



Post-lower extremity amputation patient & family handbook

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What is an amputation?

Amputation describes the traumatic or surgical removal of a portion of a limb. In this handbook, lower limb loss will be discussed. Amputation is an enormous loss and learning to adjust will take time. Be gentle with yourself as you move through the phases of recovery. Remember, a part of your body has been lost or altered, but you are still the same person inside. This handbook will attempt to give you and your family the information you need regarding all phases of the post-amputation process. The more information you have, the better able you have to make decisions about next steps in your rehabilitation process. This handbook will help guide you through your amputation, recovery, and rehabilitation.

Lower leg amputation levels

There are many levels of lower leg amputations. They can be due to trauma, illness, diabetes, cancer, or vascular disease among other things. Each level has different recovery processes and expectations. Below are the most common:

- **Toe/Ray amputation:** Usually describes one toe and possibly the bone it is attached to (the Ray). Typically allows you to walk very soon after surgery as long as you wear a post-op shoe for protection. This post-op shoe will be provided to you in the hospital.
- **Transmetatarsal Amputation (TMA):** Describes amputation of the mid-section of the tarsal bones of your forefoot, leaving your midfoot and heel. You will have a post-op shoe, and may be able to walk soon after surgery as long as you weight bear on your heel only. At first you will use crutches or a walker, or a wheelchair if you are not able or allowed to weight bear on your foot at all.

- Below-Knee Amputation (BKA, also known as Transtibial Amputation, TTA)–(see “What to expect for each phase” below)
- Above-Knee Amputation (AKA, also known as Transfemoral Amputation, TFA)---(see “What to expect for each phase” below)

Less common lower limb amputations

- Lis-franc amputation (disarticulation of all five metatarsal bones and toes)
- Chopart (disarticulation through the midtarsal joint)
- Symes (leaves the heel intact for weight bearing)
- Knee disarticulation (also known as through-knee amputation, amputates directly at the knee joint rather than the femur. Often the choice for children who are still growing)
- Hip disarticulation (an amputation of the leg right at or just below hip level. It is performed as a result of a traumatic accident, cancer, infections or complications from diabetes)

Phases of amputation

1. Pre-operative
2. Post-amputation
3. Rehabilitation
4. Prosthetic
5. Long-term follow-up

What to expect for each phase

Pre-operative phase

This phase starts with the decision to amputate. Prior to this decision, you may have had an infection or injury that posed a major health risk, requiring an amputation to allow you to begin to recover your health. During this phase, you will receive information about post-amputation expectations so that you can better understand the next steps.

Post-operative phase

Your acute hospital post-operative (post-op) phase is the time in the hospital after the amputation surgery, and may range from a few days to a week or two depending on your amputation level and your overall medical condition. During this phase your medical care will focus on healing your surgical area and prevention of complications. You will begin to learn to care for your amputated limb and will start working with a physical therapist (PT) and an occupational therapist (OT). You will receive support from your care team as you adjust to your new condition. You can request a visit from a chaplain or other spiritual support person, or from a volunteer visitor with an amputation who can share their unique experience of recovery.

You will have a post-op dressing on your limb when you wake up from surgery. The type of dressing will depend on the level of amputation. For example, If you had a Below-Knee Amputation, it may be a soft gauze dressing covered with an ace wrap, or a limb protection device called an Ampushield, or some other type of protective dressing. The type of dressing is determined by your physician and therapy team and takes into account your specific needs and situation. You will also receive a Shrinker Sock at some point post-op. This is an elastic compression sock that will begin to shape

your limb in preparation for a future prosthesis. It will also reduce swelling and pain in your limb, and will aid in the overall healing process. Your general health can make a big difference on how fast and well the wound will heal. Your diet (what you eat), controlling your blood sugar (if you have diabetes), and not smoking are very important. A wound that is kept clean and dry can avoid infection and heal faster.

If you had a Toe/Ray or Transmetatarsal Amputation, you will likely be discharged home once you're medically ready to leave the acute hospital, or to a skilled nursing facility (SNF) for additional therapy and nursing care at this point, and you may be using the post-op shoe with crutches, a walker, or a wheelchair for mobility until your incision is fully healed.

