INDIANAPOLIS
REHABILITATION HOSPITAL
at CARMEL

Amputation Education

Patient Sticker

Amputation Education Checklist

Admission Date: _____ Time: _____

Directions: The checklist will be copied and scanned into the EMR under document storage when completed. Leave a completed copy in the patient folder.

✓	Initials	Date	Education Topic
			Meet your Rehab Interdisciplinary Team
			The importance of Therapy and Inpatient Rehabilitation
			Defining Amputation and Types of Amputation
			Amputation Risk Factors
			Secondary Amputation Prevention
			Diabetes and Foot Care
			Phantom Limb, Sensory Issues and Pain Management
			Wound Care and Shaping After Amputation
			Sexuality after an Amputation
			Prosthetics and Adaptive Equipment
			The Caregiver after an Amputation
			Discharge from Inpatient Rehabilitation
			Depression
			Support of your family and caregivers
			Tips for Taking Medications
			Tips for Staying Healthy
			Call the Doctor






Initials	Signature	Job Title

The journey after limb loss can be challenging, but with dedication and support, anything is possible. Our Rehab team is here to inspire and guide you toward a successful recovery.

Table of Contents

Meet your Rehab Interdisciplinary Team 4

The Importance of Therapy and Inpatient Rehabilitation 5

Defining Amputation 6

Secondary Amputation Prevention 8

Diabetes and Foot Care 11

- Preventing foot ulcers 11
- Signs of trouble 12

Phantom Limb, Sensory Issues, and Pain Management 13

Wound Care and Shaping after Amputation 13

Sexuality after an Amputation 14

Prosthetics 15

Adaptive equipment and DME 15

Preventing Falls 16

The Caregiver after an Amputation 17

Discharge from Inpatient Rehabilitation 18

Depression 19

Moving Around 19

Support of your family and caregivers 20

Tips for Taking Medicines 21

Tips for Staying Healthy 22

Resources 24

Meet your Rehab Interdisciplinary Team

The journey to recovery after limb loss can be a daunting one. However, with proper rehabilitation, the possibilities for improvement are endless. Inpatient Rehabilitation can significantly enhance independence in areas such as self-care, mobility, and pain management. By working with rehabilitation specialists under the guidance of a rehabilitation physician, people dealing with limb loss can receive personalized treatment plans tailored to meet their unique needs. With the right mindset and support, the road to recovery can be a rewarding and fulfilling one.



- **Physiatrist:** A physiatrist is a doctor who practices physical medicine and rehabilitation. In the Amputation Rehabilitation program, the physiatrist is involved with the evaluation and treatment of patients who have had an amputation. At the start of treatment, they work with each patient and his or her family to identify the patient's medical needs and determine treatment goals. Based on these needs and goals, the team develops and carries out a treatment plan to help you achieve the best possible outcome.
- **Case Manager:** Your care manager will assist you and your family to find any barriers and community resources needed after your hospital stay. He or she will become involved with your care from the beginning of your stay and work with other agencies to coordinate your care. Your case manager will also set up training with your family.
- **Rehabilitation Nursing:** Rehabilitation nursing consists of registered nurses, licensed practical nurse, and certified nursing assistants who provide care 24 hours a day. They will help you become independent with activities of daily living (ADLs), manage your medicines, and ensure your safety and wound care.
- **Physical Therapist (PT):** The physical therapist will help you move, reduce pain, restore function, and prevent further disability. Your treatment plan may include helping you be mobile through gait training (walking) or using a wheelchair. You will also participate in transfer and balance training and an exercise program to help you get better.
- **Occupational Therapist (OT):** The occupational therapist will help you regain Independence with activities of daily living (ADLs). These are the things you do every day to take care of yourself -- bathing, grooming, dressing, feeding, and preparing meals. Your OT will guide you through exercises to improve your ADLs after an amputaion. They may also suggest equipment, changes to your home or workspaces, and ways to be safe in your home or community. Your OT will also address upper body function, cognition (thinking skills), and visual processing.
- **Speech Language Pathologist (ST):** The speech-language pathologist (also known as a Speech Therapist) will help you improve speech, language (talking, understanding, reading, and writing), cognition (thinking skills), and swallowing skills. The Speech Therapist evaluates and treats these disorders. The ST will also train you and your family on strategies to improve these skills in your home, work, and community.
- **Rehab Therapy Techs:** The rehab therapy tech assists the therapy team, per their delegation, with your care, which may consist of strength and range of motion (ROM) exercises, balance, or endurance tasks.
- **Respiratory Therapists:** specialize in airway management, mechanical ventilation, and treatment of chronic lung problems, such as COPD.
- **Pharmacists:** They recommend appropriate medications in collaboration with physicians, assess for reactions, and participate in rehab team meetings.
- **Dietitians:** teach patients about healthy eating and special diets (low salt, low fat, low calorie) as well as educate about diabetes management.

