



FOR THE NEW AMPUTEE

a guide for early care and becoming a successful user of a prosthesis

This guide has been written to help answer some of the questions you may have if you have been told you need an amputation, or if you are recovering from an amputation.

It is provided to you as a source of information about the basic rules of amputee care. It may not answer every question, so please ask a member of your rehabilitation care team if you have any further questions.

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patient care booklet for new amputees

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Rehabilitation Team.

those involved in your care

PATIENT — most important member of the team

PHYSICIANS — team of doctors who will plan and carry out your surgery, often including any or all of the following: General Surgeon, Orthopedic, Vascular, Plastic Surgeon, Physiatrist, Orthopedic Oncologist

NURSES — care for you pre- and post- operatively

PHYSICAL THERAPIST — works with you to strengthen, maintain, and gain range of motion while providing gait training with your prosthesis

OCCUPATIONAL THERAPIST — helps you become as independent as possible following your amputation, instructing on the use of adaptive equipment as well as providing techniques to increase independence with activities of daily living (ADL's).

PROSTHETIST — evaluates, designs, manufactures, fits, and adjusts your prosthesis

SOCIAL WORKER — assesses your needs, arranges a package of care for you at home or a rehabilitation facility if appropriate, and can give advice regarding benefits, housing, or financial concerns

Questions and Answers.

how long will my recovery be after my amputation?

The complete post-operative recovery period including surgical wound healing, emotional adjustment to limb loss, physical therapy, and prosthetic management can take up to 18 months.

when can I get a new prosthesis?

The preparatory prosthesis (first prosthesis) is typically used for 3-12 months. It is used until you experience a consistent fit for at least 2-3 weeks.

Aligned with your insurance coverage, prosthetic components are designed to last 2-5 years. While sockets should last longer than two years, most are replaced sooner due to changes in your residual limb.

will it be painful to walk on the prosthesis?

It should not hurt when you are weight-bearing with the prosthesis. You will be given a break-in schedule to follow with your prosthesis. If you have pain or discomfort, discontinue use and consult with your prosthetist.

can I shower or go in the pool with my prosthesis?

No, unless you have a specifically designed “water” leg designed for bathing or swimming.

why doesn't my prosthesis look or work like another amputee's?

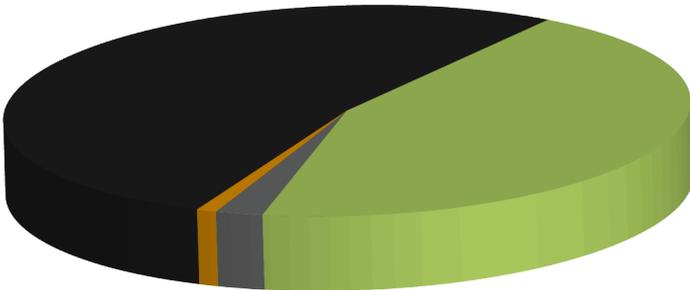
Everyone is different, and your prosthesis is custom made for you. Most prosthetic devices are set up to be safe and secure when ambulating, and an evaluation of your strengths, range of motion, co-morbidities, and goals, dictate the best materials, design, and fabrication method, for your prosthesis.

What is an Amputation?

An amputation is the surgical removal of a part, or all of, a limb. It is done to remove dead or painful tissue and aims to prevent the problem from spreading farther. Amputations are always a last option after all other options have been exhausted to save the limb.

REASONS FOR AMPUTATION

- 54% Vascular Disease (poor circulation, diabetes)
- 45% Trauma (car accident, work-related trauma)
- <2% Cancer
- <1% Congenital



Below-knee amputations (trans-tibial) are the most common amputations, representing 71% of dysvascular amputations. In general, a below-knee amputation is preferred over an above-knee, as the former has better rehabilitation and functional outcomes.

WHAT TO EXPECT FOLLOWING SURGERY

As you begin to heal post-operatively (the first days to first weeks following your amputation), two important physical goals help prepare your residual limb (amputation, stump) for a prosthesis. These are to minimize swelling, and to prevent muscle flexion contractures.

minimize swelling

Your surgeon or treating medical team will determine which swelling control method is best for you. Some of the more common options are:

Ace Wrap – May be placed over surgical dressing

Stump Shrinker/Sock - Elastic compressive type material

Removable Rigid Dressing (RRD) - A protective rigid cast

prevent muscle contractures

A flexion contracture occurs when a joint is held bent over a long period of time. This can cause the muscles to tighten, and tight muscles can prevent the joint from being able to fully extend. Flexion contractures are relatively easy to avoid, by keeping the joint straight, but they are very hard to correct.

Care for the Sound Limb.

The majority of all amputations in the United States are related to systemic disease process (diabetes, vascular disease, heart disease). This disease process can cause nerve damage to the limb which results in decreased sensitivity to pain, pressure, and temperature. Taking care of the good (sound) limb is a priority due to the unknown damage of the disease process.

the following is written for lower body amputations but the basic concepts can apply for all dysvascular amputations

HYGIENE

- Test warm water with your hand prior to submerging your foot.
- Wash and inspect your foot daily, taking care to dry between your toes. Use a mirror if needed to see the whole foot.
- Apply moisturizer daily to dry skin.
- Apply powder between your toes to keep them dry.
- Have nails maintained by a health care professional.
- Wear seamless white socks (diabetic socks) that are not too tight.
- Do not cut, scrap, or pick, corns or calluses. Allow a physician to treat all conditions.

