

OSPIDÉAL NÁISIÚNTA ORTAIPÉIDEACH CHEAPAÍ
NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH



A HELPFUL GUIDE FOR PATIENTS UNDERGOING LOWER LIMB AMPUTATION





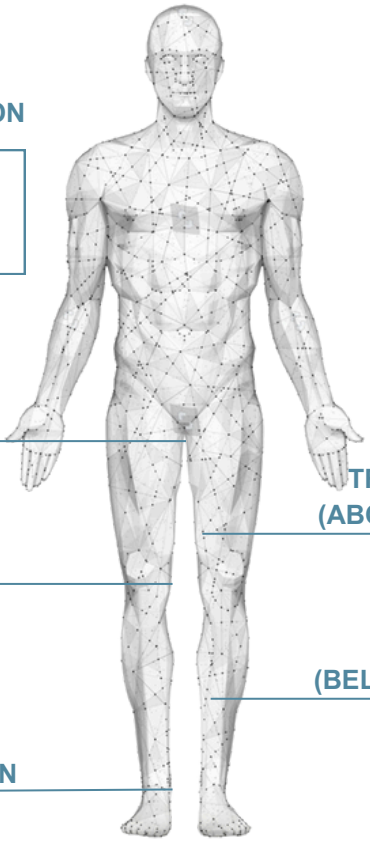
NAVIGATING LIFE AFTER AMPUTATION

Amputations, whether planned or urgent, have a life-altering effect on patients, and each person's experience is unique. The National Orthopaedic Hospital, Cappagh (NOHC), has carefully developed this booklet to guide you through preparing for and managing your lower limb amputation journey.

We know this is a difficult time for you, and we want to ensure you have a clear understanding of what to expect in the days and weeks following surgery and throughout your recovery and rehabilitation. While we hope this booklet answers most of your questions and concerns, please remember do not hesitate to contact us with any questions or queries.

LOWER LIMB AMPUTATION

YOUR AMPUTATION IS:



HIP DISARTICULATION

KNEE DISARTICULATION

THROUGH ANKLE/ SYMES AMPUTATION

TRANSFEMORAL (ABOVE THE KNEE)

TRANSTIBIAL (BELOW THE KNEE)

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PREPARING FOR THE JOURNEY AHEAD

HOSPITAL ADMISSION

You will receive an invitation to attend a Preoperative Assessment Clinic (PAC) prior to your surgery. During this visit, you may meet various members of your care team, including the Consultant, Anaesthesiologist, and Nursing Team, as well as a Medical Social Worker, Physiotherapist, and Occupational Therapist. The goal of this assessment is to determine your fitness for surgery and to begin planning for your recovery.

Once you are declared fit for surgery by PAC, the Admissions Department will schedule your appointment and confirm the date in advance, so that you can prepare for your stay. Please contact the Hospital immediately if you are unable to attend on the specified date or if you become unwell in the lead-up to surgery.

Preparing for Admission

In the days leading up to your surgery, you may receive a phone call from the Day of Surgery Admissions (DOSA) Staff Nurse to confirm your admission time, provide instructions on fasting and medication, and discuss your expected discharge date. It is important to follow these instructions, as failing to do so may lead to the cancellation of your surgery. On the morning of your admission, please shower, and remove any false nails, fake tan, and piercings.

Packing Checklist

- ☐ Short Pyjamas or nightdresses
- ☐ Dressing gown
- ☐ Non-slip shoes
- ☐ Phone & charger, headphones
- ☐ Medication in original packaging
- ☐ Small hand-held mirror
- ☐ Toiletries (tooth brush, shampoo, razors, hygiene products, etc)
- ☐ Reading material, cards, etc.
- ☐ Solicitors information (if treatment relates to a medical insurance claim)

Please do not bring valuables to the Hospital as we cannot be responsible for their safekeeping

Ask your Family and Friends for Support

You are welcome to bring along one friend or family member to support you while you wait to go to theatre. During your stay you may need fresh clothes, toiletries, books and your favourite snacks. Ask your friends or family members to bring provisions when visiting.

On Arrival

On arrival, your details will be checked, and you will be admitted to a ward. Nursing staff will review your information, answer questions, confirm medication. You will meet the surgical team, who will ask you to sign a surgical consent form. The Anaesthesiologist will discuss sedation and pain relief with you and answer any questions you have. The Pharmacist and Phlebotomist will also see you.

SURGERY

Going to Theatre

Before your procedure, you may receive a mild sedative in the ward to help you relax. Once the Theatre is ready for you, a Nurse will escort you to the Anaesthetic Reception Area, where you will be given pain medication and an anaesthetic to ensure you sleep through the surgery.

After Surgery

Following the operation, you will be transferred to the High Dependence Unit, where you will receive specialised care. Your heart rate, breathing, and blood pressure will be closely monitored. You will notice several monitors surrounding your bed and an IV drip in your arm or hand delivering fluids to your body.

Additionally, there might be a drain placed near your surgical site, removing excess fluid and blood from the area to reduce the risk of infection. The medical team will typically remove it the day after surgery.

A urinary catheter may also be inserted into your bladder to facilitate urine drainage, so you won't need to get out of bed to use the toilet, and a bedpan or commode is available for your convenience.

You may experience some pain at the operation site, and painkillers will be provided to help manage this discomfort. If you find that the pain relief is insufficient, please don't hesitate to discuss your concerns with your medical team.

IMMEDIATE MOVEMENT AND MOBILITY

- The day after your surgery, Physiotherapy and Occupational Therapy will encourage you to begin moving.
- The therapy team will demonstrate how to position yourself in bed, placing your hip and/or knee correctly. Correct positioning will improve residual limb function.
- It will take time to find your sitting balance and centre of gravity. Therapists will assist you in sitting on the edge of the bed and explain the best technique for moving into a sitting position.
- If you are feeling up to it, you can stand using a Zimmer frame for added support. Therapists will guide and support you as you stand for as long as you feel able, and help you back into bed.
- The Occupational Therapist will address your equipment needs during the preoperative assessment. This will include information regarding wheelchair use, if appropriate. Assistive equipment will be allocated during your inpatient stay, and community Occupational Therapy Services will provide some items.
- Our team will then assist you in moving from the bed to the wheelchair, bedside chair, or commode. Again, the first time you move out of bed, you will have Therapists and/or nursing staff with you to support and guide you. This will involve using the Zimmer frame to move, and you can pivot or hop on your remaining limb SLOWLY to move towards the chair/wheelchair.

