Amputation of the Leg

Introduction
Diseases such as clogged arteries and diabetes could lead to the death of tissue in the leg.

This may mean that the leg has to be amputated to remove the dead tissue. Health care providers may recommend an amputation.

If your health care provider recommends surgery for you, the decision whether or not to have surgery is also yours. This reference summary will review the benefits and risks of this surgery.

Symptoms and Their Causes
Blood vessels carry blood from the heart and lungs to the legs to feed and cleanse the body’s tissues. Clogged arteries in the legs, diabetes, infections, cancer and other diseases may result in the death of a leg.

When this condition begins, the leg will become cold and painful. In addition, the immune system is affected. This makes the leg more susceptible to infections. Small wounds to the leg may never be able to heal. Infections can spread to the rest of the body and could lead to death.

Preventive Measures
Certain lifestyle changes may help prevent the need for leg amputation. A healthy, low fat diet may reduce plaque buildup in the arteries, allowing sufficient blood flow to the legs. Refraining from smoking is essential in preventing plaque buildup.
Certain medications may also help improve blood flow to the leg. Controlling diabetes and other diseases may help decrease the chances of the leg tissue dying and may prevent the need for amputation. Proper foot hygiene can help prevent infections.

If your health care provider determines that the blood flow to the leg cannot be improved, an amputation may be necessary. Depending on how much of the leg has died or is at risk of dying, more or less of the leg may need to be amputated.

Your surgeon will discuss with you the approximate site of the amputation. The amputation may include the toes, the front part of the foot, the leg below the knee or the leg above the knee.

**Surgical Treatment**

During leg amputation, all of the dead tissue is removed. If necessary, some of the bone may be sawed off. If there is no evidence of infection at the site of the amputation, the wound is closed. If there is evidence of infection, the wound is allowed to heal on its own over time. This requires frequent dressing changes.

The extent of the amputation depends on how much of the leg has died and how well the blood is circulating in the leg.

Your health care provider will tell you how long you are likely to stay in a health care facility. This depends on several factors, such as your age and medical condition. Depending on how quickly you recover, you may go home after spending two or three nights at the facility.

**Risks and Complications**

This operation is safe. There are, however, several possible risks and complications, which are unlikely. You need to know about the risks just in case they happen. By being informed you may be able to help your health care provider detect complications early.
The risks and complications of leg amputation include those related to anesthesia and those related to any type of surgery.

Risks of general anesthesia include nausea, vomiting, urinary retention, cut lips, chipped teeth, sore throat and headache. More serious risks of general anesthesia include heart attacks, strokes and pneumonia. Your anesthesiologist will discuss these risks with you and ask you if you are allergic to certain medications.

Blood clots in the legs can occur due to inactivity during and after the surgery. These usually show up a few days after surgery. They cause the leg to swell and hurt. Blood clots can become dislodged from the leg and go to the lungs where they will cause shortness of breath, chest pain and possibly death. Sometimes the shortness of breath can happen without warning. It is extremely important to let your health care providers know if any of these symptoms occur. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs.

Some of the risks are seen in any type of surgery. These include:
- Infection, deep or at the skin level. If the infection involves the bone, long-term antibiotics may be needed.
- Bleeding, either during or after the operation.
- A skin scar that may be painful or ugly.

Other risks and complications are related specifically to this surgery. These are rare. But it is important to know about them.

The amputation site may not heal properly. “Phantom” sensation or pain can happen. This feels like the leg is still present even though it is not.

Such feelings can be upsetting if the patient feels pain coming from a part of the leg that is no longer there. For example, even though the foot might have been surgically removed, the patient may still feel pain in that foot. In spite of the best current medical and surgical treatments, this kind of pain is difficult to control.
After the Surgery

Your health care provider may recommend a healthy, low-fat, low salt diet. Moderate exercise and not smoking are also helpful in reducing the chances of further amputations. Proper care of the opposite foot and leg is important to reduce the chance of further complications.

Depending on the extent of the amputation, a ‘prosthesis,’ or artificial leg, may be fitted after the incision heals. Extensive physical therapy and a prosthesis may help you regain significant mobility.

Your health care provider will tell you how long it will take before your amputation is completely healed and when you can go back to work. This depends on your age, type of work and medical condition as well as other factors.

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