

Procedure Information Sheet – Amputation/ Below or Above Knee Amputation

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Amputation is the surgical removal of all or part of an extremity.
- 1.2. The most common reason for amputation may results from severe circulation problems, severe trauma or burns, malignant tumors, potentially lethal or recurrent infection, gross deformity and severe loss of function.
- 1.3. The level of amputation mainly depends on the viability of the soft tissue and the level of infection.

2. Procedural Preparation

- 2.1. Existing disease conditions such as heart disease, diabetes mellitus, lung disease etc. will be treated and optimized before the surgery.
- 2.2. Tests may be ordered include X-Ray of extremities, blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.3. Do not take blood-thinning agents for a few days prior to the surgery.
- 2.4. Physiotherapists may educate you on breathing exercises prior to surgery.
- 2.5. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.6. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.7. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.8. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

- 3.1. The operation will be performed under general or regional anesthesia.
- 3.2. The skin, muscles, nerves and blood vessels are divided around the selected level of amputation, the bone(s) is then sawed.
- 3.3. Stop the bleeding, the soft tissue is closed around the bone end to create a stump.
- 3.4. The skin is closed with stitches or staples and they are usually removed 2 weeks after the operation if the wound heals uneventfully.
- 3.5. At the end of the procedure, drain(s) may be inserted for drainage of haematoma.
- 3.6. Before going back to a general ward, you may be kept in the recovery room of the operation theatre for observation.

4. Recovery Phase

- 4.1. You will be allowed to eat and drink when your condition is stable.
- 4.2. For above-knee amputation, a soft dressing with compressive stump bandage is usually given for swelling control.
- 4.3. For below-knee amputation, a rigid dressing such as a Plaster-of-Paris cast or slab is usually given for stump protection.
- 4.4. A prosthesis may be prescribed for ambulatory rehabilitation, depending on the patient's training potential after the operation.
- 4.5. Doctor may prescribe oral or intravenous analgesic for Stump pain and numbness, phantom limb pain control.

5. Possible Risks and Complications

- 5.1. There are complications related to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.
- 5.2. Slow or non-healing of stump wound from haematoma, infection or wound dehiscence, requiring revision or further amputation.

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6. Remark

7. References

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Name:

Date: _____