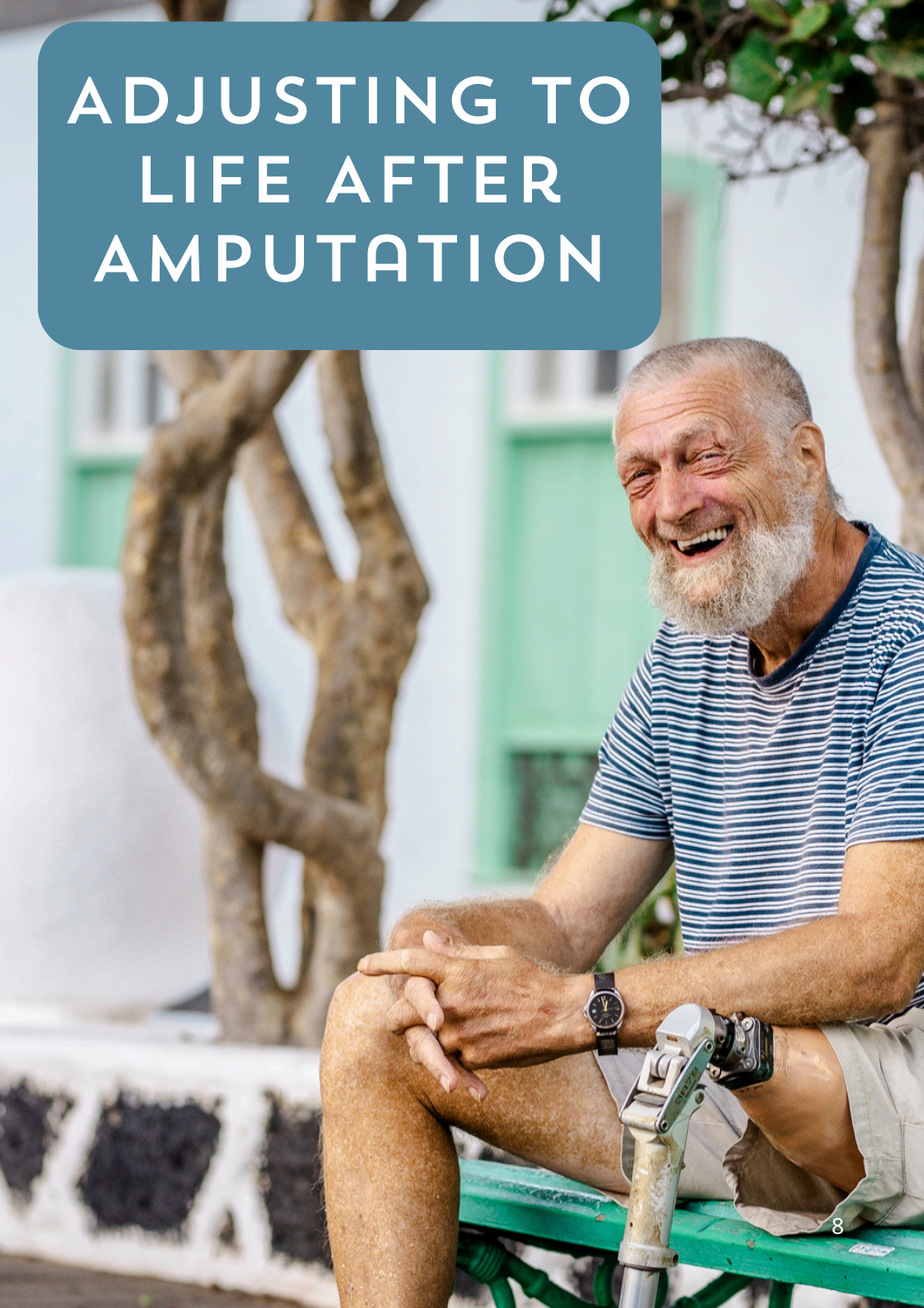
Discharge from Hospital

Once you are medically stable, you will be discharged home to the care of your General Practitioner, Public Health Nurse, Oncologist Consultant (if applicable), and Primary Care Teams. Please follow any advice given in this booklet (if applicable/advised by your team) or any exercise plans provided by your physiotherapist. If you are 65 years of age or older and need rehabilitation, you may be transferred to the Centre for Rehabilitation within NOHC for inpatient rehabilitation.

Outpatient Department: Wound Care Review

While your wound is healing, the public health nurse in your local community should review your wound weekly. When your wound has healed, it is essential to care for your residual limb. Please speak to your Occupational Therapist about a personalised care schedule for your residual limb.

ADJUSTING TO LIFE AFTER AMPUTATION



CARING FOR YOUR RESIDUAL LIMB

	SCAR MANAGEMENT • Only perform once the wound is healed and closed • Always consult your healthcare team before commencing scar massage	SKIN HYGIENE AND SKIN CARE • Avoid the scar area until the wound is fully healed • Always consult with your healthcare team before using a wash or moisturiser near the scar area	VOLUME MANAGEMENT
WHY?	Massaging the scar to prevent/reduce the scar from attaching to the bone underneath and for the purpose of desensitisation.	Bacteria can build on sweaty skin if not washed and dried correctly. Dry or cracked skin can be a source of irritation and potential port of infection.	After amputation swelling can build up in your residual limb.
HOW?	5-10 minutes as tolerated 5 times daily making a cross sign with your thumb along the scar line.	Complete a skin-check x2-3 times daily and always before and after prosthetic use. Use a handled mirror to check all around the residuum. Use a perfume free wash and a perfume free moisturiser daily.	Wear your shrinker / compression sock as directed by your healthcare team.
CAUTION	If your scar shows any sign of breakdown stop the massage immediately and speak to your nurse or doctor.	Make sure your skin is completely dry before putting your shrinker/compression sock on. Don't shave the residual limb or use talcum powder.	Your shrinker/compression sock should be tight but not enough to restrict blood flow or cause discomfort. It should not be loose, if it is it may mean you have reduced the swelling and need a smaller size. Ensure there are no creases/rolls and that it is smooth when wearing it.

REDUCING RESIDUAL LIMB SENSITIVITY

After amputation, you may have swelling or pain in your amputated limb, and your residual limb may be highly sensitive. A desensitisation programme can help reduce pain, spasms, swelling, and muscle stiffness, improve circulation, and make a sensitive area more comfortable to touch. Please speak to your Occupational Therapist about a personalised desensitisation programme.