If you had a Below-Knee or Above-Knee Amputation, you will likely need to use a wheelchair during this phase of your recovery, and may use one as a back-up even after you have received and are confident in the use of your prosthesis down the road. Other things you will learn include:

- Initial exercises as you start to move your limb
- Important leg positioning when in bed and in a wheelchair to prevent contractures or other complications
- Management of your Shrinker Sock
- Skin checks and foot care of your other foot, if appropriate
- Bed mobility and safe transfers from bed to wheelchair
- How to propel and use a wheelchair safely

- How to access your home safely
- How to perform your Activities of Daily Living (ADLs) such as bathing, dressing, and other self-care techniques

Rehabilitation phase

- Your rehabilitation phase begins when you are released from the hospital and will have a further focus on learning to manage your limb. You may go to an acute rehab setting, to a skilled nursing facility (SNF) in the community to continue with your rehabilitation process, or you may go directly home and work with home health PT/OT. After that you will continue your rehab in an outpatient therapy setting. Rehab at a skilled nursing or acute rehab program is most common since you will also receive daily nursing care if you need that as well as more frequent PT/OT sessions than you would at home. During this phase, you will work with PT/OTs who will progress your post-amputation education and will teach techniques for:
 - Reducing sensitivity of your limb,
 - Management of your Shrinker Sock
 - Management of the Ampushield, or other removable limb support, if you have one
 - Continuation of important leg and core exercises to help strengthen muscles
 - Proper positioning when in bed and when in a wheelchair
 - Techniques for activities of daily living (ADLs)

- Upper body strengthening exercises
- Cardiovascular exercises
- Your training on the items listed above will continue until you are ready to begin the prosthetic training phase which typically happens within 8-12 weeks, but can vary depending on the surgical site healing condition and your overall medical condition.

Long term follow-up

- In this phase, you will work on greater social reintegration and higher functional training and will become more independent. After receiving your permanent prosthesis, you may resume working with a PT to help you advance your exercise, walking, and functional mobility program. This phase is not defined by an end-point. Continued assessment and interventions are part of your life-long care. After you have met your major goals for rehabilitation, you will continue to see your prosthetist for any needed follow-up visits for adjustments or additional supplies. Wearing your prosthesis should not be painful; if it is, contact your prosthetist for additional adjustments until it feels right. These follow-up visits are designed to help prevent complications as well as promote the care of your residual and non-amputated limbs. In addition, follow-up visits will continually assess your needs for new or different equipment or therapy depending on life changes you may experience. You may be referred to a PT/OT throughout your life as your goals and/or circumstances change. Your team will work with you to accomplish any new goals or solve any new problems that may arise.

Nursing care after your amputation

Your nurse is an integral part of your rehab team after amputation. Their job is to ensure that your wound is healing well, provide wound care and dressing changes, provide education to you and your family about caring for your limb, provide pain management, and work together with medical and therapy staff to ensure the most positive outcome for your recovery.

Pain management

People after any level of amputation may experience postoperative pain that is felt in the skin, muscle, nerve, and/or bone. Additionally, phantom pain (see section below) is also something that some people experience. There are several approaches to helping relieve these various types of pain, including cognitive strategies, desensitization techniques, pharmacologic interventions, and modalities such as transcutaneous electrical nerve stimulation (TENS) units. See below for details of these.

Post-operative pain

This is caused by the surgery itself. It comes from skin, bones, muscles, and surrounding soft tissue, often described as deep and achy.

Initial post-op pain is usually treated pharmacologically with narcotic pain medications. To minimize the potential negative side effects of these (drowsiness, constipation, impaired judgment, breathing difficulties, etc.) they will be gradually replaced with non-narcotic medications and other pain reducing strategies.

Phantom pain

This may occur a few weeks after surgery, and is described as pain in the part of the leg that is no longer present. This occasional pain is common in people after amputation. It is usually quite manageable, and rarely limits function. Because phantom pain may linger after the initial post-op pain has subsided, narcotics are not usually part of the regimen. Instead non-narcotic medications such as Gabapentin, Neurontin, NSAIDs (anti-inflammatory) or other types of medications are used to reduce phantom pain.

