Interior Health

Every person matters

Life After a Lower Limb Amputation

A Guide for Patients

Developed by:
IH Ortho Leaders Working Group

826395 Jan 27-16

Contents

Your Team Members

The most important member of the team is you! Your team is here to help you learn how to live with your amputation.

Your rehabilitation program will be designed to allow you to move at your own pace. The healing process depends on your physical, mental, and emotional abilities, as well as the amount of support you have from family and friends. If you need help or do not understand something, please ask.

Registered Nurse (RN)
A registered nurse helps to manage your medical programs, gives you medications, and helps care for your wounds.

Licensed Practical Nurse (LPN)
A practical nurse helps with your personal care such as washing and dressing and may also give you medication and help care for your wound.

Doctors
You already know your family doctor and your surgeon. A physical medicine and rehabilitation doctor (called a physiatrist) may also work with you to focus on identifying the best rehabilitation program for you.

Physiotherapist (PT)
A physiotherapist helps you to learn how to move with or without your prosthesis (artificial limb). They will also assist you to walk with aids such as crutches or a walker and teach you how to walk with your new prosthesis.

Occupational Therapist (OT)
An occupational therapist helps you get back to your regular activities including dressing, bathing, and toileting. Your occupational therapist will recommend equipment, like a wheelchair or bathing aids.

Rehabilitation Assistant (RA)
A rehabilitation assistant helps you practice dressing, bathing, and exercises planned by your physio or occupational therapist.

Prosthetist
Most people who have an amputation need an artificial limb (a prosthesis). A prosthetist makes the artificial limb and will be a part of your team to teach you how to use and care for your prosthesis.

Social Worker
A social worker can help you and your family plan around some of the challenges an amputation may cause in your life. The social worker helps you learn about support you may need once you return home.

Registered Dietitian (RD)
A dietitian may talk to you about your appetite, weight, or special dietary needs.

What to Expect After Surgery

Your health care team is here to help you through your recovery. We will tailor your care plan to your needs and abilities.

Day of Surgery

- You will be asked to cough and take deep breaths to help prevent a lung infection.
- To ensure you are as comfortable and pain free as possible, pain control options may include pain pills and/or:
    1. ***An epidural***—Your anesthesiologist may have inserted a small tube (or catheter) into the lower part of your back just prior to your surgery. This is called "an epidural". Pain medication is given through the small tube directly into your back.
    2. ***A PCA (or patient controlled analgesia) pump***—This special pump helps you to control your pain by delivering medication through the tubing into a vein when you press the button.

3. ***A nerve block***– This is a special treatment to control pain. It involves the administration of nerve-numbing medication into an area near the surgical site.

- You will be instructed to complete bed exercises including moving the foot of your remaining leg up and down often during the day. You may also have a compression stocking put on your remaining leg to prevent blood clots from forming.
- You may be helped to sit at the edge of the bed depending on what time you had your surgery and how you are feeling.

Day One

- If you have a PCA pump, this may be stopped and you will be given pain medication in pill form. It is important that you take your pain medication as scheduled and let us know if it is not managing your pain.
- We will help you sit at the edge of the bed or move into a wheelchair.
- You will be assisted to get up to the toilet and wash yourself. You will not be able to take a normal shower or bath until your wound is healed.
- Your physiotherapist may start teaching you about the best positions for your body and positions to avoid. See the 'Positioning' section beginning on page 9.
- Your physiotherapist may start teaching you exercises to strengthen both your remaining leg and your amputated one. See the 'Exercises' section beginning on page 11.

Day Two and beyond

- Your care team will help you to return to your activities of self-care, for example getting dressed.
- The bandage covering your wound will be changed between the second and fifth day after your surgery.
- Your physiotherapist will continue to teach you various exercises. Your activity will increase with a focus on what you need to do at home.
- You will practice walking with a walker or crutches and getting in and out of a wheelchair.
- Your care team will teach you how to use a shrinker sock. This is a special sock to control swelling and shape the limb as it is healing. It may also help ease phantom pain (see below).
    - The prosthetist will measure and fit your limb with a nylon inner layer and a shrinker sock. The shrinker sock should be worn at all times (including at night). It will be removed at times so that the skin can be checked.
    - The prosthetist may measure you for a stump (or limb) protector that will help to protect the limb in the event it is bumped or if you have a fall.
- The staples or stitches from your wound will be removed between 2 and 4 weeks after surgery.
- As you get stronger, you will learn to stand with parallel bars and learn to walk with your prosthesis if a prosthesis has been recommended for you.

Managing Pain and Sensations

Stump pain

Following the surgery, you may have some swelling and pain in the stump. While this should get better over time, please tell your nurse if you are uncomfortable.

Phantom pain

Phantom pain (e.g., throbbing, shooting, squeezing, burning pains) may sometimes be felt in the missing leg. This is your brain remembering your amputated limb. The pain is not usually constant and is often in the foot of the missing limb. The reason for phantom pain is not well understood.

Phantom sensation

It is normal and expected that you will experience phantom sensation - the feeling that the amputated leg is still there. It is not unpleasant or painful and can include sensations such as movement, itchiness, pressure, tingling, or pins and needles. While these sensations are not painful they can still be annoying or distracting.

How to manage phantom pain and sensations without using medication

- Wrap your stump in a warm, soft fabric (e.g., a towel). Poor circulation can be a cause of phantom pain. Warmth can sometimes help to increase circulation.
- Imagine your phantom limb is still there and try moving the painful area (for example, try moving your phantom toes).
- Focus on trying to relax the missing limb.
- Exercise the remaining part of your limb by tightening the muscles and relaxing them slowly. This will also help to increase circulation.
- Change positions. If you are sitting, move around in your chair or stand up to let the blood flow down into your leg.

- Massage your leg with your hands or ask someone else to massage it while you focus on relaxing your whole body.
- Keep a diary of when the pain is most severe. This can help you and your doctor find the cause of the pain.
- Try to distract yourself from the pain. Some people find it helpful to do puzzles, read, or do other activities to take their mind off the pain.
- Wear your shrinker sock. The shrinker sock can assist with decreasing phantom pain by decreasing the stretch on the skin caused by swelling.
- Sleep is important for healing. If you do not sleep well, you will not feel well. If you have problems sleeping, talk to your doctor.