The Importance of Therapy and Inpatient Rehabilitation

Goals of Therapy

Our goal is for you to receive three hours of specialized therapy per day during the week, and if needed, we will provide continued therapy on the weekend. The therapy is spread throughout the day between occupational, physical, and speech therapy. If you do not need speech therapy, the three hours will be spread between occupational and physical therapies. Our therapists use specialized neuromuscular re-education training and technology to help you gain as much function as possible.

Weekend Therapy

Weekend therapy is provided and individualized to each patient. Many factors impact the frequency and time spent in therapy. On Friday each week, your therapist will discuss these factors with you and review your personal weekend therapy plan. On Saturday and Sunday mornings, your board will be updated with the time your therapy is scheduled. If your board is blank, this means you have no planned weekend therapy that day. If you have any questions regarding your weekend therapy plan, please ask any rehab team member.

Interdisciplinary Team Conference

All team members gather weekly to review information on your functional limitations, skills, and strengths. These meetings help the team form a plan of care and a project on how much time is needed to reach your goals. Your case manager will take the information from these meetings and communicate with you and your family/caregiver so that you feel informed and prepared for continued rehabilitation or discharge to the community.

Sample Day in Rehab

6:00 am – 7:40 am: Begin getting ready for the day. This often includes showering, grooming, and getting dressed with the help of nursing staff or as part of your occupational therapy treatment.

7:40 am – 8:30 am: Eat your breakfast and take any medication that is ordered

7:00 am - 12:20 pm: Attend Physical Therapy, Occupational Therapy, and Speech Therapy, and receive nursing treatments if necessary.

12:20 pm - 1:00 pm: Lunch and take any medication that is ordered

1:00 pm – 5:00 pm: Attend Physical Therapy, Occupational Therapy, and Speech Therapy, and receive nursing treatments if due.

5:40 pm – 6:30 pm: Dinner and take any medication that is ordered

After 6:30 p.m: It is time to rest, relax, visit with family and friends, prepare for bedtime, and take any medications or receive nursing treatments that may be due.

Important Note: *Please remember that the above schedule is a sample schedule with approximate times only because we individualize a patient's day based on his or her specific needs.*



Defining Amputation

Understanding the types of amputation is important because this information will help you better plan your treatment and find ways to prevent another amputation.

Defining Amputation

Amputation is the loss or removal of a body part. Common types of amputation involve:

- Above-knee amputation, removing part of the thigh, knee, shin, foot, and toes
- Below-knee amputation, removing the lower leg, foot, and toes
- Arm amputation
- Hand amputation
- Finger amputation
- Foot amputation, removing part of the foot
- Toe amputation

Types of Amputations

Traumatic Amputation-Limb loss resulting from an accident or injury.

Surgical Amputation-When a limb or part of a limb must be removed secondary to tissue destruction, infection, or disease that cannot be repaired.

About 54% of all surgical amputations result from complications of vascular diseases and other conditions that affect blood flow, such as diabetes and peripheral arterial disease.



Amputation Risk Factors

Anyone can suffer from limb loss, no matter what their age, race, or gender. However, the chances of having an amputation increase if a person has certain risk factors or criteria that can contribute to the need for an amputation. There are two types of risk factors for amputation:

- Modifiable: Lifestyle risk factors or medical risk factors that medications or changes in lifestyle can control.
- Unmodifiable: Beyond your control, these factors may increase your risk of amputation.