MASSAGE *Avoid the scar area until wound is fully healed *Always consult with your healthcare team before commencing over the scar area	**TAPPING/ CUPPING** *Avoid the scar area until wound is fully healed *Always consult with your healthcare team before commencing over the scar area	**SHAKING/ VIBRATION** *Avoid this until the wound is fully healed *Always consult your healthcare team before commencing this	**TEXTURES** *Avoid the scar area until wound is fully healed *Always consult with your healthcare team before commencing over the scar area
Gently stroke over the skin using the palms and heels of your hands. Massage from the bottom of your residual limb up towards the groin region.	Start by gently tapping on your residual limb with 2 fingers and by gently cupping on the bottom of your residual limb with a cupped hand.	Gently use your hands to very gently shake or vibrate your residual limb.	Start with cotton wool, gently rub it over the skin. As the residual limb becomes less sensitive use tissue, then a bath towel or a sock-ball.

Spend 10-15 minutes as tolerated, 3 times daily using any/all of the above as recommended for your stage of recovery.

Caution

- Consult your healthcare team before commencing a desensitisation programme
- Take extra caution, particularly while wounds are healing. Always avoid the wound when desensitising
- Always check the skin before and after desensitising for redness, irritations or new marks. Imform your healthcare team of any redness or marks that do not fade withing 15 minutes or removing the prosthesis (if applicable).

RESIDUAL LIMB POSITIONING ADVICE

Proper daily positioning of your residual limb is essential for mobility. Incorrect positioning can cause flexion contractures, which can impact your hip or residual limb, preventing your hip or knee from fully straightening. This may hinder walking with your prosthesis, increase energy use, and compromise the fit of your prosthetic socket.

Transfemoral Amputation (Above the Knee) and Transtibial Amputation (Below the Knee)

After amputation, we recommend lying prone, with your chest on the bed with your back facing the ceiling.

Transtibial Amputation (Below the Knee)

When lying in bed, avoid placing a cushion under your knee or allowing your residual limb to hang over the edge of the bed or wheelchair. You will receive a residual limb board with your wheelchair and we strongly recommend that you use it to improve your comfort.



PAIN/SENSATION AFTER AMPUTATION

Phantom Pain

Phantom pain is the sensation of pain in a body part that is no longer there, like a limb that has been amputated. Eighty per cent of amputees report experiencing phantom pain, which can manifest as burning, twisting, electric shocks and sharp sensations that last a few seconds, minutes or hours. Typically, the pain improves 3-6 months after surgery. The exact cause of phantom pain is still unknown. It may be caused by the brain rearranging the sensory signals after an amputation. Despite its name, phantom limb pain is genuine and you should tell your healthcare team if you are experiencing it.

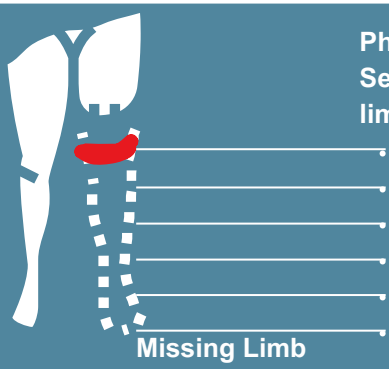
Phantom Sensation

Phantom sensation is the feeling that the limb is still present without pain. Lower limb amputees who experience phantom sensations report feeling cold, hot, tingling and itching, or as though their toes are crossed or twisted.

Triggers for phantom pain and sensation can include fatigue, stress, temperature and weather changes, or physical actions (e.g. urination, bowel movement, sexual intercourse, cigarette smoking).

Pain in the residual limb/surgical pain

The residual limb is the portion of an arm or leg remaining after an amputation. Patients who have undergone lower limb amputation can experience residual limb pain for several reasons including infection, poor blood supply or over-exertion The pain gradually reduces, however, you should talk to your healthcare team if your pain persists, or you experience sharp, throbbing or burning sensations.



PAIN/SENSATION AFTER AMPUTATION

Tips for Pain Reduction

A range of medication and non-medication strategies can assist in alleviating your pain, regardless of its origin.

- Consult with Your Medical Team: Discuss potential medications available to you.
- Focus on Your Wellbeing: Maintain a balanced diet and get adequate sleep.
- Stay Active: Engage in physical activities once you are permitted to do so by your medical team. Follow your physiotherapist's instructions and engage in activities such as standing, hopping (if appropriate), walking trails (if suitable), stretching, and strengthening exercises to enhance your overall health.
- Desensitise Your Residual Limb: Follow desensitisation tips and wear the shrinker or compression sock to reduce sensitivity.
- Maintain a Pain/Sensation Diary: Document the timing of pain or sensations, what you did prior, and any symptoms experienced.
- Identify and Avoid Triggers: Use your pain diary to recognise and avoid known triggers.
- Practice Relaxation Techniques: Reducing tension and stress can help mitigate pain.
- Seek Professional Support: Coping with limb loss and high levels of pain can be difficult; consider speaking with a counsellor or your healthcare team.
- Reach Out for Support: Friends and family can provide invaluable assistance.
- Explore Mirror Therapy: Mirror therapy is a rehabilitative technique that uses a mirror to create a visual illusion of a healthy limb, helping to reduce pain and improve motor function in the affected limb. Consult your Occupational Therapist for more information on this technique.

SAMPLE PAIN DIARY			
Date	Time of Day	Activity	Pain/Sensation Felt

THE EMOTIONAL IMPACT OF LIMB LOSS

Limb loss greatly affects you and your family. Everyone responds differently to losing a limb or limbs. It is normal to feel a variety of emotions, such as fear, anger, frustration, and sadness, both before the amputation and especially afterwards.

Some people mourn their loss. Losing a limb can trigger grief in the same way as losing a loved one. Grief is how people naturally react to losing anything or anyone they love. It involves different stages and emotions as a person processes the loss and adapts to changes. The pain of grief lessens with time, and the person adjusts to a new life.

The grieving process does not occur in a specific order, nor can it be rushed. Recognising what grief looks like can boost self-compassion and assist you in understanding your needs. Here are the various stages of grief and their connection to limb loss.

DENIAL



Denial helps reduce the pain of a significant loss. It may feel like numbness, shock or confusion. People in the denial stage may avoid thinking or talking about the loss. For example, a patient about to undergo a surgical amputation might refuse to talk about the upcoming procedure.

ANGER



People may feel angry as they start to release emotions related to their loss. During the anger stage, a person might feel frustrated, resentful or irritable.