Using medication to manage pain and sensations

Pain medication: If pain interferes with your daily life, your doctor may prescribe pain medication for you.

Medications for phantom pain: Some medications are more effective than others in treating phantom pain. If you are not able to manage the phantom pain without medication, talk with your doctor to see which medication might work the best for you.

Caution: *Alcohol may affect how your medication works. Always ask your doctor or pharmacist if it is safe for you to drink alcohol while taking your medications.*

Preventing a fall and injury

Due to phantom sensation, it can be easy to forget that you have had an amputation, especially at night. In order to prevent a fall or other injury, please:

- Place a wheelchair, commode, or walker beside the bed as a reminder.
- Keep your stump protector on at night.
- Wear a non-skid sock or put on a shoe with a non-slip sole.
- Ask or ring for assistance.

- Ensure there are no tripping hazards on the floor.
- Use night lights in your room and hallways.

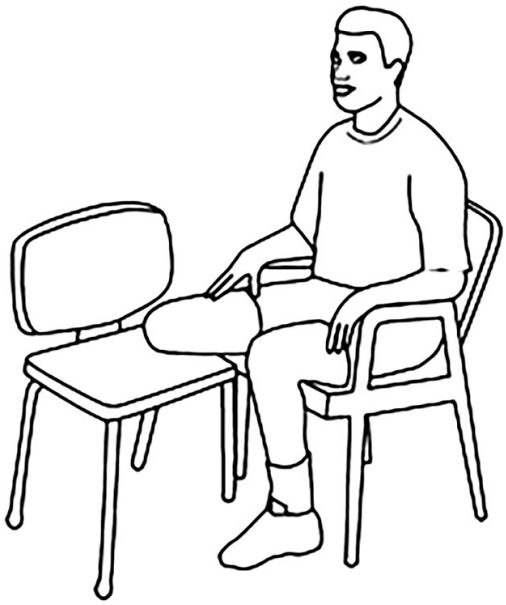
Positioning

Some positions can cause tightness in your joints. If a limb is placed in a poor position for a long time, the muscles may shorten and cause a contracture. A contracture does not allow the limb to move normally.

Once a contracture forms, it decreases your chance of being able to use an artificial leg successfully. This is because it is difficult to wear or walk with a prosthesis if you have an extremely bent hip or knee[1].

Your physiotherapist and/or occupational therapist will teach you the best positions and stretches to avoid contractures.

Good Positions



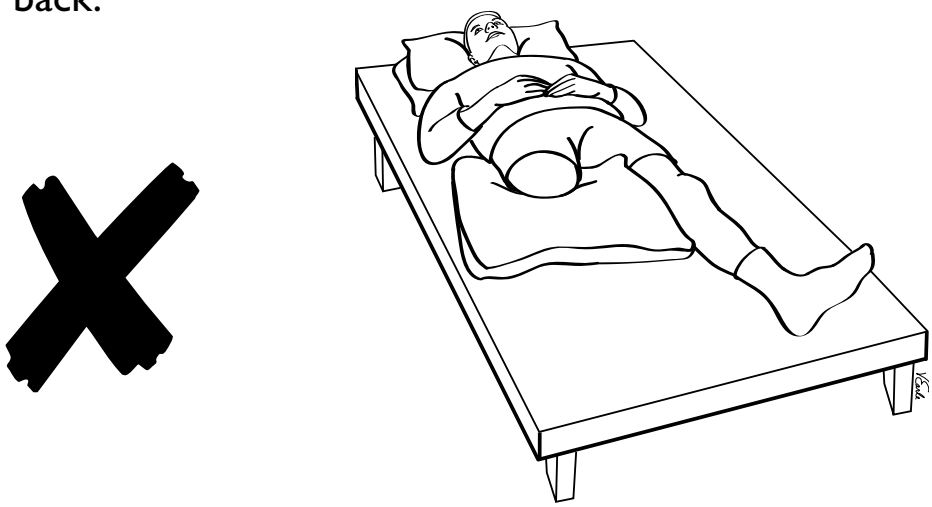
Position your stump to avoid pressure on the end

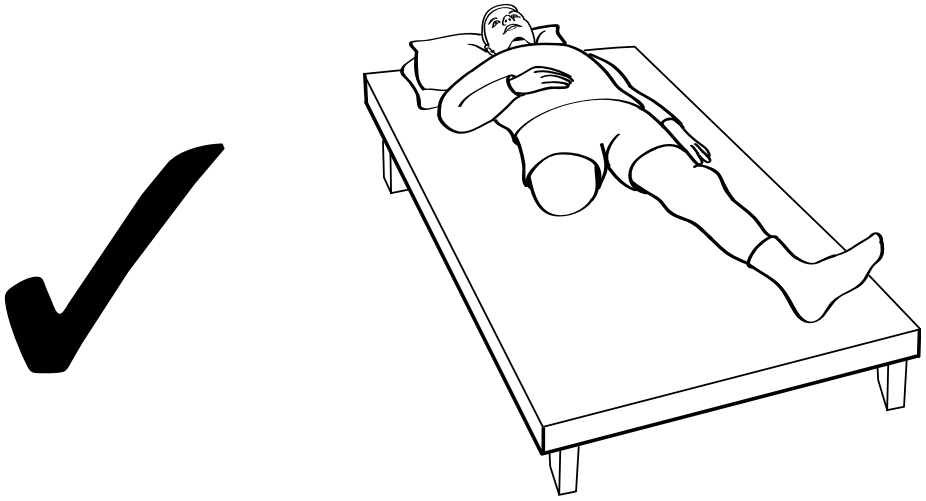
Refer to the ‘Exercises’ section beginning on page 11 for stretches and exercises that will help prevent contractures.