Modifiable Risk Factors

- Tobacco Use and Smoking
- Diabetes and poor glycemic control
- High cholesterol
- Medication compliance
- Hypertension
- Physical Inactivity and Obesity
- Diet

Unmodifiable Risk Factors

- Gender (male > female)
- Race (African Americans or those from indigenous ethnicity are at greater risk)
- Prior Amputation
- Acute Illness, Cancer, or Infections



Secondary Amputation Prevention

Lower Blood Pressure

High blood pressure is a huge factor that contributes to your risk of secondary amputation if it is not controlled. Monitoring blood pressure and, if it is elevated, treating it is probably the most significant difference people can make to their vascular health.

Your goal: An ideal goal is maintaining a blood pressure of less than 120/80. But there may be good reasons why you and your doctor will not want your readings to be this low. For some, a less aggressive goal (no higher than 140/90) may be more appropriate.

How to achieve it

- Reduce your salt intake to no more than 1,500 milligrams a day (about a half teaspoon).
- Avoid high-cholesterol foods like burgers, cheese, and ice cream.
- Eat 4 to 5 cups of fruits and vegetables daily, one serving of fish two to three times a week, and several servings of whole grains and low-fat dairy.
- Get more exercise — at least 30 minutes of daily activity, and more, if possible.
- If you smoke, quit smoking.

Lower Cholesterol

Research shows that lowering cholesterol can lower the risk of another amputation. Cholesterol or plaque build-up in the arteries reducing normal blood flow throughout the body and to the extremities, increasing the risk of heart disease and vascular problems. For many people, high cholesterol is caused by eating too much saturated fat and not enough unsaturated fats. Not all cholesterol is the same.

Different types of cholesterol can have very different effects on the body.

- Low-density lipoprotein (LDL) is the "bad cholesterol" in terms of its potential for harming the heart and brain. It is a major contributor to arterial plaque development. Levels of LDL cholesterol higher than 130 milligrams per deciliter (mg/dL) are linked to an increased risk for vascular disease, stroke and amputation.

- High-density lipoprotein (HDL) is the "good cholesterol." HDL levels higher than 35 mg/dL protect against vascular disease, stroke and amputation by helping ferry LDL to the liver and out of the bloodstream and by helping stabilize existing plaques.

Your goal: Current guidelines set cholesterol goals for reducing the risk of vascular disease, stroke and amputation, a total cholesterol level of less than 240 mg/dL, with LDL below 130 mg/dL and HDL above 40 mg/dL. If you have existing risk factors, the National Stroke Guidelines strongly recommend taking medication to lower LDL cholesterol to under 1.8 mmol/L (70 mg/dL).

How to achieve it:

- Eating a healthy diet is one of the best ways to reduce high cholesterol and lower your risk of lower your risk of vascular disease, stroke and amputation.
    - Choose healthier fats and limit your total and saturated fat intake. Avoid foods that are high in cholesterol.
    - Eat foods high in fiber and increase your intake of fruits, vegetables, and other plant-based foods such as whole grains, beans, and legumes.
    - Eating fish high in omega-3 fatty acids can help raise your HDL levels.
    - Avoid foods that are high in sodium and limit your consumption of alcohol.
- Regular exercise at least 30 minutes five times a week.
- If you are smoking, quit. Studies have found that smokers have higher LDL cholesterol and triglyceride levels and lower HDL levels.
- Lose weight. Maintaining a healthy weight can help you keep your cholesterol levels in check.
- Take your statin or cholesterol-lowering medication. Reducing levels of LDL, statins, and other cholesterol-lowering drugs helps prevent plaque formation, which prevents stroke and heart disease.

Lose Weight

Obesity, as well as the complications linked to it (including high blood pressure and diabetes), raises your odds of having a subsequent amputation. If you are overweight, losing as little as 10 pounds can have a real impact on your risk.

Your goal: While an ideal body mass index (BMI) is 25 or less, that may not be realistic for you. Collaborate with your doctor to create a personal weight loss strategy.

How to achieve it:

- Try to eat no more than 1,500 to 2,000 calories a day (depending on your activity level and current BMI).
- Increase the amount of exercise you do with activities like walking, golfing, or playing tennis, and make activity part of every day.



Exercise More

Exercise contributes to losing weight and lowering blood pressure and can assist in achieving glycemic control.