BARGAINING



Bargaining can feel like guilt, fear and anxiety. Someone in the bargaining phase might dwell on the past and wish they had done something different. They will try to think of ways to avoid the pain they are feeling or anticipating. For instance, a patient might try to postpone their surgery despite it being necessary for their health.

THE EMOTIONAL IMPACT OF LIMB LOSS

DEPRESSION



At some point during the grieving process, a person realises that bargaining is not an option. They begin to view the situation realistically and feel the full extent of their loss. Someone experiencing depression might have decreased energy levels and withdraw from others.

ACCEPTANCE



When someone reaches acceptance, they stop fighting reality or trying to bargain for something different. They might still feel sadness, but they are less likely to experience anger or denial about their loss. They may be able to live in the present, manage difficult emotions healthily, and communicate honestly about their feelings.

It takes time to process the emotions you feel and adapt when experiencing an amputation. It is important to remember that these feelings will decrease over time. In the meantime, surrounding yourself with supportive people and trying different strategies can help you cope with the loss.



RELATIONSHIPS AND INTIMACY

Relationships

Limb loss can affect your body image, sexuality and relationships. Some people who have had an amputation avoid relationships and stay away from friends, family and strangers as they are worried about people's reaction. Those feelings are understandable; however, it is important to stay connected with people you know and share your feelings with them.

Intimacy

Body image is how you feel about how you look. When you dislike how you look or you look different to how you are 'expected' to look it can be hard to accept yourself or be accepted by others. A negative body image can limit your intimacy and sexuality. Talk to your partner about your concerns, this can sometimes alleviate fears and prevent misunderstandings or upset.



COPING STRATEGIES



Here are a few positive ways to cope with limb loss:

Acknowledge Your Feelings

Acknowledging your feelings can help you heal and progress through the grieving process. Remember that it is normal to feel angry or sad after your loss. You might experience a wide range of emotions until you adapt to the changes in your life. Allow yourself to feel all the different emotions that arise rather than trying to suppress them. If you feel stuck in an emotion, consider speaking with a mental health professional.

Express Negative Emotions

It is better to express negative emotions than ignore them. You might write about your feelings in a journal, paint a picture, or play a song — whatever appeals to you. Consider adding talk therapy or counselling into your recovery plan to learn healthy forms of expression and get professional guidance in navigating the changes in your life.

COPING STRATEGIES

Connect With Others

Connecting with others can help prevent feelings of isolation. It is essential to reach out to friends and family members who are good listeners and optimistic. You might also join a support group to connect with people who have gone through what you are going through. By sharing your experience with supportive people, you can learn new coping strategies and better understand your feelings.

Embrace Optimism

Keeping a positive attitude can help people cope with limb loss. Focus on the things you can do and ways you have grown since the loss. Many individuals experience psychological growth after an amputation. For example, a person with an amputation may experience more motivation to pursue their goals, greater resilience, and improved coping skills. Staying positive does not mean you need to ignore your feelings. Instead, it is a way to focus on your strengths and move forward in life.

Find a Purpose

Find something that excites you to start each day. You might focus on a career change, pick up a new hobby, or volunteer in your community. Having a purpose is a way to lead a satisfying life.

Create a Daily Routine

Having a daily routine is comforting and can help you focus on goals rather than dwell on the past or negative feelings. A routine can also help keep you motivated. Try to include something physical, creative, and social in your daily routine. For example, you might exercise, engage in a hobby, and contact a friend every day. Make sure your routine includes self-care and doing things you love.

Set Meaningful Goals

Setting realistic and meaningful goals provides life with purpose and structure. When you pursue dreams, you may also enjoy a boost in self-esteem.

Find Alternative Ways to Enjoy Hobbies

You can still enjoy a fun and fulfilling life after losing a limb. This might be a great chance to try a new activity. Look for adaptive classes in your local area or find a virtual one that teaches you something new. You can also explore new ways to enjoy old hobbies.

EXERCISE



EXERCISE

Regular exercise, including weight-bearing exercises, can improve balance, coordination and confidence and contribute to muscle and bone strengthening, reducing the likelihood and consequences of a fall.

Please consult your medical team before starting an exercise programme, especially if you have a pre-existing medical condition. The following pages offer general exercises for lower-limb amputees. For a more specific strengthening and balance exercise programme, you can consult your Physiotherapist. Perform all exercises slowly and smoothly. If you feel any pain, stop and inform your Physiotherapist or doctor.

EXERCISE FOR TRANSTIBIAL (BELOW THE KNEE) AMPUTEES

STATIC QUADRICEPS

- **Push your legs straight out in front of you**
- **Push the back of your knees into the bed and tighten the thigh muscles**
- **Hold, then release**



Hold for._____Seconds	Repeat _____ times	Repeat on other side

STRAIGHT LEG RAISE

- Put your legs out in front of you
- Tighten your thigh
- Lift your leg off the bed
- Hold, then slowly lower





Hold for._____Seconds	Repeat _____ times	Repeat on other side



HIP ADDUCTION WITH RESISTANCE

- Sit with both legs out in front of you
- Place a pillow or rolled-up towel between your knees
- Squeeze your legs together
- Hold, then release



This exercise can also be performed when sitting in a wheelchair or at the edge of a bed.



Hold for._____Seconds	Repeat _____ times	Repeat on other side



INNER RANGE QUADS

- **Sit with both legs straight out in front of you**
- **Place a rolled-up towel, blanket or pillow under your knee**
- **Straighten your knee**



Hold for._____Seconds	Repeat _____ times

OUTER RANGE QUADRICEPS

- Sit on a chair or edge of the bed Place your hands on your lap
- Straighten one knee
- Hold, then bend your knee



Hold for._____Seconds	Repeat _____ times	Repeat on other side

STATIC GLUTEAL CONTRACTIONS

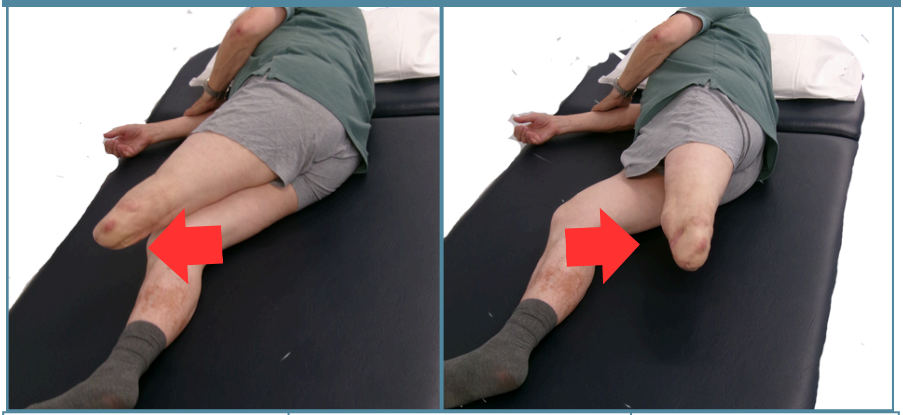
- **Lie on your back**
- **Keep both legs straight and close together**
- **Squeeze your buttocks as tightly as possible**