1. If you have had an above knee amputation, you will no longer have a knee joint.

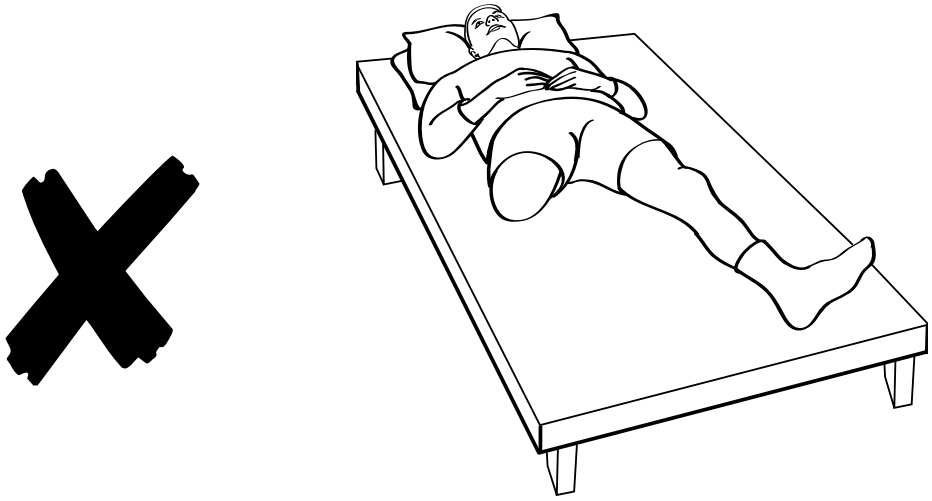
Positions to avoid

- **Do not** place pillows under your hip or low back when lying on your back.





- Do not rest with stump out to the side.

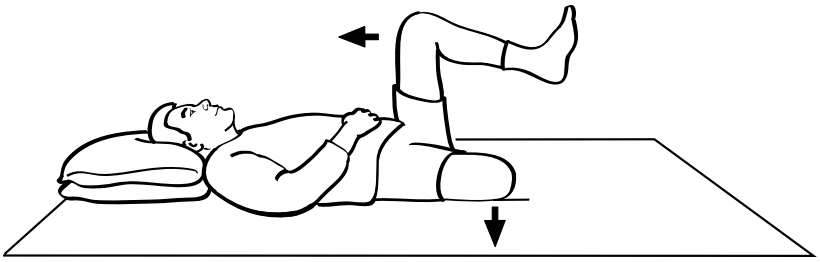


Exercises

If you feel pain with any of these exercises, stop and talk to your physiotherapist.

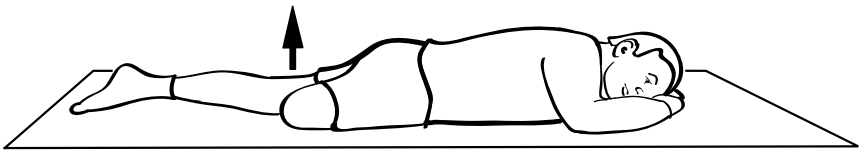
1. Hip Stretch

- Lie on your back.
- Bend your knee up to your chest and hold it with your hand(s).
- Push your straight leg down flat into the bed.
- Hold for 15 seconds.
- Repeat 3 to 5 times on both legs.



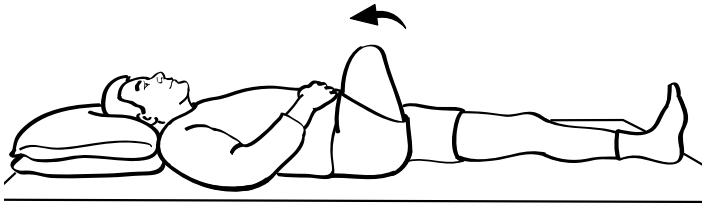
2. Hip Stretch

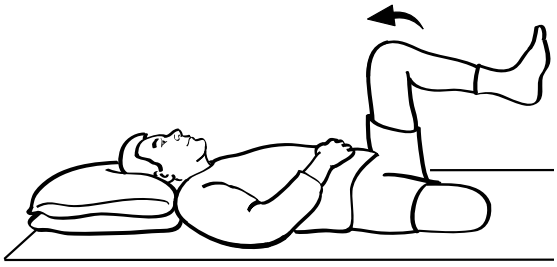
- Lie on your stomach, with your legs straight.
- Do this for 5 to 10 minutes each day.



3. Hip Flexion

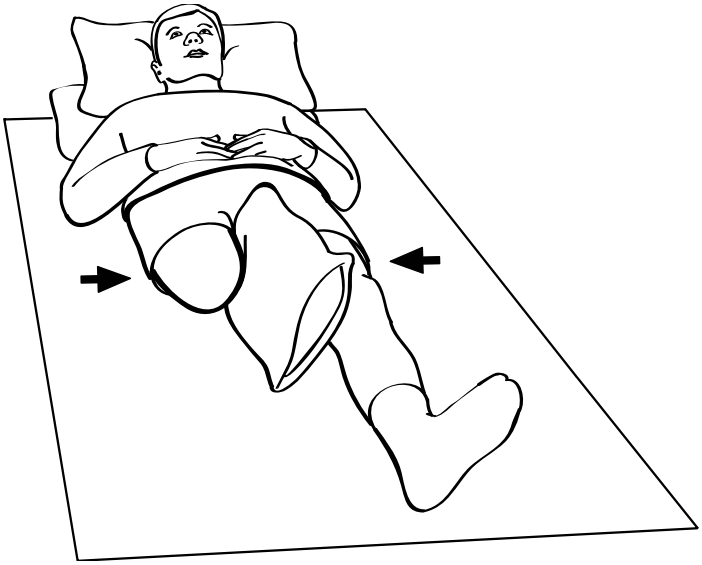
- Lie on your back with your legs flat on the bed.
- Bend one leg up to your chest.
- Lower the leg back down slowly.
- Repeat 20 times on each leg.