Your goal: Exercise at a moderate intensity at least five days a week.



How to achieve it:

- Take a walk around your neighborhood every morning after breakfast.
- Start a fitness club with friends.
- When you exercise, reach the level at which you are breathing hard, but you can still talk.
- Take the stairs instead of an elevator when you can.
- If you do not have 30 consecutive minutes to exercise, break it up into 10 to 15-minute sessions a few times each day.

Quit smoking

Smoking accelerates clot formation in a couple of different ways. It thickens your blood, and it increases the amount of plaque buildup in the arteries. Along with a healthy diet and regular exercise, smoking cessation is one of the most powerful lifestyle changes that will help you reduce your vascular disease, stroke and amputation risk significantly.

Your goal: Quit smoking.

Notes

How to achieve it:

- Ask your doctor for advice on the most appropriate way for you to quit.
- Use quit-smoking aids, such as nicotine pills or patches, counseling, or medicine.
- Do not give up. Most smokers need several tries to quit.

  See each attempt as bringing you one step closer to successfully beating the habit.

Please scan the QR code for more information on Smoking Cessation

Diabetes and Foot Care

Diabetes complications can include nerve damage and poor blood circulation. These problems can lead to skin sores (ulcers) on the feet that can worsen quickly.

The good news is that managing your diabetes and taking care of your feet can help prevent foot ulcers.

It is important to get care immediately when you get a foot ulcer. Most lower leg and foot removals begin with foot ulcers. An ulcer that will not heal causes severe damage to tissues and bone. It may require amputation of a toe, a foot, or part of a leg.

Some people with diabetes are at higher risk than others. Factors that lead to a higher risk of amputation include:

- High blood sugar levels
- Smoking
- Nerve damage in the feet (peripheral neuropathy)
- Calluses or corns
- Foot deformities
- Poor blood circulation to the arms and legs (peripheral artery disease)
- A history of foot ulcers
- A past amputation
- Vision problems
- Kidney disease
- High blood pressure above 140/80 millimeters of mercury (mm Hg)

Here is how to keep your feet healthy, the signs that you need to see a healthcare provider, and what happens if you need an amputation.

Preventing foot ulcers

The best way to prevent complications of diabetes — including foot ulcers — is to manage your diabetes. This includes eating a healthy diet, exercising regularly, checking your blood sugar regularly, and taking your medicine correctly.

Taking care of your feet will help prevent problems. It can also ensure you get medical care quickly when you see problems. Proper foot care includes the following:

- **Look at your feet daily.** Check your feet once a day for blisters, cuts, cracks, sores, redness, tenderness, or swelling. If you have trouble reaching your feet, use a hand mirror to see the bottoms of your feet. Put the mirror on the floor or ask someone to help you if you can't hold it.

- **Wash your feet every day.** Wash your feet in lukewarm (not hot) water once a day. Dry them gently, especially between the toes. Use a pumice stone to gently rub the skin where calluses easily form.

- **Do not remove calluses or other foot lesions yourself.** To avoid hurting your skin, do not use a nail file, nail clipper, or scissors on calluses, corns, or warts. Do not use chemical wart removers. See your provider or foot specialist (podiatrist) to remove any of these issues.

- **Cut your toenails carefully.** Cut your nails straight across. Carefully file sharp ends with an emery board. Ask someone for help if you cannot trim your nails yourself.

