately after your surgery is using a wheelchair, as this reduces the risk of falls. We will work with you so you can learn how to use it safely.

Returning home

Before you are discharged, your clinician will advise you on what pain relief may be required when you leave hospital.

The occupational therapist (OT) will help you to adapt to your home environment, ensuring that you can live as independently as possible.

The OT may complete a home visit while you are recovering in hospital. The purpose of this is to establish if there is adequate space for you to use a wheelchair throughout your property. The OT will order you a wheelchair, and you may be loaned one on the ward whilst awaiting delivery. We advise that you are based on one level, ideally downstairs, with access to a bed, toilet and washing facilities. The OT can provide a commode, and if there is no access to a bathroom then we recommended that hygiene needs are met with a sink or washbowl.

The OT cannot provide stairlifts, access ramps or wet rooms but can refer your case to social services for an assessment on more significant adaptations, if appropriate. Please note that the waiting lists are long and there are no guarantees on assessments being approved. Unfortunately, ramps are not considered a condition of discharge. The OT can also provide information on where you can purchase ramps privately.

Once you are medically fit for discharge, a home discharge visit may take place, if required. The OT will take you home and assess how you are able to move around and independently function in your home environment. If you are deemed to be safe, you will be discharged.

Around 6-8 weeks after your discharge from hospital an appointment will be made for you to see your surgeon as an outpatient, to check on your recovery.

Many patients say that being discharged home can be a particularly difficult time emotionally, as the impact of what you have been through can really hit home. During this period, please remember to be kind to yourself and accept that you may be more tearful or upset than usual. If these problems persist, contact your GP or get in touch with a member of your medical team.

Complications

All major operations and procedures carry a small risk of serious medical complications. Following a lower leg amputation, these can include:

- Heart attack
- Blood clots
- Slow wound healing and wound infection
- Pneumonia
- Stump and 'phantom leg' pain

In some cases, further surgery may be needed to correct problems that develop or to help relieve pain. For example, if neuromas (thickened nerve tissue) are thought to be causing pain, the affected cluster of nerves may need to be removed.

The risk of serious complications is lower in planned amputations than in emergency amputations.

What can I do to help myself?

If you are a smoker, you should make every effort to stop. Smoking will continue to damage your arteries, increase the risk of heart attack and stroke, and will lengthen your recovery time. You should also try to eat a healthy diet. All our hospital grounds are smoke-free.

Contact us

If you have any questions or concerns, please do not hesitate to contact a member of the medical team caring for you.

Help and support

Adjusting to life after an amputation can be very challenging, but many people enjoy a good quality of life once they have managed to adapt.

There are several charities that can provide advice and support for people living with amputations. These include:

- The Limbless Association
limbless-association.org
- Douglas Bader Foundation
douglasbaderfoundation.com
- Steel Bones
steelbone.co.uk
- Amputation Foundation
amputationfoundation.org

The West Yorkshire
Vascular Service (WYVaS)
is an overarching single,
shared regional vascular
service to ensure that
patients, regardless of
where they live within
West Yorkshire, have access
to the same high-quality
treatment.

Service provided by:

Airedale NHS Foundation Trust

Bradford Teaching Hospitals NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust

The Leeds Teaching Hospitals NHS Trust

The Mid Yorkshire Hospitals NHS Trust