Desensitization techniques are also used and are very effective. With these, you touch your limb with your hand or a soft washcloth to rub or gently tap the limb to reduce its overall sensitivity to touch and pressure.

Transcutaneous Electrical Nerve Stimulation (TENS) treatment uses electrical current to reduce pain through skin electrodes and a small hand-held unit. This is effective for pain relief in many cases.

Phantom sensation

This is different from phantom pain in that the sensations are not painful, but are felt as tingling, cramping, or pressure in the areas of the leg that are no longer there. These are common among people after lower leg amputations. Their cause remains unknown, but they respond well to the desensitization and other techniques described under the Phantom Pain section above, as well as to touching/massaging the other leg in those areas, if possible.

Limb protection & skin care

Initially your limb will have a post-op dressing and often an overlying ace wrap when arriving to your hospital room after surgery. Your surgeon and/or nursing team will continue to care for your incision during this phase.

There is often an ace wrap used at this point for gentle compression until you are ready for a Shrinker Sock. Some people are fit with a Shrinker Sock right after surgery while still in the operating room. This is determined by your surgeon and medical condition.

The shrinker sock

A Shrinker Sock helps reduce edema (swelling), promotes healing, reduces post-op pain, and begins the shaping process for eventual prosthetic fitting.

When the Shrinker Sock is delivered, your PT and/or Prosthetist will measure for proper fit and will put it on over your post-op dressing.

Putting the Shrinker Sock on is more comfortable early on when using two people use the “4-hands method”; they pull out the opening in opposite directions (one person’s hands are at 12 and 6 o’clock positions, the other are at 3 and 9 o’clock positions) as wide as possible, gathering the fabric all the way to the end, and then placing it firmly onto your limb together.

Once your limb is less sensitive, you will be able to put it on and take it off independently.

You’ll be given wearing instructions during this time.

Other foot (if applicable)

You will learn how to perform skin checks on the other foot/leg (if applicable) while you are in the hospital. Daily skin checks should continue to be done after discharge to ensure there are no blisters or other skin issues that arise. If the amputation was due to diabetes or peripheral vascular disease, your toenails should be clipped by a podiatrist to prevent skin tears or injury from here on out.

If applicable, your other foot will often have a protective boot on when you’re in bed while in hospital to ensure that your heel doesn’t rest on the mattress or get bumped causing injury.

If you notice the development of redness or increasing pain or drainage at the incision, notify your care team immediately, as this may be an early sign of infection.

Toileting

People who have undergone amputations are at high risk to develop decubitus ulcers due to reduced mobility and underlying medical conditions. Therefore it's important to learn toileting techniques to prevent moisture from gathering in the bed.

Well-planned and executed bowel and bladder routines are essential in preventing moisture and damage to your skin.

If a wound is present, it's imperative to keep the area clean, dry, and without pressure.

Bowel and Bladder routine - If you are not able to tolerate an upright sitting position initially, we will help you with bed mobility for rolling and placement of a bedpan. Once you are able to tolerate sitting upright you will be assisted to a bedside commode to allow a more normal toileting experience. A urinal may be helpful as well.

Barriers to wound healing

Smoking - Smoking has a significant negative impact on wound healing. In addition to delayed wound healing, tobacco use increases your risk for heart attack, stroke, and blood clots. To decrease your risk for these conditions and improve the healing process after your amputation, stop smoking before your surgery

Diabetes - consistently elevated blood glucose level can significantly slow wound healing. If you have diabetes, monitor your blood glucose carefully. It is not unusual for blood sugar levels to be elevated immediately after surgery. Insulin-dependent individuals may need to increase the amount of insulin they are taking. People who are on oral medications may require a short period of insulin use. If you have diabetes, limit the number of sugar sweetened beverages you consume, as this may also negatively impact your healing.

Poor nutrition - Tissues cannot heal if they are not provided with the necessary nutrition. Many patients who undergo an amputation may be undernourished or malnourished prior to their surgical procedure. Dietary supplements are often provided in addition to hospital meals to ensure that sufficient calories, protein and nutrients are available to facilitate wound healing. If you know about your amputation in advance, you may want to work with a dietician to assess your nutritional status and determine if you need nutritional supplements. After your surgery, your dietician can also help to ensure that you are getting the proper amount of protein and nutrients daily to maximize healing.