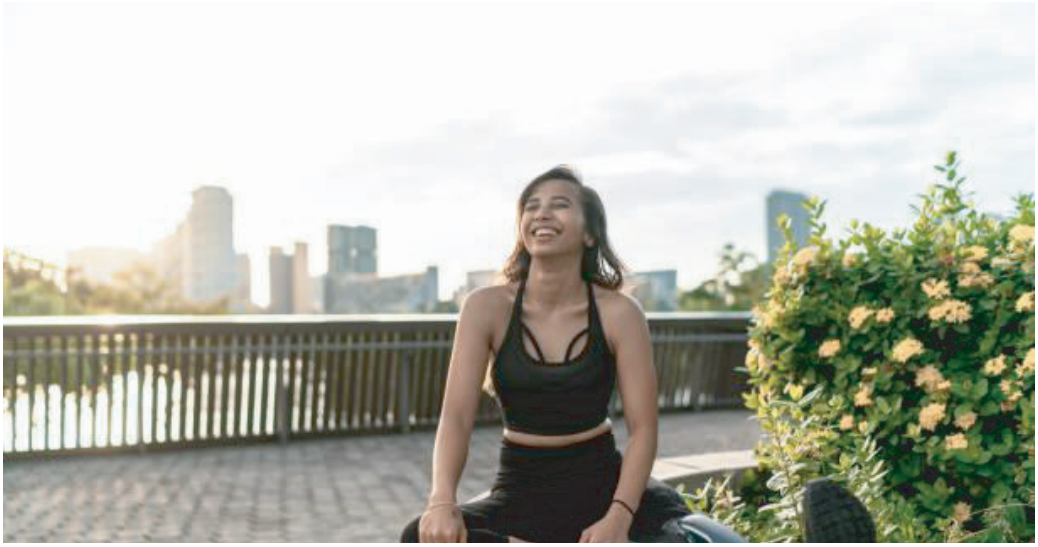
- **Do not go barefoot.** To keep from hurting your feet, do not go barefoot, even around your house.
- **Wear clean, dry socks.** Wear socks made of material that pulls sweat away from your skin. This includes cotton and special acrylic fibers — not nylon. Do not wear socks with tight elastic bands. These bands reduce circulation. Avoid socks with seams that could irritate your skin.
- **Buy shoes that fit correctly.** Buy comfortable shoes that provide support and cushioning for the heel, arch, and ball of the foot. Avoid tight-fitting shoes, high heels, or narrow shoes that crowd your toes.
- **Do not smoke.** Smoking makes it harder for your blood to go through your body. It also reduces the amount of oxygen in your blood. These problems can make wounds worse and slow down healing. Talk to your provider if you need help quitting smoking.
- **Schedule regular foot checkups.** Your provider or podiatrist can examine your feet for signs of nerve damage, poor circulation, or other foot problems. Have a foot exam at least once a year or more often if recommended by your provider.

Signs of trouble

Contact your provider if your feet have the following:

- Ingrown toenails
- Blisters
- Flesh-colored bumps with dark specks (plantar warts) on the bottoms of your feet
- Athlete's foot
- An open sore or bleeding
- Swelling
- Redness
- Warmth in one area
- Pain (though you may not feel anything if you have nerve damage)
- Discolored skin
- A foul odor
- An ulcer that lasts longer than 1 to 2 weeks
- An ulcer bigger than 3/4 inch (2 centimeters)
- A sore that does not quickly begin to heal
- An ulcer so deep you can see the bone underneath

Your provider will look at your foot to determine what is wrong and prescribe a course of treatment.



Phantom Limb, Sensory Issues, and Pain Management

Phantom limb sensations and phantom pain are almost universal in people who undergo an amputation. Though the cause is not yet fully understood, it may be that after amputation, the remaining nerve connections in the spinal cord and brain “remember” the body part and can cause a compelling sensation that it is still there (phantom limb syndrome) or severe pain (phantom pain syndrome). These symptoms can be very distressing.

Post-amputation pain is believed to stem from mixed signals that arise from the messages between the residual limb and the brain. At the end of the stump, nerve fibers may grow a mass, or neuroma, which sends disordered signals to the brain. During the amputation surgery, the surgeon can take steps to address the nerves that carry sensations back to the brain that affect pain and phantom sensations. These steps do not eliminate the problems but can reduce the overall risk of them happening and the extent to which they occur. The nerve procedures may also be performed later for patients who have already had an amputation and are still experiencing severe nerve pain.

Uncontrolled pain can be a complication of any surgery, and the amputation team works hard to ensure that pain is manageable. If possible, pain control regimens may begin before surgery. Many post-amputation patients are able to manage their plan through oral pain medications prescribed by their physician. If ongoing pain management concerns persist, please contact your physician.

Wound Care and Shaping after Amputation

The post-amputation stump must be kept bandaged, clean, and dry until the stitches (sutures) can be removed. You and your doctor will check the surgical site for any areas that are open or not healing.

