



# Patient Information

## Adjusting to Amputation

**T**o undergo a surgical limb *amputation* (am-pyoo-**tay**-shuhn) is to have part or all of a limb, such as an arm or leg, removed. Amputation may have to be performed due to disease, injury, infection, or birth defects—any condition that can damage a limb beyond repair or cause it to die. In some cases, amputation may be necessary to relieve pain and enhance mobility. Vascular disease, which creates poor blood flow to limbs, is the most common reason for amputation.

Whether the limb loss occurs suddenly, as a result of trauma, or over a long period of time, with many attempts to save the limb, the road ahead will be challenging. Fortunately, many types of *prostheses* (prahs-**thee**-seez)—mechanical devices that can be used in place of an amputated limb—are available today. And some have very advanced functions. Talking to other amputees, surgeons, physical and occupational therapists, and *prosthetists* (prahs-thuh-tests)—prosthetic device experts—also can help with the healing process.

### Will amputation cause a lot of pain?

As with any surgery, amputation may be followed by a painful recovery period. There are, however, many types of medication that can ease the pain. It is important to manage pain because untreated pain can hinder quality of life by making it hard to sleep, work, and socialize. Be sure to tell your doctor when and where you feel pain. If your prescribed medication isn't controlling the pain, your doctor can prescribe something stronger.

After undergoing amputation, many people experience “phantom” pains or sensations. These are feelings that seem to come from the amputated limb or from the part of the limb that has been removed. Scientists continue to research possible causes and treatments, including medication; massage; and heat, cold, and touch therapy.

### How do I prepare for a prosthesis?

During surgery, your doctors will try to save as much of your limb as possible so that you'll be better able to use a prosthetic device. Shortly after surgery, you will begin working with a physical therapist to help you exercise and stretch your *residual* (rih-**zij**-eh-wul) limb (the part of your limb that was not removed). An occupational therapist will help you learn to perform day-to-day activities again.

A prosthetist will prepare your residual limb for a prosthesis through “shrinking.” This process involves tightly wrapping the residual limb with bandages or covering it with a tight sock to remove excess fluid, reduce swelling, and shape the limb for a prosthesis. Once your residual limb has healed properly, which usually takes four to six weeks, you will work more closely with a prosthetist to fit your residual limb with an appropriate prosthesis.

### What are my prosthetic options?

The type of prosthetic device you purchase depends on how you want your prosthesis to function; what you want it to look like; how much you want to spend on it; the site and level of your amputation; the shape of your

These pages may be reproduced noncommercially by federal practitioners for their patients.

residual limb; and your age, activity level, and range of motion before your amputation.

For amputations above the knee, the most basic prosthesis has a hinge at knee level that swings freely, allowing the person to walk and bend down. This device can present challenges for elders, because walking with it requires great muscular control. Some designs are controlled by *microprocessors* (my-kroh-prah-seh-sers), which are tiny, built-in computers that regulate the valve of the prosthetic knee so it adjusts to your body's movement.

Arm prosthetics include body-powered designs equipped with a harness and cable that allow the person to open or close a mechanical hand using the large muscles in the upper arm. There are also battery-powered systems that control the hand through the use of small sensors that read nerve impulses from the forearm.

All devices have advantages and disadvantages. Your best choice depends on your needs and wants. Generally, a more complicated prosthesis is more expensive.

Medicare and private insurance companies will cover some of the prosthesis costs. If you have VA benefits, you can call the VA Health Benefits Service Center at (877) 222-VETS to find out exactly what is covered. To check into state financial assistance, visit the web site of the Rehabilitation Engineering and Assistive Technology Society of North America ([www.Resna.org/taproject/at/statecontacts.html](http://www.Resna.org/taproject/at/statecontacts.html)).

### How should I take care of myself and my residual limb?

If you have diabetes and your foot or leg amputation was the result of vascular disease, there are steps you can take to protect both your residual limb and your other leg from amputation. For example, if you smoke, quit. Follow the exercise and diet plans your doctor has prescribed to help you maintain proper blood glucose control. These measures will

help your blood circulate to your limbs more efficiently. Also, protect your feet by not walking barefoot—even in your own home. Wear shoes that fit well and check your foot and residual leg for redness everyday. Tell your doctor right away if you see any open sores or signs of infection (pus, tenderness, swelling, heat, or an increase in pain). Such wounds can be treated successfully at an early stage.

All amputees should wash their residual limb and any materials that come into contact with it (such as socks) with mild soap and water daily. Use lotions containing no alcohol to keep the skin from drying out.

### When will I be able to cope emotionally?

Many thoughts and questions may be running through your head after undergoing amputation surgery. In the beginning, it's normal to have feelings of shock, anger, sadness, and uncertainty about being able to do or enjoy the things you used to—and it's important to address these feelings by discussing them with your family, friends, and doctors. But if you experience a loss of appetite or energy, an inability to concentrate, a desire to withdraw from family and friends, or feelings of hopelessness, tell your doctor right away. He or she can refer you to a professional therapist.

It may be especially helpful for you to speak with other amputees, who have experienced what you are going through and can help you adapt successfully to your situation. To contact a peer support group in your area, ask your doctor or call the Amputee Coalition of America at (888) AMP-KNOW. ●

---

## FEDERAL PRACTITIONER

A PEER-REVIEWED JOURNAL FOR HEALTH CARE PROFESSIONALS OF THE VA, DoD, AND PHS

7 Century Drive, Suite 302  
Parsippany, NJ 07054-4609