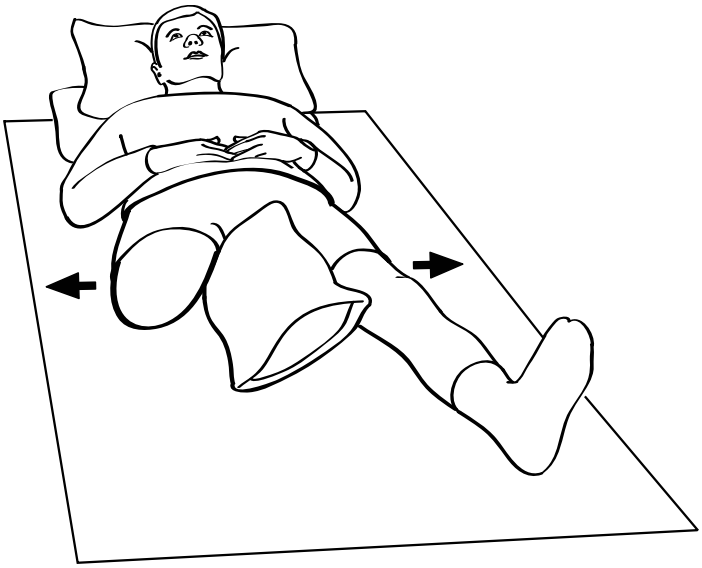
4. Hip ADduction

- Lie on your back with a pillow (or rolled up towel) between your thighs.
- Squeeze your thighs together for 6 seconds.
- Keep your knee flat on the bed and your toes pointing towards the ceiling.
- Repeat 20 times.



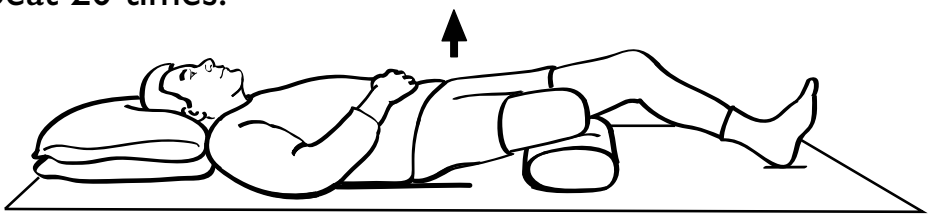
5. Hip ABduction

- Lie on your back with legs straight.
- Slide your legs apart, keeping your toes pointing towards the ceiling.
- Repeat 20 times.



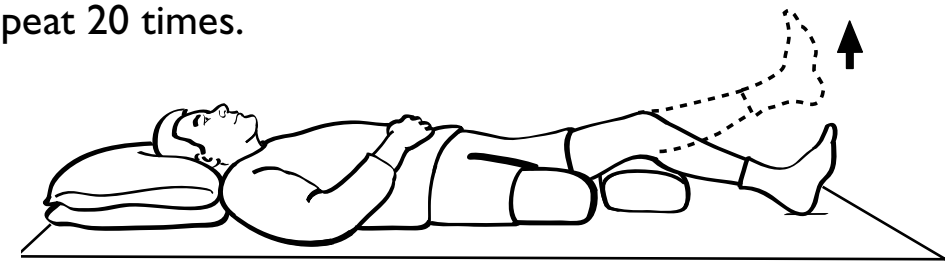
6. Bridging

- Lie on your back with a rolled towel under your thighs.
- Push down on the roll and lift your hips up.
- Hold your hips up for 6 seconds.
- Repeat 20 times.



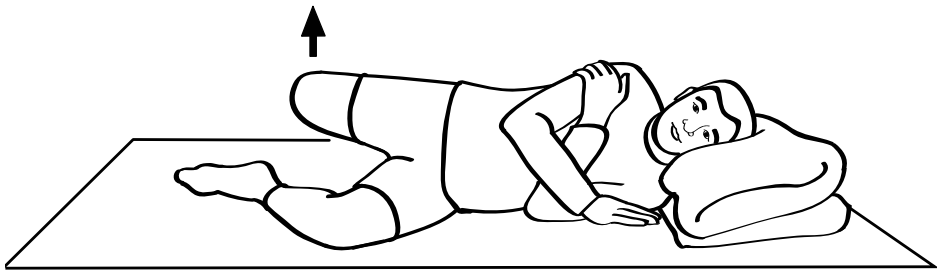
7. Knee Extension

- Lie on your back with a rolled towel under your good knee.
- Straighten your knee by tightening the muscles on the top of your thigh.
- Hold for 6 seconds.
- Repeat 20 times.



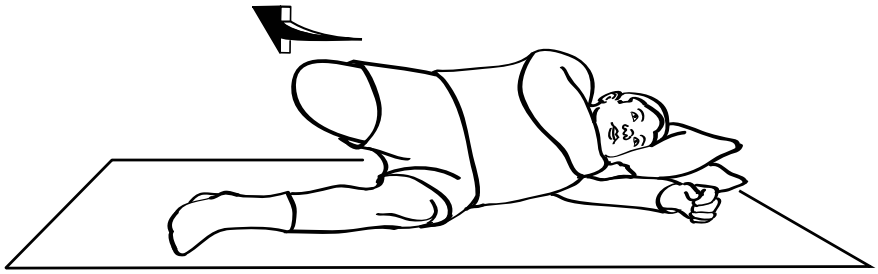
8. Hip ABduction

- Lie on your side.
- Keeping your top leg straight and in line with your body, lift your leg up towards the ceiling.
- Think of lifting your heel up first, toes pointing down.
- Repeat 20 times on each side.



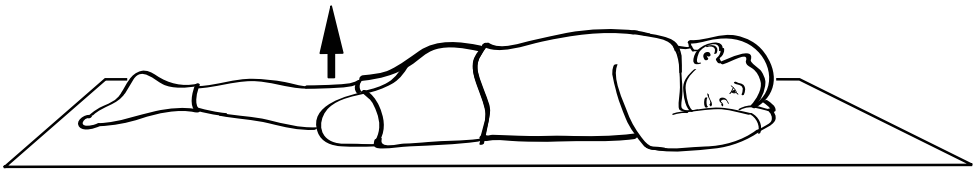
9. Hip Extension

- Lie on your side with your bottom leg bent.
- Move the top leg back behind you. Do not arch your back or roll your body backwards.
- Hold this position for 6 seconds.
- Repeat 20 times on each side.



