

Patient information factsheet

Tissue removal and amputation of the toe and the foot

When there is a serious infection in the skin and tissue of the toes and foot, we may need to remove the dead tissue surgically. This procedure is called debridement. Sometimes the infection is so severe and/or may extend to the bones that we have to remove (amputate) the infected toes and tissue, but this is only ever done as a last resort when all other options have been exhausted. An amputation may also be needed if the toes have died due to very poor blood supply. Every attempt will have been made to prevent an amputation, but sometimes there is no alternative.

The surgery

The operation can be performed with you either asleep under a general anaesthetic or numbed from the waist down (spinal anaesthetic) or with an anaesthetic in the leg or foot (regional block). The anaesthetist will discuss with you what would be best.

Sometimes the area where the surgery is performed needs a special dressing to help with healing. This is called Topical Negative Pressure (TNP) wound therapy (commonly called 'a VAC'). This is designed to aid the healing process. If this is required it is possible to go home with this dressing and the support of the Healthcare at Home service with weekly review at outpatients. Your consultant or nurse specialist will be able to advise you about this.

Any decision on treatment will be carefully considered by your vascular multidisciplinary team (MDT) and discussed in detail with you. It is hoped that the surgery will improve your symptoms and prevent any deterioration in your health.

What are the risks of treatment?

As with any operation there are risks involved which vary according to your health but typically include:

- **Phantom limb sensations (common).** After the operation some people can feel as though the toe/foot is still there. This is due to some of the nerves being affected by surgery. This will usually subside over time but may need medication to help reduce the symptoms.
- **Wound infection (uncommon).** If a wound infection occurs it usually requires antibiotic treatment. Occasionally, the wound may need to be cleaned out under anaesthetic.
- **Further amputation (uncommon).** Very occasionally a further amputation may be required. This may be because the wound does not heal properly.

We will be happy to discuss these risks with you, or answer any questions that you may have.

Are there any alternatives to this treatment?

An amputation is always a last resort where no other treatment option is available. If you do not have surgery your symptoms will not improve and in some cases an amputation of the leg is required if your condition worsens significantly.

Consent

We must seek your consent for any procedure or treatment before it can go ahead. Your medical team will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you're unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Before your surgery

Preparing for your operation

Smoking is a major risk for arterial disease, increases the chances of getting a chest infection and slows your recovery. So if you're a smoker, you need to stop. The NHS Quitters service is available to help support you. You can contact them on 0300 123 3791 or visit www.solenthealthyliving.nhs.uk. You can also talk to your GP who can prescribe nicotine replacement for you. Exercise can boost your immune system and help your recovery so try gentle exercise, such as walking and cycling.

Thinking about your return home

Before your operation, it's a good idea to start thinking about how you will manage at home after your surgery. We encourage patients to stay with family or friends or to have a relative staying with them if possible. If you live alone or require additional support then we may need to help you make plans for a short period before you go home. The sooner we know this, the sooner we can start arranging something for you. Talk to your close family, friends and GP to see what options you have.

You will need to be collected from hospital on the day you are discharged so, before you come into hospital, you should arrange who will collect you. It's also worth asking someone to get you fresh food so you have something at home when you leave hospital.

If you need to have a TNP dressing you will be required to spend nearly all day with your leg elevated. Only mobilising to the toilet or to make food. It is a good idea that if you live alone, you have a supply of some ready meals ready for your return home so that standing can be kept to a minimum.

Pre-assessment

Before you are admitted for surgery you will be seen by a nurse in clinic. We'll take a detailed medical history, as well as perform blood tests, a physical examination, blood pressure checks and a heart trace (ECG). The anaesthetist will talk to you about your anaesthetic and how your pain will be controlled.

You should bring in a list of the medications you take and when you take them. We'll let you know if you need to make any changes to your medication for your surgery.

You may also be asked to fill in a questionnaire for the therapy team to help identify if you may need any help or support after the operation. If you do then a member of the therapy team may contact you before you come into hospital. You will also be given information on local services which may be useful to you.

Coming into hospital

What to bring

When you come into hospital there are a few items that you should bring:

- All your medications (including insulins and inhalers)
- Nightwear and changes of clothes
- Toiletries
- Dentures, glasses and hearing aids if you have them

Bring them in a small bag labelled with your name. There isn't much storage space on the ward so it should only be a small bag.