Hold for._____Seconds	Repeat _____ times

HIP FLEXION AND EXTENSION IN SIDE LYING

- Lie on your side
- Bend the bottom leg
- Lift your top leg slightly
- Bend your knee fully towards your chest
- Straighten your knee and push your leg backwards



Hold for._____Seconds	Repeat _____ times	Repeat on other side

HIP FLEXOR STRETCH

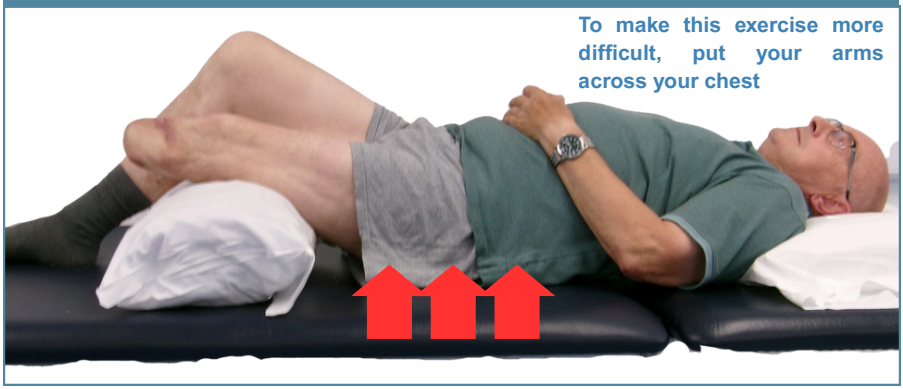
- Lie on your back, preferably without a pillow
- Bend your knee towards your chest and hold with your hands
- Push your opposite leg down flat on to the bed
- Hold, then relax



Hold for._____Seconds	Repeat _____ times	Repeat on other side

BRIDGING

- Lie on your back with your arms at the side
- Place a couple of firm pillows or rolled up blankets under your thighs
- Pull in your stomach, tighten your buttocks and lift your bottom up off the bed
- Hold, then release



Hold for._____Seconds	Repeat _____ times	Repeat on other side

HIP FLEXION AND EXTENSION IN SIDE LYING

- Lie on your side
- Bend the bottom leg
- Lift your top leg slightly
- Bend your knee fully towards your chest
- Straighten your knee and push your leg backwards





Hold for._____Seconds	Repeat _____ times	Repeat on other side

HIP ABDUCTION IN SIDE LYING

- Lie on your side
- Bend the bottom leg
- Keep hips and top leg in line with your body
- Slowly lift your top leg up, keeping your knee straight
- Slower lower





Hold for._____Seconds	Repeat _____ times	Repeat on other side

KNEE FLEXION IN PRONE LYING

- Lie on your stomach with your arms in a comfortable position
- Keeping your thigh on the bed, bend your knee as far as
- possible
- Hold, then straighten your knee





Hold for._____Seconds	Repeat _____ times	Repeat on other side

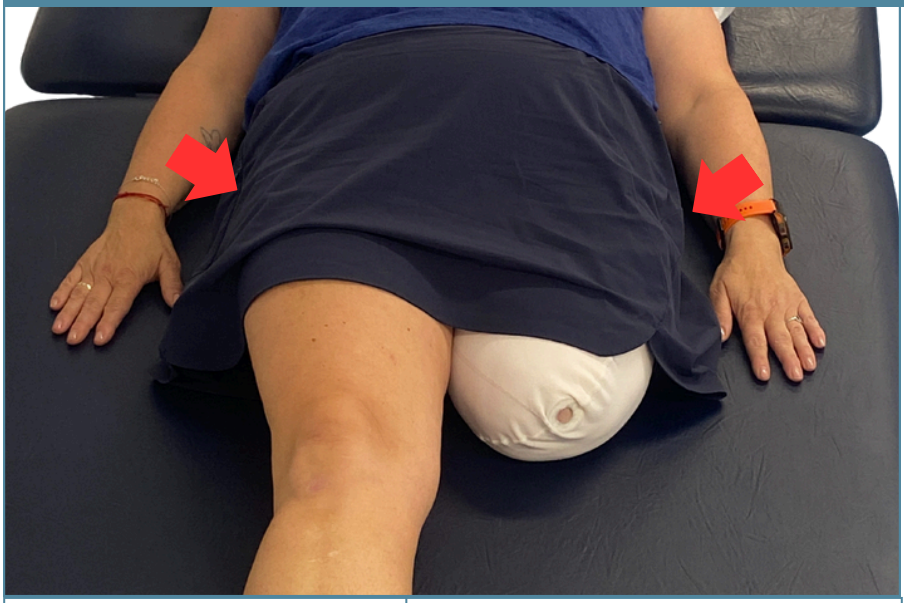




EXERCISE FOR TRANSFEMORAL (ABOVE-THE-KNEE) AMPUTEES

STATIC GLUTEAL CONTRACTIONS

- **Lie on your back**
- **Keep both legs straight and close together**
- **Squeeze your buttocks as tightly as possible**

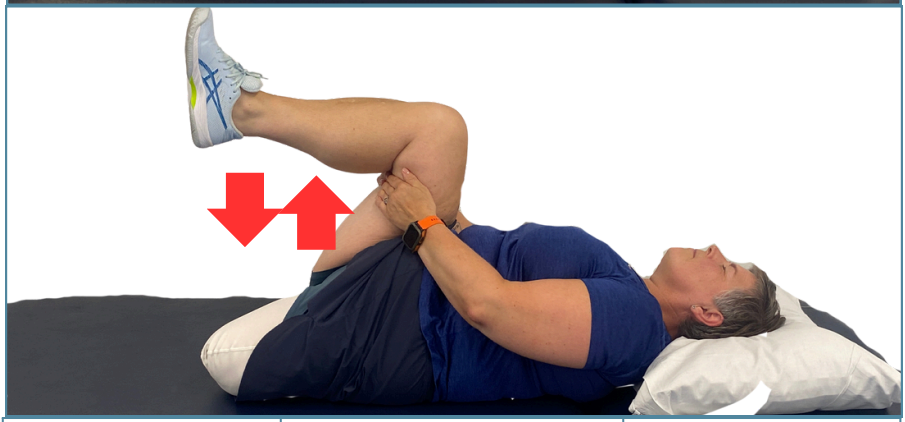


Hold for._____Seconds	Repeat _____ times

HIP FLEXOR STRETCH

- **Lie on your back, preferably without a pillow**
- **Bring your thigh towards your chest and hold with your hands**
- **Push your opposite leg down flat on to the bed**
- **Hold, then relax**