Possible post-surgical complications

Pressure ulcers - After a full or partial amputation of a lower limb, your care team's primary focus is on the operative site. It's also important to monitor your limb to prevent secondary complications, such as the development of pressure ulcers of the heel or other trauma to the toes, foot or leg. Working closely with your care team may help prevent these types of ulcers from developing.

Patients who have undergone an amputation or partial amputation of a lower limb are also at increased risk for developing pressure ulcers on the lower back or hips. Your nursing team will examine these areas frequently to ensure that you do not experience skin changes. Changing positions frequently, staying hydrated and special mattress for high-risk patients may help prevent these types of pressure ulcers from occurring. If you notice a discolored or darkened area on your skin, this may be a sign that a pressure ulcer is forming. Be sure to notify members of your care team if you notice this or if normal color doesn't return to the area within half an hour.

Blood clots - To reduce the possibility of blood clots in the deep veins, known as deep venous thrombosis (DVT), your physician may temporarily place you on an anticoagulant drug such as Heparin or Lovenox. Early mobilization and drinking plenty of water (4-6 glasses per day) may also help prevent lower-limb blood clots.

The most significant complication related to lower-limb blood clots is the development of a pulmonary embolism (PE), in which a blood clot travels from your legs to your lungs. Symptoms of a PE include shortness of breath, chest wall pain or cough. If you develop any of these symptoms, seek emergency attention immediately.

Pneumonia - Individuals who have pre-existing lung disease (emphysema or COPD) should take measures to help prevent pneumonia after surgery. Your care team will discuss breathing exercises with you and may recommend the use of an incentive spirometer, a device that measures how deeply you can inhale, to maximize lung function. Early mobility to a chair and participating in physical or occupational therapy can also help prevent lung complications after surgery.

Contractures - A contracture is the development of soft-tissue tightness that limits joint motion. A contracture occurs when muscles and soft tissues become stiff and fibrous from lack of movement. Contractures can make it difficult to wear your prosthesis, make walking more difficult, and increase the needs for an assistive device like a walker.

Limited time spent up and moving around is usually the cause of most contractures. After a below-knee amputation, lying in a hospital bed with the head of bed up and the knees bent up or pillow under the knees may cause contractures at the hips and knees. Similarly, lying in bed with the elbow bent up and resting on the chest most of the time may result in a contracture at the elbow.

Contractures can develop at any time, so it's important to listen to your body. Prevention is the best approach for dealing with contractures, and it's important to work your care team to identify and address contractures if they occur.

Prosthetic options

Once your incision has healed and your limb has been adequately shaped by use of the Shrinker Sock, your physician will refer you to a prosthetist for your temporary prosthesis. There are several types and multiple options within each type of prosthesis, and the choices will largely be dependent on the level of your amputation as well as your overall health. If your medical situation will not allow use of a prosthesis for walking, you may still benefit from one for cosmetic reasons, or for making transfers easier. Your physician, physical therapist, and prosthetist will assist in helping to determine the optimal type of prosthesis for you.

- **Below-Knee Amputation (BKA, also known as a Transtibial, TTA):** Your prosthesis will include a custom socket, a liner (goes between your skin and the socket), suspension (a method for holding the limb on), pylon (metal bar connecting the socket to the foot), and foot. Your temporary prosthesis won't have a cosmetic covering on it; this allows it to be adjusted as needed (the permanent prosthesis will be able to have a cosmetic covering placed if you would like one, once all final adjustments are made).
- **Above-Knee Amputation (AKA, also known as a Transfemoral, TFA):** This level amputation requires all the components listed above under BKA, but also includes a knee component.

Getting your prosthesis & prosthetic training

Once you and your limb are ready, your doctor will write a prescription for you to see a prosthetist who will make your first prosthesis. This first one is called your Temporary Prosthesis and will be used for up to six months (or sometimes longer) to allow for prosthetic adjustments and training. The period of time using the Temporary Prosthesis focuses on providing a comfortable prosthetic fit (should not hurt or cause redness/sore spots), continued strengthening, scar tissue mobilization if needed, functional mobility, residual limb care, prosthetic

device care, gait training, and will allow your skin and leg to get used to wearing the prosthesis. This phase usually takes place after your return home. You will go to the prosthetic clinic where your limb will be measured and casted to make a mold of your limb from which to build your prosthesis.