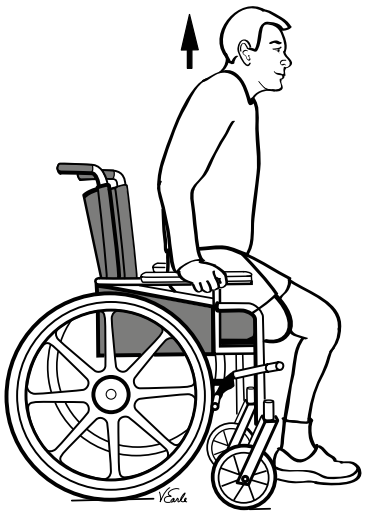
10. Hip Extension

- Lie on your stomach.
- Keep your hips flat on the bed and knee straight.
- Lift one leg up. If you feel any back pain, put a pillow under your hips.
- Repeat 20 times on each side.



11. Arm Push-ups

- Sit in a chair with your hands on the armrests.
- Lift your bottom off the seat by straightening your arms.
- Repeat 20 times.



Getting Around

You will learn to use a wheelchair to get around while in the hospital. Your wheelchair will have a seat cushion. If you still have your knee joint, you may also have an amputee board with a cushion to support your stump and prevent a contracture of your knee joint. Later, you will learn to use crutches or a walker.

Pushing yourself around in a wheelchair is good exercise for your arms, heart and lungs.

Wheelchair Safety

Wheelchair safety is very important to prevent falls. Falls may cause an injury to your stump or wound and delay healing. This can result in a delay getting your prosthesis.

- ***Use the wheelchair brakes.*** The brakes should be on when you:
  - Are stopped.
  - Plan to get in or out of the wheelchair.
  - Want to pick something up from the floor.
  - Want to reach for something.
  - Are in a wheelchair taxi, HandyDART, bus or vehicle.
- Clear the way. Move your footrests and amputee board out of the way when you:
  - Get out of your wheelchair.
  - Want to pick something up from the floor.
  - Want to reach for something.
- Go slow and stay alert. Always go through doorways and around corners with caution. Slow down and look before proceeding, especially in the busy halls of the hospital.

- Steady yourself. Never use the brakes to control your speed – it could send you flying out of your chair! Use your hands on the hand rims to control your speed when going downhill and wear bike gloves to protect your hands.
- Start your wheelchair in the middle of a ramp, not near the side edge, when going uphill or downhill.

Please contact your occupational or physical therapist when purchasing or borrowing a wheelchair so you can be assessed for a chair that will meet your needs.

Hopping

Many people ask about hopping as a way to get around. Hopping can be very demanding on the joints, muscles, lungs, and heart and could damage the remaining foot.

To be able to hop, you need:

- A strong upper body.
- Good balance.
- Strong leg muscles on the remaining leg.
- A healthy strong foot and ankle free of wounds or injury.
- To always wear a shoe when hopping

Hopping is not a good idea for people with:

- Diabetes.
- Peripheral vascular disease.
- Foot deformities.
- Arthritis in the arms or remaining leg.
- Heart or lung conditions.

Hopping may increase your risk for falling, which could cause injury to the stump or wound and delay healing.

If you need to learn how to hop, your physiotherapist will teach you to hop safely using parallel bars, then using a walker or crutches.

Transfers

A 'transfer' is the term used when moving from bed to chair, wheelchair to toilet, or wheelchair to a car.

There are different ways to transfer. Your physiotherapist and occupational therapist will teach you the safest way for you to transfer.

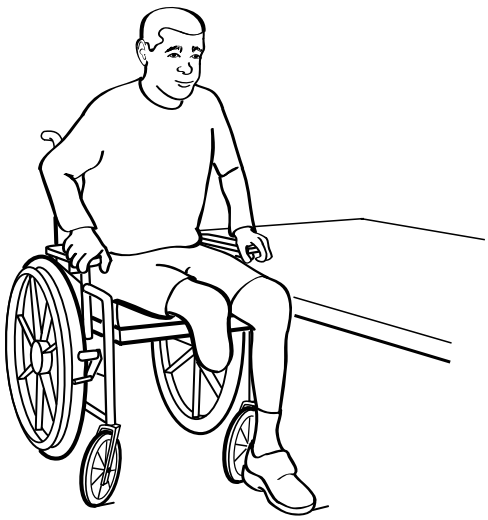
Whenever you transfer:

- ***Always put the brakes on before you get in or out of the wheelchair.***
- *Move* the amputee board attachment out of the way.
- *Move* the foot pedal out of the way.
- *Place* your foot on the floor.
- *Remove* the wheelchair armrest on the side to which you are transferring, if necessary.

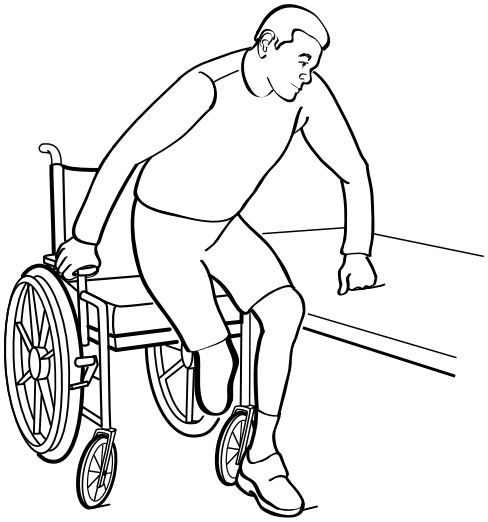
Here are three examples of transfers

1. Standing Pivot Transfer

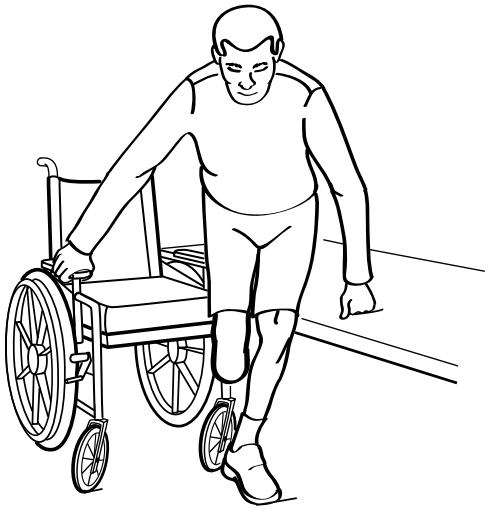
a.