Hold for._____Seconds	Repeat _____ times	Repeat on other side

HIP HITCHING

- Lie on your back
- Keep both legs flat on the bed
- Hitch one hip up towards you on one side and push away on the other (shortening one side and stretching the other)



Hold for._____Seconds	Repeat _____ times	Repeat on other side

BRIDGING

- Lie on your back with your arms at the side
- Place a couple of firm pillows or rolled up blankets under your thighs
- Pull in your stomach, tighten your buttocks and lift your bottom up off the bed







To make this exercise more difficult, place your arms across your chest.

Hold for._____Seconds	Repeat _____ times



HIP FLEXION AND EXTENSION

- Lie on your side and bend the bottom leg
- Lift your top leg slightly
- Bend your thigh fully towards your chest
- Push your leg backwards as far as you can





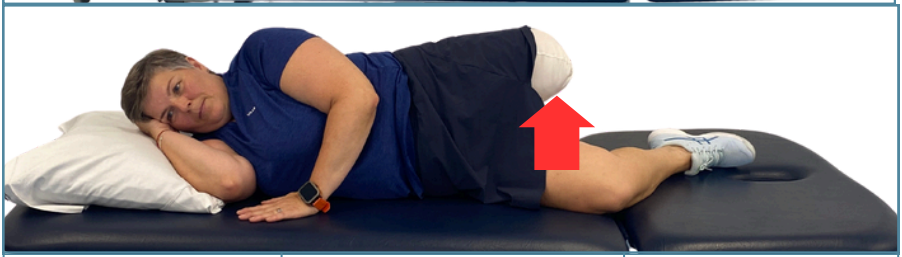
Hold for._____Seconds	Repeat _____ times	Repeat on other side



HIP ABDUCTION IN SIDE LYING

- Lie on your side and bend the bottom leg
- Keep hips and top leg in line with your body
- Slowly lift your top leg up, then lower it





Hold for._____Seconds	Repeat _____ times	Repeat on other side

HIP EXTENSION IN PRONE LYING

- Lie flat on your stomach
- Lift your leg off the bed as far as you can
- Be sure to keep hips flat on the bed and do not roll your body
- Hold, then slowly lower





Hold for._____Seconds	Repeat _____ times	Repeat on other side

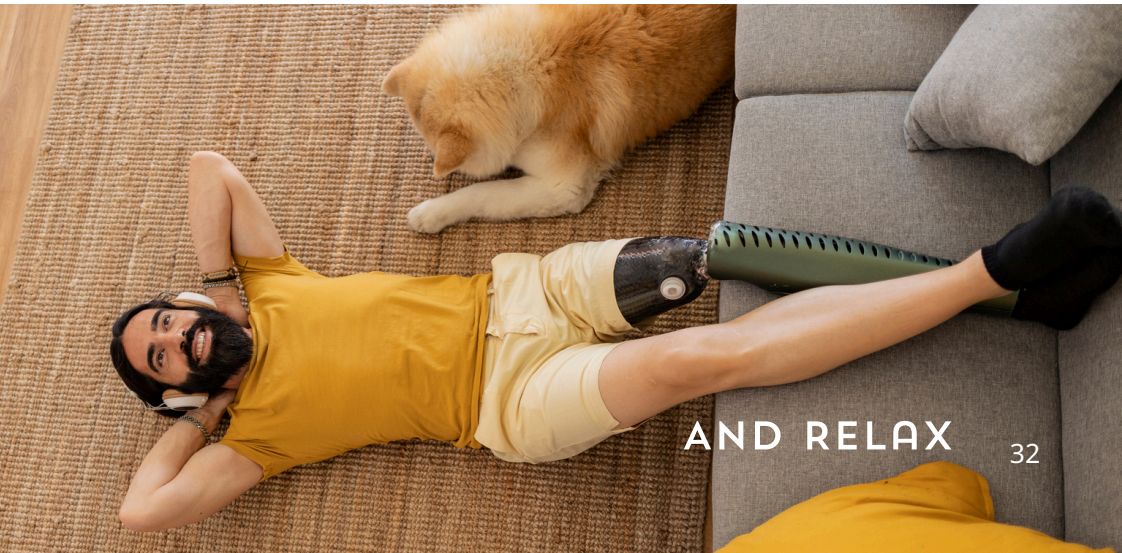
HIP FLEXOR STRETCH

- Sit with both legs out in front of you
- Place a pillow or rolled-up towel between your thighs
- Squeeze your legs together
- Hold, then release

NB: This exercise can also be performed when sitting in a wheelchair or at the edge of a bed.



Hold for._____Seconds	Repeat _____ times



PROSTHESIS



PROSTHESIS

What is a Prosthesis?

A prosthesis is an artificial device designed to replace a missing limb. Following an amputation, you will be assessed by a Prosthetist and the wider team regarding your suitability for prosthetic fitting. Typically, patients from NOHC who are suitable for a prosthesis attend the Ottobock Care Clinic, conveniently located on campus, for assessment, fabrication, and fitting. There are a limited number of prosthetic clinics available across the country, depending on your local area. Each prosthesis is custom-made to meet your specific needs, ensuring an ideal blend of functionality, comfort, and aesthetics.



Taking Your Prosthesis Home/Back to Rehab

When you first bring your prosthesis home or back to rehab, you will be advised to wear it only for brief periods to develop your tolerance. You can gradually increase the duration, provided there are no issues such as redness, soreness, or blisters. It's crucial to perform a skin check on the residual limb right before and immediately after using the prosthesis each time. If you notice any changes in your skin, consider taking a 'rest day' or contacting your Prosthetist. Try to spread out your wearing time throughout the day. When sitting, ensure your prosthetic foot is supported on the floor or footplate.

When you're not using your prosthesis, wear your liner or shrinker/compression sock. Do not put your shrinker/compression sock underneath your liner or inside your prosthesis socket. Refer to the rough guide below and adjust your schedule accordingly based on your skin condition, health, and the prosthetist's advice. Start slowly and build your tolerance provided no issues arise.