When the initial bandaging comes off, the doctor may offer a compression device called a shrinker sock to prevent swelling in the stump as the blood vessels heal. This process helps prepare the stump for a prosthesis if using one is part of your plan. You typically start wearing it for a short time, ensuring it does not pinch the skin, and gradually build up to wearing it 23 hours per day.



Sexuality after an Amputation

After having an amputation, you may have questions about your sexuality. This could include concerns about body changes, sexual activity, and relationships. It is important to know that there are many ways to express your sexuality, and finding what works for you during your recovery is key. However, you may experience various medical, physical, and psychological changes that can affect your sexual health, so it is important to be aware of them and seek help if needed.

Medical

Comorbid medical conditions alongside your amputation may impact your sexual function. Medicines, medical treatments, and medical issues other than your amputation may also be affecting your interest or ability to take part in sexual activities. Stopping medicines can be dangerous, so talk to your doctor about a plan first.

Physical

Your physical changes after an amputation can impact your mobility, impacting your sexual function. You may need to adjust how you take part in sexual activity, such as trying new positions, using adaptive equipment, and managing pain or spasticity (muscle tightness or spasms).

Psychological

Many people have changes in their thinking or mood after an amputation, including feeling sad, worried, frustrated, guilty, or embarrassed. People can also have changes to how they feel about their body, their self-image, or their role in relationships. These feelings can impact their interest or how they take part in sexual activities. Although these topics can be challenging or uncomfortable, dealing with them is a part of amputation recovery. Many sexual problems after an amputation are “thinking” problems rather than “doing” problems. Talk to your treatment team if you have concerns with sexual functioning.



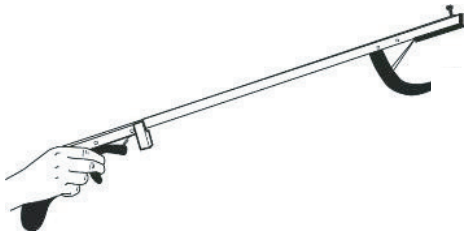
Prosthetics

Over time, you may work with a prosthetist to obtain a prosthetic to promote independence and assist with mobility.

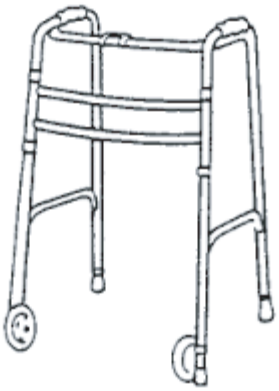


Adaptive equipment and DME

Your therapist may recommend various equipment to assist with positioning, safety, mobility, and function.











Preventing Falls

Falls are common and can happen both inside and outside the home. To prevent falls, it is important to take action, such as creating a safe home environment, avoiding potential fall hazards, and engaging in physical exercise to improve strength and balance.

Home Safety

- Set up your home so you do not have to climb steps.
- Have a bed that is low to ease transfers in and out of bed.
- Keep areas clear and remove tripping hazards out of your home.
- Remove loose wires or cords from areas you travel through to get from one room to another.
- Remove loose throw rugs.
- Do not keep small pets that you could trip over in your home.
- Fix any uneven flooring in doorways.
- Good lighting is needed, especially for the path from the bedroom to the bathroom and in the bathroom.

Stay safe in the bathroom.

- Put handrails in the bathtub or shower and next to the toilet.
- Place a slip-proof mat in the bathtub or shower.
- Reorganize the home so things are easier to reach. Keep a cordless or cell phone with you when you need to make or receive calls.

Exercise to Help Build Your Strength

Weak muscles that make it more difficult to stand up or keep your balance are a common cause of falls. Balance problems can also cause falls. When you stand up from a sitting position, go slowly. Hold on to something stable. If you have problems getting up, ask your provider about seeing a physical therapist. The therapist can show you how to build strength and balance to make getting up and walking easier.



The Caregiver after an Amputation

Caregivers play a crucial role in the recovery process. However, they are often overlooked, and their essential contribution to successful home care is ignored. Taking care of limb loss survivors at home can result in high levels of physical, emotional, and mental stress. Caregiving can be particularly challenging due to job disruption and family life. While family caregivers can promote positive recovery outcomes, they must also prioritize self-care. Every survivor's recovery journey is unique, and even if the survivor returns to work and maintains a high degree of independence, family members may need to play a more significant role in their life than before the amputation.