We recommend that you leave valuable items at home; especially as you'll be asked to remove jewellery prior to surgery. The ward cannot accept responsibility for items left on the ward and not handed to the cashiers for safe keeping.

What to expect during your stay in hospital

Prior to surgery you will be assessed to ensure nothing has changed. You may need to have further blood tests.

On the day of surgery you will be taken to theatre where your details will be checked before you're taken to the anaesthetic room and then into surgery. After theatre you will return to the ward.

Pain

The wound in your foot is likely to be uncomfortable at first so you'll be offered pain relief. The pain should improve, but you may get twinges and aches for between three to four weeks. It's important your pain is controlled so that you can move about.

Eating and drinking

Once you're awake you will be allowed to eat and drink. You may find you're not very hungry at first but it's important to eat regularly to help your recovery.

Moving around

Moving around soon after surgery will help speed up your recovery and prevent complications. Advice by the medical team will be given about how and when to mobilise and if specialist footwear is required.

Deep breathing and coughing exercises help to prevent chest infections so it's important that you do these. The ward staff will help you to regain your normal mobility. Moving around will not cause any damage to the surgical site.

You will be encouraged to maintain as much independence as possible with your personal care and toileting during your recovery.

Your wound

Following your surgery you may have some swelling and bruising. This is normal and will disappear within a couple of weeks. You may also notice that there are areas of numbness or oversensitive areas around the wound. This is also normal.

It is common for patients to require a special dressing to help close the wound. This is called Topical Negative Pressure (TNP) wound therapy. Low levels of suction are applied through a special dressing. This helps the wound to heal. This can be continued at home using a small pump through a company called Healthcare at Home who work closely with the medical team to provide care for your wound.

If you need to have TNP wound therapy with Healthcare at Home, you will be referred to their service and they will meet you to assess your needs and give you further information about the care you will receive.

The wound can take several months to heal completely. Once discharged from the hospital and healthcare at home service, if your wound becomes red, sore or is oozing please let your GP know, as this could be a sign of an infection.

Elevating your legs following an amputation is important. This is to reduce swelling that can prevent your wound healing.

Frequently asked questions

How long will I have to stay in hospital?

The majority of patients undergoing a debridement or amputation will return home the same day. Some may need to stay in hospital for a couple of days but you'll be advised about this in advance.

If you need to have a TNP wound dressing you will be required to spend nearly all day with your leg elevated. Only mobilising to the toilet or to make food. It is a good idea that if you live alone, you have a supply of some ready meals for your return home so that standing can be kept to a minimum.

Can I shower/have a bath?

Once your wound is dry you will be able to bathe and shower as normal.

Can I exercise?

If you have been advised to wear specialist footwear you must wear it whenever your foot touches the floor. The footwear is designed to offload pressure on particular parts of your foot, Not wearing this could potentially lead to further damage to your foot.

If you need to have TNP wound therapy you will need to rest with your leg elevated for most of the day.

Can I drive after the operation?

You can start driving again when you are able to do an emergency stop. You can practice doing this in the car without the engine on. If you drive a manual car you need to be able to lift both legs at the same time to push down on the brake and clutch, quickly and forcefully. If this causes you pain, then you're not ready to drive yet. If in doubt, you should check with your GP and insurance company.

Can I fly?

There are no reasons why you should not travel by air after treatment. There are no cases that we know of where this has been harmful. You may need to advise your insurance company of any recent illness or treatment you are receiving prior to travelling.

Storing your personal information

Vascular surgeons record information about surgical interventions on the National Vascular Database (NVD). This is a secure database that is used to help monitor and improve vascular services throughout the country. Strict data governance and confidentiality rules mean that personal details on the NVD can only be accessed by staff directly involved in your treatment. If you have any questions or concerns regarding this please speak to your surgeon.

Who should I contact if I have any queries?

If you need any further information about your surgery or anything covered in the booklet, you can contact the vascular nurse specialists between 9am and 5pm, Monday to Friday, on **023 8120 6039**. This number has an answerphone.

Information about general health conditions can be found at www.nhs.uk

This information is intended as a guide only. Everyone is different and treatment and recovery may vary from one person to the next.

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.