This phase includes training with a PT for prosthetic wearing instructions and development of an exercise and walking program. It will also include other rehabilitation activities with an emphasis on getting back out into the community. It also will include vocational and recreational activities that you enjoy. Your prosthesis will likely need several adjustments to achieve optimal comfort and function; this is normal when starting prosthetic training. Once you are using several socks to help with proper fit and comfort (stump socks) to keep the prosthesis snugly fitting, you will be casted for your permanent, also known as “definitive,” prosthesis. This one can be covered with a cosmetic covering if desired.

Prosthesis wearing and limb care

Your limb will need to gradually acclimate to wearing your prosthesis. This means that you will initially start using it by wearing it for short periods of time while sitting in your wheelchair increasing wearing time and functional activities incrementally with rests built in. After each wearing, you will need to take off the prosthesis and liner to check your skin to make sure there are no blisters or areas of redness. If you are unable to see the bottom and/or back of your limb, you can use a mirror or have a family member check for you. These skin checks are crucial to ensuring that you don't develop wounds on your limb. Your PT will develop your wearing schedule and functional program as you progress in your rehab program. Write down questions that you have between PT appointments to make sure you have a good understanding of the process and that your PT knows your personal prosthetic and functional goals.

Getting back to living

Environmental modifications

You may need to have certain home or workplace modifications or equipment in place to allow you to more safely and easily manage in your environment. Your rehab team will help you with making decisions, and with training in use of these, as the need arises. These can include:

- You may need a permanent or temporary ramp for entry to your home. You can rent a temporary ramp, or you may need a more permanent one. Your rehab team will help you make this decision based on your situation (however, they will not be able to build the ramp for you).
- Bathroom equipment such as a bath chair or tub transfer bench, raised toilet seat, handheld shower head, etc.
- Adaptive clothing to make it easier to get pants on over prosthesis or make it easier to use the toilet, etc.
- Car modifications to allow you to drive with your other foot or by using hand controls

Specialty consultants

There are other specialty providers besides PT/OT, and prosthetists, that you may be referred to along the way. Depending on your medical situation, these can include orthopedic or vascular surgeons, plastic or reconstructive surgeons, endocrinologists, and diabetes specialists.

Peer support

Adjusting to life after amputation can be challenging. Sometimes speaking to another person who has experienced this is helpful during this process. Your prosthetist may have a list of peer visitors who will meet with you or have a phone conversation. There are resources listed at the back of this handbook that you might find helpful.

Sexuality and intimacy after amputation

The quality of our relationships is determined by how we respond to life. Resuming healthy sexual relationships after amputation is important, but not necessarily easy. Your body has changed and your responses to sexual activity may have also changed. You may be afraid that your residual limb may not be accepted by your partner. You may not see yourself as sexually attractive or you may worry that you may not be able to satisfy your partner. These concerns are normal, however it's important to understand that you are still a desirable individual. You just happen to be missing a body part.

Changes to your physical appearance may make it more difficult to engage in personal relationships. If you are in a long term relationship, you may close yourself off from your partner. These feelings are understandable. It may be difficult to engage in sexual activity immediately after amputation due to discomfort or pain. This will get better with time. Communicate with your partner and talk opening and honestly about your feelings. Talk to your partner about how your changed body looks, feels, and works. Take time to rediscover yourself sexually, keeping in mind that the things that aroused you before may no longer provide the same sensations. While having these conversations may be awkward and uncomfortable, with time, patience, and open communication, the process of sexual rediscovery can be exciting for both you and your partner.

If you have questions or concerns about intimacy, please bring these up with your care provider. The hospital also has a psychologist that can provide support for you and your partner during this transition.