It is important to remember that you are not alone in this task. Help is available in the community, and it is crucial to seek it out. Rehabilitation can be a lengthy process with slow and sometimes erratic progress. Every person's recovery journey is different. Your role as an advocate will continue throughout this journey. During the recovery process, it is essential to focus on your loved one's capabilities rather than their limitations and show encouragement for every new gain, whether small or large.

Providing care for a loved one can often feel overwhelming, but it is important to be mindful of your own health and how stress can impact it. To prevent caregiver burnout, make sure you are getting sufficient sleep, eating a balanced diet, tending to your own medical needs, and exercising regularly if possible. Remember to prioritize your own well-being while caring for your loved one.



Counseling and respite care, a break provided by a family member, friend, or hired caregiver, can give you some much-needed time to regroup and renew your energy for the tasks ahead. Remember to ask for help when you feel the need. Getting support for yourself and your loved one is essential and beneficial for both of you.

Please scan the QR code for more information on the Amputation Support Group Finder:

Discharge from Inpatient Rehabilitation

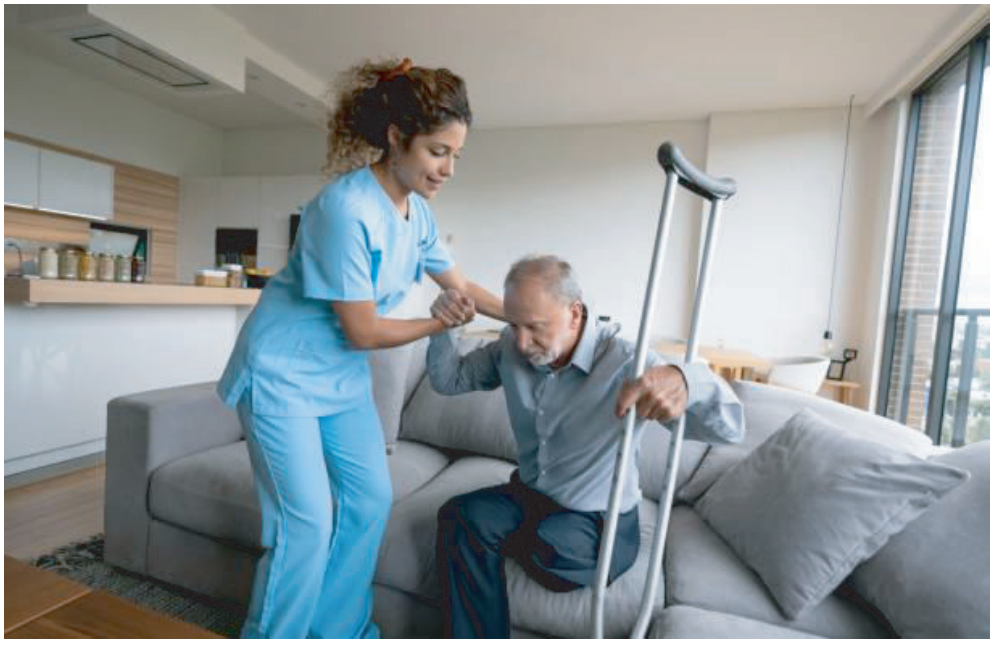
Discharge Plan- During your hospital stay, your healthcare team will teach you and your support system how to take care of your needs after you leave the hospital. Before you leave the hospital, you and your support system will be given your discharge instructions. This information will include:

- Follow-up appointment with your doctor
- Important phone numbers
- Directions for how to care for yourself
- A list of your current medicines and any new prescriptions
- Information on what you can do to help your recovery
- Medical equipment and follow-up therapy information

What to Expect at Home

Because of the changes since your amputation, you may notice problems with:

- Mobility and transfers
- Pain management
- Muscle spasms
- Sensation or awareness of one part of the body
- You may need help with daily activities you used to do alone before the amputation.
- Grief, loss, and feelings of depression



Depression

After an amputation, it is common for some people to experience symptoms of sadness, grief, and loss, or feelings of hopelessness as they learn to adapt to the changes secondary to the amputation. These feelings may develop soon after the amputation or later in the healing process. It is important to discuss any such feelings with your physician as soon as they arise. It is also normal to feel a sense of loss as you adjust to the changes in your functioning caused by the amputation.