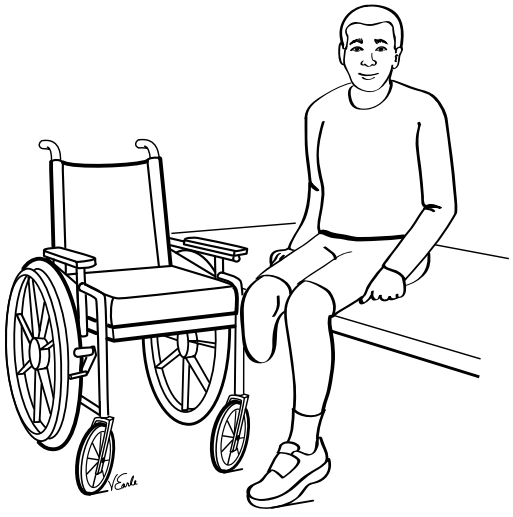
b.



c.

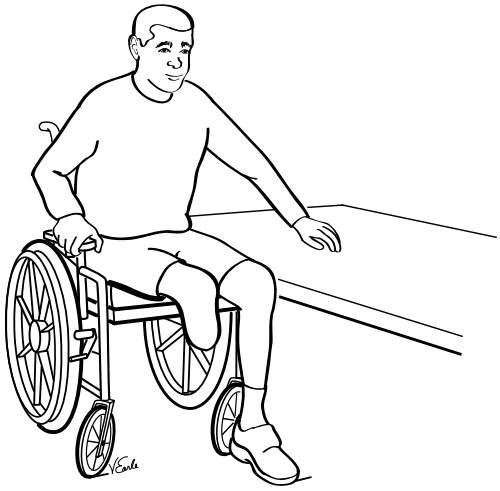


d.

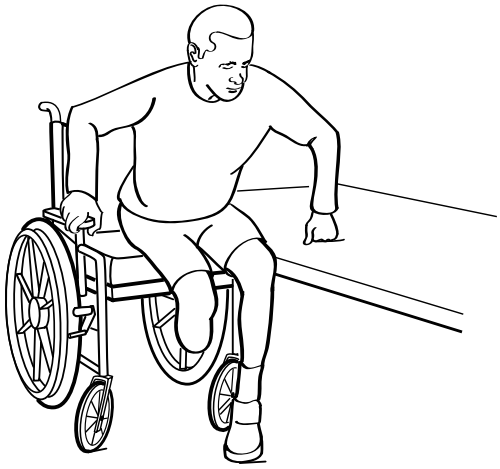


2. Lateral Transfer

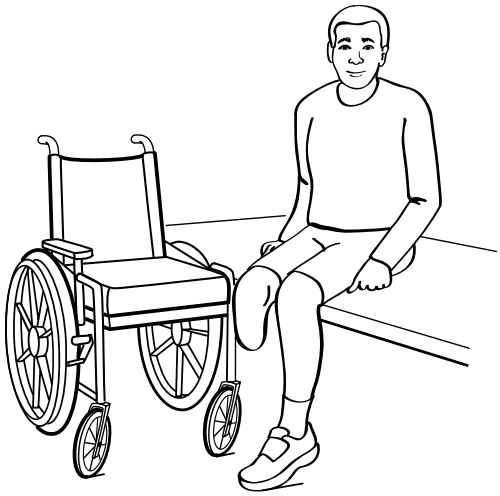
a.



b.

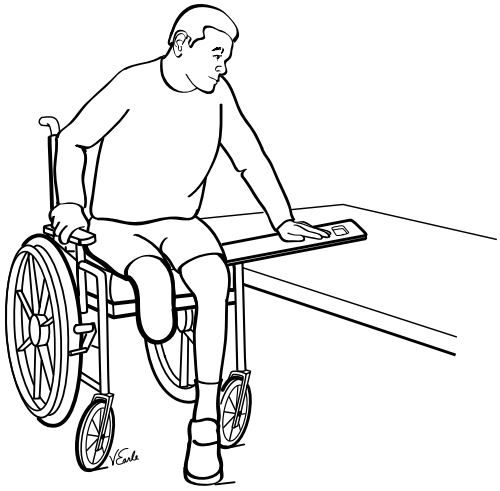


c.

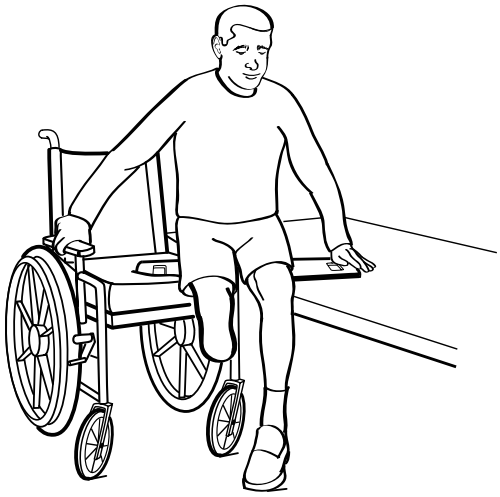


3. Sliding Board Transfer

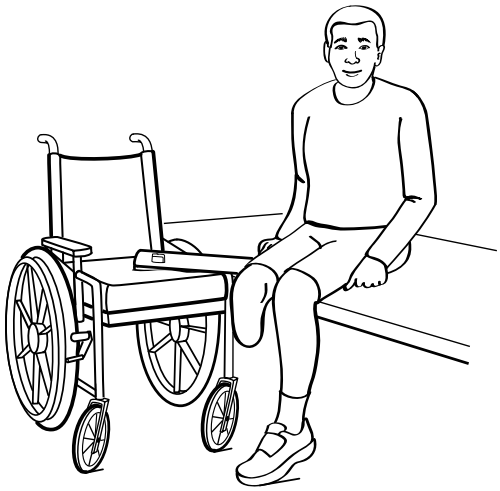
a.



b.



c.



Caring for Yourself

Helping your wound heal

Your wound must be well healed before you can start to use a prosthesis. All of your stitches or staples must be out and the wound must not have any scabs or open areas.

Healing time is different from person to person–it may take weeks or months.