Day 1	Day 2	Day 3	Thereafter
1-2 hours	2.5 hours	3.5 hours	+ 1 hour daily

PROSTHESIS

Caring for your Prosthesis Socket & Maintaining your Liner

Keep your prosthetic and liner in good condition. Poor hygiene with the socket and liner is one of the leading causes of skin problems and infections. Tips for caring for your prosthesis/liner

- Take adequate time each day to clean and inspect the liner and prosthesis socket for any dirt or damage
- Wash your liner every evening after prosthetic use with a non-perfumed, non-irritating soap that you would ordinarily use on your body and lukewarm water
- Wipe your socket clean once weekly with lukewarm soapy water and then dry
- Rinse the liner well and pat it dry with a paper towel or microfibre towel (to avoid fluff on the liner). Alternatively, you can wipe the inside of the liner with a baby wipe
- Your prosthesis may not be waterproof. If your prosthesis gets wet, please contact your prosthetist for advice
- Have your prosthesis checked annually, even if you have no issues, to ensure all mechanical parts are functioning properly.
- Never adjust the liner or socket yourself. If you feel any adjustments are needed, contact your prosthetist immediately.
- Do not grease or oil any part of the socket. If you feel the socket is noisy, damaged or broken, contact your prosthetist immediately



PROSTHESIS

Impact of weight on Prosthesis

Once you become an established prosthesis user, it is important to maintain a stable body weight, as weight gain or loss can affect the fit of your prosthesis. Many prosthetic components have a weight limit of between 100-125kg (15st 10lbs – 19st 9lbs). By keeping your body weight below this threshold, you can access a wider range of components.

When to Seek Assistance with Prosthesis

Consult your Prosthetist if you experience any of the following:

- Pain or discomfort
- Trips or falls
- Sock fitting issues (i.e. tight or loose)
- Damage to the prosthesis
- Noises coming from the prosthesis
- Changes in how the prosthesis feels
- Redness or blisters develop on your residual limb

Choosing the Right Footwear

After amputation, we recommend that you wear the same pair of shoes while getting used to your prosthesis. When you do decide to purchase a new pair of shoes or wear a different pair, make sure that the heel height is the same as the pair you have been wearing, as this is the heel height your prosthesis is set up for. If you experience difficulty with varying heel heights, contact your prosthetist. When choosing shoes, opt for a pair that fits well and stays firmly on your feet. Velcro shoes are particularly helpful during the adjustment period.



ENTITLEMENTS AND BENEFITS

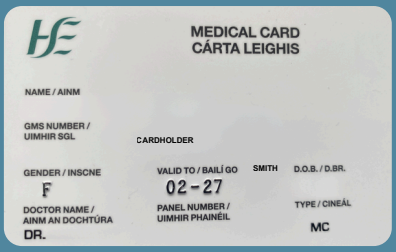


ENTITLEMENTS AND BENEFITS

There are a range of entitlements and benefits you may or may not be eligible for, both short-term at the time of amputation and longer-term in the future. Some benefit entitlements are granted only if you have contributed enough Pay Related Social Insurance (PRSI), while others are means tested. Most illness and disability payments cease at age 65, at which point you become eligible for the state pension.

Medical Card

Patients may face temporary or permanent inability to work after an amputation, resulting in reduced income and financial stress. This adds to existing expenses like mortgage and childcare, along with extra costs for transportation, home modifications, and prosthetics.



While the HSE typically covers the first prosthesis if the amputation is performed in a public HSE-run hospital, subsequent prosthetics are only funded if you qualify for a medical card.

Please apply for a medical card, even if your weekly income exceeds the limit set by the HSE. Allowances are available for childcare, mortgage or rent payments, home insurance, and commuting expenses. If your income still exceeds the limit, you may be considered on a discretionary basis.

If your income is above the limit, you must provide documentation demonstrating that you are experiencing ‘undue hardship’ without a medical card while trying to cover the additional costs related to your amputation, such as medication, prosthetics, equipment, home adaptations, and fees for GPs and other health professionals. If you are dissatisfied with the outcome, you can appeal via letter or email.

Apply by post, or via email. For additional information visit the HSE or Citizen Information websites under ‘Medical Cards’, contact your local Citizen Information Centre or consult your Social Worker (hospital- or primary care-based).

ENTITLEMENTS AND BENEFITS

Illness Benefit

This is a short-term payment made to people who are unable to work due to illness. You must have appropriate PRSI contributions to receive this payment.

Invalidity Pension

This is a PRSI-based, long-term payment for individuals who are unable to work and are unlikely to return to work within a year due to an illness or disability.

Disability Allowance

This is a means-tested payment for people with a disability that substantially impacts their ability to work. If you qualify for this allowance, you may be entitled to an additional amount for your adult dependent (spouse or partner) and any dependent children.

Household Benefits Package

If you receive a Disability Allowance or an Invalidity Pension, you may be eligible for the Household Benefits Package to help you with your electricity or gas bills and a free TV licence.

Free Travel Card

If you are 66 or over, you will automatically qualify for a free travel pass. If you are under 66 but qualify for the Disability Allowance, Invalidity Pension, or a Blind Pension, you should be entitled to a free travel pass.

EEA and Non-EEA Nationals Entitlements

After your right to reside in Ireland is confirmed by the appropriate immigration stamp in your passport, five factors are evaluated to determine if you are habitually a resident in Ireland. Upon meeting these Habitual Resident Conditions, you are eligible to apply for Social Welfare benefits on the same basis as an Irish Citizen.

Please consult your local Citizen's Information Centre for the most up-to-date information



ENTITLEMENTS AND BENEFITS

Supports for Your Carer

Family carers deserve recognition for the significant role they play in caring for and supporting their loved ones, enabling them to stay in their own homes. You may or may not need daily help with your everyday tasks. If you do, this assistance can be given by a family member or a close friend. Providing care to a loved one can be both fulfilling and stressful. Please find information regarding the benefits that your carer may be able to access.

The Family Carers Association

The Family Carers Association offers advice, guidance, and advocacy at drop-in centres nationwide. They also operate a confidential and supportive helpline 1800 240724, which is open Monday to Friday, 9 am–8 pm, and on Saturday, 9 am–12 pm.

Age Action

Provides advocacy and information to older people and their families. They offer a service called Care and Repair, carrying out minor home repairs free of charge (you supply the materials) to improve comfort, well-being, and security. It is a nationwide service. To find your local Care and Repair provider, contact +353 (01) 475 6989. They also have a Befriending Service.