Accuracy of information on the internet

With the large amount of information--some accurate, some inaccurate--available today on the Internet, it's important to be a questioning

Getting back to living (continued)

consumer when reviewing information from these sources. You may find blog sites or advertisements that make impossible promises, or you may receive emails or other unsolicited contacts from several other sources. Remember that if something seems too good to be true, it probably is. When in doubt, talk to your PT, OT, nurse, doctor, prosthetist, or other trusted health professional about any claims or concerns brought up by social media.

Help with lifestyle changes

People who have undergone an amputation may be at risk for future amputations depending on the cause for this one. There are some things that can't be changed such as age and genetic background. But many factors of life are alterable, and some can make a huge difference to improve your overall health, increase healing potential, and reduce risk of further amputations. These include:

- **Diabetic management:** If you have diabetes, it is important to learn ways to reduce your blood sugar (A1C), how to monitor your blood sugars yourself, what constitutes a healthy diet for you, and how to manage your daily diabetes medication routine, if applicable. We offer Diabetes Management (Type 1 & 2) classes through our PEP Education program (information below). We also have a Nutritional Counseling program through PEPs as well (information for PEP under the Additional Resources section at the back of this handbook).
- **Smoking Cessation:** As stated earlier, smoking has a profoundly negative effect on the health of your body, your heart, and the blood vessels throughout your body. Quitting smoking will improve many aspects of your health, but most definitely will improve your circulation and blood flow to your legs. If you need help to quit smoking, Dominican offers a Freedom from Smoking class through our PEP Education program that consists of eight

sessions with a Respiratory Therapist in a group setting. (Information for PEP under the Additional Resources section at the back of this handbook).

Coping with lower limb amputation

When someone loses a body part, they naturally experience a range of emotions. Each person feels and reacts differently depending on many factors including the circumstances leading to their amputation. Many emotions arise that may include sadness, depression, anxiety, frustration, embarrassment, or anger, even though the amputation was medically necessary. Some people feel relieved that a painful limb was finally amputated. After amputation, a person's body image changes because the shape, feel, and look of the body is different. This change is real, and it may take some time to adjust to it. There are no right or wrong feelings after an amputation. This is a very personal experience. Emotional recovery, like physical recovery, is your own process.

Recommendations to help along the way

- Work with your rehab team to identify ways you can return to the activities that you love
- Eat a healthy diet and get rest
- Monitor and maintain target blood sugar levels if you have diabetes
- Do daily skin checks on your lower limbs
- Seek help from your doctor if you have ongoing pain in your limb
- Contract your prosthetist if your prosthesis needs adjusting or just doesn't fit right
- Spend time with supportive friends and family, and avoid those who cause emotional stress

- Talk to your doctor if you find yourself feeling low and sad for most days; you may be experiencing depression which can be treated in several ways
- Write about your feelings in a journal
- Contact a support group
- If you have a spiritual community, maintain contact and accept support from them

Family and patient FAQs

Q. When can I take a shower?

A. Once your physician determines it's safe for you to shower, your OT will cover your incision and work with you on safe showering techniques.

Q. When can I exercise?

A. You will begin with gentle bed level exercises postoperatively which will be progressed as tolerated.

Q. I am not coping well. Who can I talk to?

A. Whether you are dealing with this yourself, or you are watching a loved one endure this, it can cause fear, anxiety, anger, restlessness, sadness, and many other emotions. Chaplain Services is an excellent resource when you need an attentive listener. They are available around the clock and can be reached by dialing '0' for the hospital operator and asking for Chaplain Services.

Q. What are some coping strategies?

- Write down important questions to ask the medical team in a journal or notebook.
- Create a caring bridge website or phone tree to update the condition of your loved one. This will help to reduce the number of calls.
- Rotate family visits to ensure that everybody gets enough rest. It is important to accept help

and express your feelings. Just as it takes a team of doctors and nurses to care for your loved one, it often takes a team effort from family and friends to make your loved one feel cared for.

Q. I am afraid and don't know what the next step is for my care once I'm ready to leave the acute hospital. Who can help me?

A. A social worker and nurse case manager will work with you, your loved one's insurance company, and the medical team to assist with discharge and treatment planning.