Things that delay healing:

- Smoking.
- Infection.
- Poor blood flow from not being active or from high blood pressure.
- Poor eating habits.
- Direct injury to the stump.
- High cholesterol.

Things you can do to help with healing:

- Stop smoking.
- Eat nutritious foods including fruits and vegetables.
- Do your exercises as directed by your physiotherapist.
- Wear your stump protector.
- Do not touch or pick at your incision.
- Be careful not to bump or fall on your stump.
- See your family doctor to help manage high blood pressure, diabetes, or high cholesterol.
- Talk to your nurse or surgeon if you have any concerns with how your wound is healing.

Care of your stump

For two to five days after surgery, your stump will be quite swollen and wrapped in a large bandage. It is okay to start gently moving your stump.

As your wound heals and your bandages become smaller, look at and gently touch your stump. This can help relieve phantom pain and sensation, reduce sensitivity, and increase how much pressure your stump can tolerate. It may also help you accept the loss of your leg.

Once your staples have been removed and your wound is healing, follow this daily routine:

- Wash your limb carefully using non-perfumed soap and lukewarm water.
- Rinse your limb thoroughly to remove all the soap. If left on, the soap can irritate your skin.
- Gently pat your skin dry with a towel.
- Gently rub a small amount of lotion onto your stump if dry. Do not apply any heat-producing lotions; they can irritate your skin.
- Check your skin for irregularities. Use a mirror or ask someone to help you check. Call your surgeon if you notice anything unusual.

Contact your family doctor right away if you notice a sudden increase in pain along with redness and warmth of your stump. These are signs of a possible infection.

Care of your remaining leg

It is very important to look after your remaining leg. Wash your leg every day using a non-perfumed soap and lukewarm water. Gently pat the skin dry, especially between your toes. If your skin is very dry, use a small amount of moisturizing lotion.

Never apply lotion between your toes. This can create excess moisture which can lead to skin breakdown and/or infection. Keep your toenails short. Be very careful not to injure your toes. You may need help from a podiatrist or a foot care nurse to cut your nails if:

- You cannot reach your foot.
- Your nails are very thick.
- Your eyesight is poor.
- You have diabetes or problems with your circulation.

Socks

Do not use a sock that has elastic around the top. This can cause pressure and slow down the circulation in your leg. Use a loose fitting or diabetic sock and change your sock daily.

Shoes

It is important that your shoe fits well and supports your foot.

Check your shoe regularly to make sure there are no rough areas on the inside. These could rub your foot and cause a sore.

Tips for buying shoes:

1. **Fit** – A shoe should be comfortable at the time you buy it. Do not depend on it stretching out. Your shoe should not feel tight when you are standing. Choose a shoe that supports your foot, but gives you lots of room to move your toes. Choose a shoe with as few seams as possible. Ask for help to get a proper fit.
2. **Sole** – The sole of the shoe should be flexible and non-slip. The material of the shoe should be soft, supportive around the heel and light-weight.
3. **Fastening** – The shoe should be easy to put on and fasten with laces or Velcro that can be adjusted to accommodate any swelling.

People with diabetes

- Wash and dry your foot daily, especially between the toes.
- Inspect your foot every day for blisters, cuts, and scratches. If you develop a blister or sore on your foot, arrange to see your family doctor, orthotist, or podiatrist right away.
- Always check between your toes for sores, blisters, cracks, or dry skin.
- Use a mirror to see the bottom of your foot.
- Wear a sock at night if your foot is cold. Take special precautions in winter to keep your foot warm. Wear a wool sock and protective footgear like a fleece-lined boot.
- Inspect the inside of shoes daily for foreign objects, torn linings and rough areas.

- ***Ask for help*** if your vision is impaired. Have a family member inspect your foot daily, trim your nails, and buff down calluses. ***See the 'Care of your remaining leg' section on page 22.***

If you have diabetes, for your safety:

- Do not walk on hot surfaces such as sandy beaches or the cement around swimming pools.
- Do not walk barefoot.
- Do not use chemicals to remove corns and calluses.
- Do not use corn plasters.
- Do not use strong antiseptic solutions on your foot.
- Do not use adhesive tape on your foot.
- Do not soak your foot in water.
- Do not use hot water bottles or heating pads on your foot.
- Do not wear shoes without socks.
- Do not wear sandals where a strap goes between your big toe and second toe (flip-flops).

Getting Ready to Leave the Hospital

Before going home, there are a few things that need to be considered. This may include:

- Can you get a wheelchair into your house and move around all parts of your home? If not, can you modify your home so you can get around easily? You may require a home visit from an Occupational Therapist who can advise on how to make changes to your home to allow better access with your wheelchair.
- How well are you able to care for yourself?
- Do you have anyone to help you at home?

You may live at home while you wait for your wound to heal. If you are getting a prosthesis, you may attend an outpatient or inpatient program to learn how to use it.

If you are not able to live at home, we will work with you and your family to find living options that allow for movement in a wheelchair or offer more support services. This may include:

- Wheelchair-adapted apartments, condominiums, or town houses.
- Private or government-supported seniors' apartments.
- Private or government-supported assisted living facilities that provide meals and some support services.
- Extended care facilities (such as nursing homes or auxiliary hospitals) that provide meals, support services, nursing care, therapy and staffed 24 hours a day.

Preparing Your Home

Whether or not you get a prosthesis, it is always best to have your home set up to manage without a prosthesis. There may be times when you may not be able to wear the prosthesis because of stump pain or wounds, or because it needs repair. Depending on your home, you may need to make certain changes or get certain equipment to help you move around safely.

Wheelchair

Anyone with a leg amputation should have a wheelchair. Even if you are very comfortable using crutches or a walker, there will be times when it is safest for you to use a wheelchair. Your occupational therapist will let you know about the type of wheelchair that is best for you.

Cushion

You may spend a lot of time in your wheelchair – it is important to have a cushion. Your occupational therapist will suggest different seat cushions that will work for you.

Amputee board with cushion

This support is also known as an amp or stump board and keeps your leg supported when you sit in a wheelchair without your prosthesis.