SHOES

- Purchase shoes that are the shape of your foot (remove insole and check shape against your foot).
- Avoid tight, pointed toe shoes.
- Do not purchase or wear thong or strap sandals that can irritate between toes.
- Use proper foot placement to avoid twisting or hopping on your good foot when transferring.
- Make sure shoes have smooth insides without rough stitching or anything that can irritate the skin.
- Check shoes and socks daily for pebbles, cracks, nails, or anything else that may irritate the skin.
- Never walk barefoot.

SITTING AND LYING

- For long periods of immobility, place a soft pad under your calf to decrease heel pressure.
- Avoid crossing your legs, which can further limit and compromise the blood supply to your limb.
- Elevate the leg periodically throughout the day. Rest the limb above the heart level, especially if swelling occurs.

Care for the Residual Limb.

BANDAGE

- Initial bandaging should only be inspected and changed by a healthcare professional.
- Once instructed, you and your caregiver can perform bandage changes and care.
- Never pull on scabbed tissue. Allow scabs to slough off on their own. If they are adhered to bandaging, saline solution can be used to loosen adhesion.
- If wound healing is delayed, follow instructions from your health care team.

LIMB BATHING

- Begin bathing after approval from your physician or care team.
- Use mild soap and lukewarm water.
- Avoid soaking your residual limb.
- Use a tub seat or bench for safety when showering.
- Do not massage incision line until completely healed, and your health care professional has instructed you on the proper technique to enhance mobility and strength. Both of which are needed for prosthetic use.

HEALING PHASE

- Inspect your residual limb daily. Use a mirror and light if necessary.
- Keep limb dressed in gauze, shrinker, or RRD, except for daily bathing, inspection, and dressing changes.
- Elevate the limb to heart level as much as possible throughout day.

The Prosthesis.

MAKING THE PROSTHESIS

Your prosthesis will be unique and custom to you. Materials, design, and fabrication will be selected based on an evaluation of your physique, lifestyle, and goals. The goal of any prosthesis is to be as comfortable as possible, while providing maximum mobility.

CONSIDERATIONS

- The shape and condition of your residual limb
- Your physical and mental condition
- Your previous activity level
- Your age
- Funding (insurance)

EVALUATION

During your evaluation, your prosthetist will be looking at the strength and range of motion of all your extremities. They will also discuss with you your personal goals. Taking the evaluation into consideration, together you will decide on the type of prosthesis that is best for you.

TEST SOCKET

To begin the fabrication process of your prosthesis, your prosthetist will take a series of measurements and then take a cast or scan of your residual limb. A test socket (clear socket) will be created and checked for fit as well as placement of componentry.

After alignment and adjustments, if the fit of the test socket is satisfactory, then the socket will be sent for fabrication (definitive). The completed definitive socket will then be attached to componentry (pylon/pipe, foot). Upon completion, fitting, alignment, and instruction will occur with your prosthetist to your satisfaction.

LEARNING TO USE YOUR PROSTHESIS

Your prosthetist will guide you on initial use and share basic principles of prosthetic use. They will also make adjustments to fit and alignment as necessary.

Physical therapists will provide training on activities of daily living (ADL's), bathing, transfers, stairs, getting in and out of automobiles, and walking on various types of terrain.

Socket Fit Management.

SOCKET FIT

Your residual limb will decrease in size over the first year due to muscle atrophy, reduction in swelling, temperature, retention of fluid, and/or weight loss or gain. Since the socket size remains the same throughout the changes in your limb's shape and size, fit is adjusted with the use of prosthetic socks and padding.

PROSTHETIC SOCK MANAGEMENT GUIDE

Prosthetic socks are used to fine tune the fit of your prosthesis while allowing for volume fluctuations day to day, and throughout the day. The socks come in various sizes, materials, and thickness -which are called ply. Usual thicknesses are 1, 3, and 5 ply.

You may also have a nylon sheath you wear under your gel liner to help decrease skin irritation. If you do, it is thin and not considered a ply. Wearing the fewest number of socks to attain the proper ply thickness is recommended.

When you cannot achieve a proper fit by increasing or decreasing ply, or the total sock ply adds up to 12-15 ply consistently, please contact your prosthetist for an appointment. An adjustment of your prosthesis may be needed.

GAIN | *tight fit*

Possible Causes

- Increase in swelling
- Weight gain
- Heat
- Blood pressure
- Fluid retention
- Medication changes
- Decrease in shrinker wear time
- Decreased activity

Problem

- Socket feels tight
- Limb does not go into socket fully
- Pressure or discomfort in a new area
- Pinching or redness
- Leg feels taller
- Back or hip pain

Solution

- Decrease sock ply by 1 at a time until proper fit

LOSS | *loose fit*

Possible Causes

- Diuretics
- Reduced swelling
- Weight loss
- Cold
- Increased activity
- Longer wear time

Problem

- Socket feels loose
- Feeling of slippage (pistoning) when ambulating
- Pressure on bottom of limb in socket
- Redness or rubbing
- Leg feels shorter
- Back or hip pain

Solution

- Increase sock ply by 1 at a time until proper fit



Founded in 1993, elizur has quickly grown into a musculoskeletal solutions industry leader. Our comprehensive packages, implemented by credentialed and licensed staff, improve patient outcomes with a personalized rehabilitation experience. Count on elizur to supply the most technologically advanced products, arrange convenient delivery, ensure proper fit, provide individualized training, and expertly process claims. All the while, offering exceptional customer service.

Our Cornerstone & Core Values.

WE CARE FOR OUR CUSTOMERS
AS WE DO FOR OUR FAMILIES.



RESPECT FOR PASSION FOR FOCUS ON
THE SCRIPT PATIENT CARE INNOVATION

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