Moving Around

- Moving around and doing normal tasks may be hard after your amputation.
- Make sure your home is safe. Ask your provider, therapist, or nurse about making changes in your home to make it easier to do everyday activities.
- Find out what you can do to prevent falls and keep your bathroom safe.



Support of your family and caregivers

Amputation recovery can be difficult and confusing for survivors and caregivers. By increasing your knowledge about what to expect after amputation and how to prevent secondary amputations, you can feel more in control and less overwhelmed. Limb loss recovery may be complicated process, and it can be hard to know how to help someone who has an amputation. It takes constant, dedicated work for survivors to regain function and independence, which can be physically and emotionally draining. That is why it is critical for those experiencing limb loss to have a loved one there to support them through the ups and downs of recovery. As a family member or caregiver, you may be wondering how to best support your loved one as they navigate recovery.

Positioning

- Exercises to keep your elbows, shoulders, and other joints loose
- Watching for joint tightening (contractures)
- Making sure arms and legs are in a good position when sitting or lying
- If you or your loved one is using a wheelchair, follow-up visits to make sure it fits well are important to prevent skin ulcers.
- Check every day for pressure sores at the heels, ankles, knees, hips, tailbone, and elbows.
    - Change positions in the wheelchair several times per hour during the day to prevent pressure injuries.
- If you have problems with spasticity, learn what makes it worse. You or your caregiver can learn exercises to keep your muscles loose.
- Tips for making clothing easier to put on and take off are:
    - Velcro is much easier than buttons and zippers. All buttons and zippers should be on the front of a piece of clothing.
    - Use pullover clothes and slip-on shoes.



Tips for Taking Medicines

Have all your prescriptions filled before you go home. It is especially important that you take your medicines the way your provider instructed you to. Do not take any other drugs, supplements, vitamins, or herbs without asking your provider about them first.

- You may be given one or more of the following medicines. These are meant to control your blood pressure or cholesterol and to keep your blood from clotting. They may help prevent another amputation:
  - Pain Medications to assist in ensuring adequate pain control.
  - If you have diabetes, control your blood sugar at your provider's recommended level.

Remember: Do NOT stop taking any of these medicines without talking to your provider!



Tips for Staying Healthy

- Follow provider recommendations regarding diet and exercise:
  - Avoid salty and fatty foods and stay away from fast food restaurants to make your heart and blood vessels healthier.
  - Limit alcohol intake to a maximum of one (1) drink per day if you are a woman and two (2) drinks per day if you are a man. Ask your provider if it is OK for you to drink alcohol.
- Keep up to date with your vaccinations. Get a flu shot every year. Ask your provider if you need a vaccination to prevent pneumococcal infections (sometimes called a "pneumonia shot").
- Do not smoke. Ask your provider for help quitting if you need to. Do not let anybody smoke in your home.
- Try to avoid stressful situations. If you feel stressed all the time or feel sad, talk with your provider.
- If you feel sad or depressed at times, talk to family or friends about this. Ask your provider about seeking professional help.



When to Call the Doctor

Contact your provider if you have:

- Problems with increased soreness or muscle spasms in your residual limb
- Problems moving around or getting out of your bed or chair
- Wound changes or increased redness around your incision site
- Pain that is becoming worse
- A recent fall



Call 911 or the local emergency number if the following symptoms develop suddenly or are new:

- Significant sensory changes in your residual limb or other limbs
- Significantly high or low blood glucose levels



Resources

National Limb Loss Resource Center:

The Amputee Coalition has designed educational materials just for you and your loved ones. Find a support group, talk with another amputee and much more.

Limb Power: Living Life without Limbs

LimbPower support amputees, individuals with limb difference and their families to bridge the gap between hospital rehabilitation and community and school engagement to rebuild lives and improve physical, social, and mental well-being.

National Limb Loss Resource Center:

The National Limb Loss Resource Center (operated by the Amputee Coalition) is to ensure the availability of, and access to, the most comprehensive, high-quality, evidence-based information, resources, and supports for people with limb loss and limb difference, their families, and their support networks.

ENRPINDRH-102 06/24 EP