Equipment

Your occupational therapist and/or physiotherapist helps you get the equipment you need at home which may include a wheelchair, bath seat, grab bars, raised toilet seat and walking aids such as a walker or crutches.

Ramp or mechanical lift

If your entrance has stairs, your occupational therapist may recommend a ramp or a mechanical lift if you are not able to hop up stairs with crutches.

Other changes your home may need

To help you get around safely and reduce the risk of falling, you may need to:

- Move furniture.
- Widen doorways.
- Remove scatter rugs.
- Clear cluttered areas.
- Add extra lighting.
- Install hand railings on both sides of stairs.
- Install grab bars for the bathtub/shower and toilet areas.

We know some of these changes cost money. Your occupational therapist and/or social worker can help you find out if you are able to get financial help from any provincial or private programs.

Safety

Make sure you have an emergency contact in case you fall or need help. If you are worried about falls, carry a cell phone with you or talk to your team about the Lifeline Program.

Tips for Living at Home

Everyday tasks like making a bed, getting the mail, or entertaining friends and family may take more time and energy than they did before your amputation. With practice, your energy will improve; so will your ability to do things.

Here are some ways you can make things easier for yourself:

- Decide which tasks are the most important and plan ahead.
- Take rest breaks.
- Ask family and friends for help.
- Make changes to your home to make things easier.
- Allow extra time to get things done.

Adjusting to your Amputation[2]

Amputation is a profound loss, which can impact you and your family on a number of levels. Many people who have been through amputation of a limb, report experiencing emotions similar to those one might have when grieving the loss of a loved one. Coming to terms with the psychological impact of amputation is therefore as important as coping with the physical demands.

The sense of loss which you may encounter following the surgery can stem from:

- A loss of sensation of the amputated limb.
- A loss of function of the amputated limb, possibly with an associated loss of independence.
- A loss of self-esteem as your body image is affected, or because you are concerned about others' perceptions of your body image.

Because of this significant loss, common emotions experienced following an amputation include:

- Shock, numbness, denial.
- Sadness, hopelessness, depression.
- Anxiety, fear, helplessness.
- Anger, resentment, blaming of self or others.

It is normal to have negative thoughts and emotions after an amputation, but let your health care team know what you are experiencing – particularly if you are feeling depressed or find yourself having thoughts of harming yourself. Additional treatment such as counselling or an antidepressant can improve your ability to participate in your rehabilitation program, and to manage well once back home.

2. (Adapted from Amputee Coalition of Canada & NHS UK – Amputation–Complications) www.amputee-coalition.org/resources/the-psychological-aspects/ www.nhs.uk/Conditions/Amputation/Pages/Complications.aspx

As time passes, you will find that you reach a stage of greater acceptance, in which:

- Your frustration at being dependent on others will lessen as you regain more independence and feel more comfortable asking for help.
- You worry less about others accepting your amputation.
- You find it easier to let go of 'the way things used to be' and focus on the here and now, and the possibilities that the future holds.

Driving

If you want to return to driving, talk to your doctors and occupational therapist. You may have to do one or more of the following before you can start driving again:

- Pre-driving screens: a series of tests to make sure that you have the abilities needed to drive safely.
- Driver's medical: a form completed by your family doctor and sent to RoadSafetyBC.
- Functional Driver Evaluation/Driver Rehabilitation: a service that offers assessments, lessons, compensatory strategies, and vehicle modification (if needed).
- ICBC Road Test: RoadSafety BC may require that you pass a road test.

If you are unable to drive or need help using public transit, BC Transit offers a service called HandyDART within most communities in Interior Health. This is an accessible door-to-door, shared transit service for people with permanent or temporary disabilities. Check with your occupational therapist or social worker regarding any other services or programs regarding transportation in your local area.

Prosthesis (artificial limb)

Most people are fit with a prosthesis and return to walking independently. Some people are fit with a prosthetic that will allow them to transfer independently. Your team will help you decide the type of prosthetic that is right for you.

Examples of things that can affect your ability to use a prosthesis:

- An open wound on your foot or other problems with your non-amputated leg that prevent you from standing or walking on it.
- Poor vision.
- A very stiff and bent hip and/or knee (a contracture).
- Poor memory, judgment, or problem-solving abilities.

Your Prosthetist

You will see your prosthetist often when you first get your prosthesis to make sure it is fitting you correctly. In the years to follow, the prosthetist repairs or replaces the prosthesis so that it is still comfortable and working for you. Always contact your prosthetist if you have any concerns with the 'fit' or the 'function' of your prosthesis.

Your Physiotherapist

You will see a physiotherapist regularly to learn how to walk safely, improve your balance and increase your function in your home and around your community.

Prosthesis Costs

You are responsible for paying for your prosthesis. Your prosthetist can help you find out if you are able to get financial help from any provincial or private programs.

Let your prosthetist know if you have coverage through your Extended Health Benefits plan, WorkSafeBC, ICBC, or Non-Insured Health Benefits.

Your prosthetist will fill out the necessary funding paperwork. You must receive approval for funding before you get your prosthesis.

If you have questions about the costs for your prosthesis, ask your prosthetist or the prosthetic clinic staff.

Definitions

Amputee Board with a Cushion
An amputee board is a special board with a small cushion that keeps your leg supported.

Contracture
When a limb is held in a bent position for a long time, the muscles shorten and become tight. This condition can become permanent.

Intravenous
A small flexible tube is inserted into a vein of an arm or hand to give you fluid and medication after your operation.

Limb or Stump Protector
A semi-rigid, fiberglass or plastic cover that surrounds and protects the amputated limb.

Nylon layer
A thin, elastic compression stocking applied to hold the dressing in place. It allows the shrinker sock to be applied or removed more easily without pain.

Prosthesis
A device made to replace the missing part of a limb, commonly called an 'artificial leg'.

Shrinker sock
A special elastic sock used instead of an elastic bandage. It helps reduce swelling of the stump.

Stump
The remaining part of the amputated limb.

Illustrations by Vicky Earle, The Media Group, UBC

This booklet has been adapted from "Life After a Leg Amputation; A guide to managing with a leg amputation," Providence Health Care, 2011.

This information in this document is intended solely for the person to whom it was given by the health-care team.