

V13 Toe and Forefoot Amputation

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What is foot disease?

Foot disease is where the tissues (skin and muscles) of your foot are dying. This usually happens as a result of atherosclerosis, where abnormal fatty material (called atheroma) coats the inside of an artery, causing it to narrow or 'harden'. Diabetes can cause atherosclerosis and increases the risk of infection.

Your surgeon has recommended an amputation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does foot disease happen?

Atherosclerosis happens when abnormal fatty material (called atheroma) coats the inside of an artery, causing it to narrow or 'harden' (see figure 1). The amount of blood flowing through the artery is reduced.

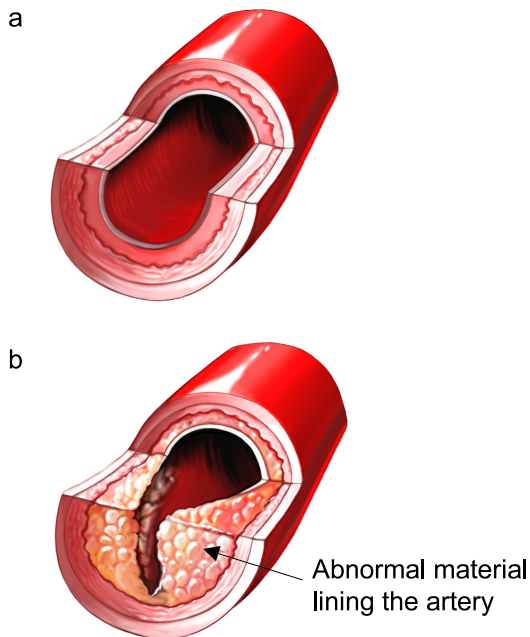


Figure 1

- a Normal artery
- b Narrowed artery caused by atherosclerosis

Atherosclerosis develops because of one or more of the following risk factors – smoking, high blood pressure, a family history of atherosclerosis, age, diabetes and high cholesterol levels. These factors also cause heart disease and stroke (loss of brain function resulting from an interruption of the blood supply to your brain).

As well as causing atherosclerosis, diabetes can damage the nerves, muscles, sweat glands and bones in your feet. This increases the risk of infection and makes an infection more difficult to control.

What are the benefits of surgery?

Surgery should relieve any pain, prevent the spread of infection, remove dead tissue, improve your mobility and can sometimes help you to return to normal activities. Having surgery now could reduce the risk of needing more surgery later.

Are there any alternatives to surgery?

Your surgeon and diabetes specialist have considered all available options to improve your blood flow, control any infection or change the parts of your feet that take your weight. Your surgeon will aim to leave only healthy tissue. The alternative is to take strong painkillers to treat any pain and to take antibiotics if you have an infection. However, this may still not be enough to relieve all the pain, and leaving dead or infected tissue untreated can be dangerous as the infection can spread.

What will happen if I decide not to have the operation?

Your foot is likely to become worse. The effects of infection or gangrene can spread into your body, causing you to become unwell, and may even cause death.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 15 minutes to an hour.

Your surgeon will remove any dead or infected tissue but will not remove as much healthy tissue as possible. Sometimes they will only be able to find out during the operation how much dead or infected tissue there is. Your surgeon will discuss this with you and tell you how much tissue they may need to remove.

Your surgeon may need to perform the amputation below your knee.

To reduce the risk of infection, your surgeon may not close your wound. They may decide to close your wound a few days later or the healthcare team will wrap your wound so it closes on its own. Sometimes your surgeon may leave your wound open to heal by a process called granulation. You may need a special vacuum dressing to speed up the healing process.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stop smoking now. Smoking is one of the main reasons why this problem happens. Stopping now can help to reduce the risk of you having a heart attack (where part of the heart muscle dies), having further narrowing of the arteries and developing certain cancers. Stopping several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation.
- Unsightly scarring of your skin, especially if the blood supply to your skin is poor.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 10). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. The healthcare team will help you to move about soon after the operation (for example, transferring from bed to chair and walking with aids) and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days.

3 Specific complications of this operation

- Damage to small blood vessels (microcirculation), which can cause a toe to die. You may need to have the toe removed (amputated).
- Amputation failure, if there is not enough blood flowing to your foot (risk: 1 in 7). If the tissue at the amputation site is unhealthy, your surgeon may decide, during the operation, to amputate below your knee. If your wound does not heal, you may need another operation to adjust the amputation.
- Infection of the surgical site (wound) (risk: 1 in 5). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Phantom limb sensation, where you can still feel the amputated part of your foot (risk: 2 in 3). Sometimes you can feel this sensation along with pain. Pain can be caused by continued infection, an amputation neuroma (a problem with a nerve end), a bone spur or scar tissue. These pains can continue for many months. If you have a lot of problems, you may be referred to a pain specialist. You can be given medication to help.
- Severe pain, stiffness and loss of use of your foot (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your foot can take months or years to improve.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. The healthcare team will give you exercises and help you to start to move after one to two days.

The healthcare team will monitor your progress and may involve an occupational therapist and social services, who may help adapt your home before you leave hospital.

You may need to wear special shoes or a foot plaster to help with healing and to prevent complications. The healthcare team may arrange for an orthotist to see you. They are experienced in treating foot problems using insoles and shoe modifications.

It is difficult to predict the length of recovery. You will usually stay on the ward for up to 10 days so your wound can be checked. You may need further rehabilitation and may be transferred to a rehabilitation ward to prepare for leaving hospital. If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities. You may not be able to go back home but will need to go into other accommodation appropriate to your physical abilities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

• The future

You can expect to make a good recovery with a better quality of life. If you have diabetes, it is important that your diabetes is controlled. It is important to stop smoking and to take your medication as you are told to prevent other arteries from becoming blocked.

Summary

Foot disease is a common condition caused by a poor blood supply to your foot. Removing any dead or infected tissue should prevent the spread of infection and improve your mobility.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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