Q. What can I expect if I go to a skilled nursing facility (SNF) for my short-term rehabilitation needs?

A. You will be assigned to a room, and will likely have a roommate. There is a medical director who oversees the facility, and there are nurses and nurse aides to help you. You will be given your medications and meals. You will work with a physical therapist and an occupational therapist to gain strength and function while you are recovering after your surgery. You will likely be discharged home before you are ready for your temporary prosthesis, but you will have been working on functional mobility and activities of daily living to allow you to progress to the next phase once you receive your prosthesis. You will continue to work with therapists in an outpatient therapy setting once you receive your prosthesis until you achieve your initial goals.

Q. What can I expect if I'm discharged directly home from the hospital?

A. If you are able to go directly home after your acute hospital stay, your doctor will request that home health PT and OT therapists come to your home to continue to work with you. You may also have a home health nurse, and/or other providers such as a home health aide, if you need them as part of your home team. Once done with home health, you will continue your therapy in an outpatient setting.

Getting back to living (continued)

Q. If I go to an acute rehabilitation setting for my post-amputation care, how long will I stay there?

A. The factors that determine your length of stay include, but are not limited to:

- Your ability to participate in 3 hours of therapy per day
- Your ability to demonstrate progress towards identified goals
- Whether or not you need ongoing daily physician visits and 24-hour nursing care
- Having a home discharge plan with any needed caregiver or family support in place
- The average length of stay on the acute rehabilitation unit is two to three weeks.

Q. Will I stay in acute rehabilitation until I am totally independent and ready to return to normal activities of daily living?

A. No, full independence and return to normal activities will take more time. Although it might seem ideal to stay until you are fully independent, it is often hard to keep motivated during a long hospital stay. Transitioning to outpatient rehabilitation offers more intense therapy and a real environment. There you can work on using your new skills rather than depending on nurses and staff.

Q. When and how will I get my prosthesis, and who will I follow up with for my rehab needs?

A. You will follow up with one of the rehabilitation doctors that followed you in the acute rehab setting. Once your limb is healed and has begun to appropriately shape, they will refer you for your temporary prosthesis. You will also be referred to outpatient physical therapy for prosthetic training. You may also be referred for outpatient occupational therapy as well.

Q. What should I expect of my caregivers and/or my family?

A. Family members and caregivers are encouraged to participate in therapy and nursing care so they can help with your transition out of acute rehabilitation. Sometimes, however, the presence of a loved one may interfere with your ability to focus on therapy, and your care team may request that you temporarily limit visitations. Your family members or caregivers may be asked to participate in formal family training a few days before you are discharged. This training may be longer if you require more complex care.

Q. What questions should I ask my insurance company about my outpatient rehabilitation benefits?

A. The following are some good questions to ask:

- How many visits per calendar year are covered for physical, occupational, and speech therapy?
- If the visits are combined amount, does each session count as a visit, or if I see all three disciplines on the same day does it count as one visit?
- If I need more than the allotted visits per calendar year, is there a way to request more or appeal the ending of coverage?
- Do I have a copay?
- Is the facility I've chosen in my network of covered facilities?

Q. Now that I have been discharged from the hospital, how do I get my medication refills?

A. Depending on the medication, your primary care physician may take over the management of your medications and be the one to call in any necessary refills. However, your doctor will want you in their office before assuming this responsibility.

Q. How do I get a copy of my medical records if I need them?

A. Contact the hospital you were discharged from and ask to speak with the medical records department.

Q. Where do I get information about community resources, support groups, handicap placards, and resources or providers specific to amputations?

A. For resources available to amputees, you can go to the Amputee Coalition website: www.amputee-coalition.org

Q. Should I apply for Social Security Disability?

A. Individuals are encouraged to get information from their orthopedic surgeon or rehabilitation physician on applying for Social Security Disability. To apply, visit: <https://www.ssa.gov/benefits/disability/>

Additional resources

Amputee Coalition; www.amputee-coalition.org. This is a national amputee advocate organization that provides support and information. This is a \$30/year membership fee. Included in the membership is their monthly magazine, inMotion, and a detailed guide for amputees called First Step. (Phone # 1-888-267-5669).

To register for any of our PEP classes, you can call (831) 457-7099, or online at dignityhealth.org/dominican/pep.



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