Carer's Leave

Carers can avail of unpaid leave if they do not have sufficient PRSI contributions. The carer's job is protected and guaranteed during the leave period (up to 104 weeks) if they have worked continuously for 12 weeks prior.

Carer's Benefit

Carer's Benefit social insurance payment is made to people who take time off work or considerably reduce their working hours to provide care for a loved one. The carer can work part-time up to a maximum of 15 hours a week. It is based on PRSI contributions and provides job protection for up to 104 weeks.

Carer's Allowance

The Carer's Allowance is a means-tested payment, and those who qualify for it also receive a free travel pass.

Carers Support Grant

An additional payment that is made automatically to carers in receipt of Carer's Allowance, Carer's Benefit and Domiciliary Care Allowance who have provided care for the last 6 months. It is paid in June of each year and can be used for anything the carer wishes, often it is used to avail of respite services.

Please consult your local Citizen's Information Centre for the most up-to-date information

ENTITLEMENTS AND BENEFITS

Housing Grants

The Department of Housing, Local Government and Heritage, along with County Councils across Ireland, provides grants to assist homeowners with necessary adaptation works to enable them to continue living in their homes.

Housing Adaptation Grant for People with a Disability

Eligibility:

The applicant must have a disability that requires adaptations, and the grant is means-tested.

What does the grant cover?

Ensuring your home is accessible and easy to navigate is vital. You may need to use a wheelchair or prosthesis, and some home modifications—minor or major—might be necessary depending on your pre-amputation setup. An Occupational Therapist can assist with these changes, which depend on your mobility, functional ability at discharge, and your home's initial layout. Often, people return home with a temporary setup while waiting for more extensive modifications. Always consult your community Occupational Therapist before any modifications to ensure wheelchair accessibility and compliance with universal design standards. Have a registered builder knowledgeable about current regulations do the work.

Potential modifications may include:

- Installing a temporary or permanent ramp to allow you to exit or enter your home
- Installing grab rails at steps, the toilet or in the shower
- Re-configuring your bathroom to make it more wheelchair-accessible
- Removing trip hazards by repositioning furniture and removing mats
- Introducing assistive aids, including a shower chair, commode or toileting equipment
- Adapting your home for downstairs living
- Extending to incorporate a downstairs wheelchair-accessible bathroom and bedroom
- Widening doorways to accommodate a wheelchair



ENTITLEMENTS AND BENEFITS

Housing Grants

Housing Adaptation Grant for Older People

Eligibility:

This grant is available to individuals with a physical, sensory, mental health, or intellectual disability who are 66 years of age or older. Sometimes it is awarded to people under 66 in specific circumstances.

What does the grant cover?

It covers home adaptation costs, including installing a ramp, downstairs bathroom, stairlift, fixed track hoists, or an extension for a downstairs bedroom/bathroom. An Occupational Therapist's assessment is required for some modifications, and must be done by a private or community OT. If you pay privately, you might recover costs if your grant is approved. The grant is means-tested, with a maximum of €40,000 or 100% of costs. Your OT can explain the process, or you can visit the Citizens' Information website.

The application form and rules are subject to change, please ensure you use the most updated form.

The Mobility Aids Grant

Eligibility:

The Mobility Aids Grant is designed to help older adults and individuals with disabilities adapt their homes to enhance mobility and accessibility.

What does the grant cover?

It provides financial assistance for basic works, such as installing grab rails, access ramps, level-access showers, and stairlifts. The grant aims to enable individuals to live more independently in their homes by addressing mobility challenges for projects costing up to €8,000 or 100% of the cost of works (whichever is cheaper). Your hospital or community Occupational Therapist can explain the application process, information can be found on the Citizens' Information website and the application form provides a comprehensive explanation of the process, and a practical checklist to guide you.

The application form and rules are subject to change, please ensure you use the most updated form.

ENTITLEMENTS AND BENEFITS

Driving

Driving after a lower limb amputation is possible; however, you must undergo a driving assessment with an Irish Wheelchair Association instructor, and your vehicle may require adaptations. All manual cars and some automatic cars must be modified to include hand controls or left-foot accelerators. These adaptations must be carried out by a certified provider. Additional details can be found at www.iwa.ie or by contacting the Irish Wheelchair Association at +353 (01) 816 6400 for further direction.

Primary Medical Certificate

After a lower limb amputation, you are eligible for a primary medical certificate. This certificate is the initial step in the Disabled Drivers and Passengers Scheme. Without it, you won't qualify for the scheme or its benefits. The scheme offers tax reliefs for drivers and passengers with disabilities when purchasing or using specially constructed or adapted vehicles. You can obtain the certificate at your local health office.

VAT and VRT Exemption

You can claim remission or repayment of vehicle registration tax (VRT) and value-added tax (VAT) on the purchase of a new vehicle. You can also claim the repayment of value-added tax (VAT) on the cost

Fuel Grant

The Fuel Grant is awarded based on the amount of petrol consumed. You can apply for it annually, and it is accessible through Revenue MyAccount. For more details, please visit www.citizeninformation.ie.





ENTITLEMENTS AND BENEFITS

Driving

Motor Tax Exemption

This is an exemption from paying yearly motor tax fees. If you have a new vehicle that has not been previously registered in Ireland, you need to complete an RF100 form and submit it to your local Motor Taxation office. If you have a used or second-hand vehicle, you need to apply to Revenue for the motor taxation exemption. Please see www.citizeninformation.ie for further information.

Toll Road Fee Exemption

The Disabled Toll Exemption Scheme (DTES) allows drivers of qualifying vehicles to travel toll-free on all Irish roads using their DTES disc. Only one application is required under this scheme, which covers all toll roads. You can apply for this scheme and find out more information at www.dtes.ie.

Parking Permit

Following a lower limb amputation, you can apply for a Disabled Person's Parking Permit (Blue Parking badge) from the Irish Wheelchair Association (IWA). These permits are issued by the IWA, and applications are sent directly to them. For further information please see www.iwa.ie





HEALTHY LIVING





Falls Prevention

ARE YOU AT RISK OF FALLING?

If you answer 'yes' to any of the following statements, you are at higher risk of falling:

Are you over 65? ☐

Do you:

- feel dizzy or lightheaded when you sit up from lying or stand up from sitting? ☐
- feel unsteady walking? ☐
- take multiple medications? ☐
- consume alcohol? ☐
- live in an environment with clutter and trip hazzards? ☐

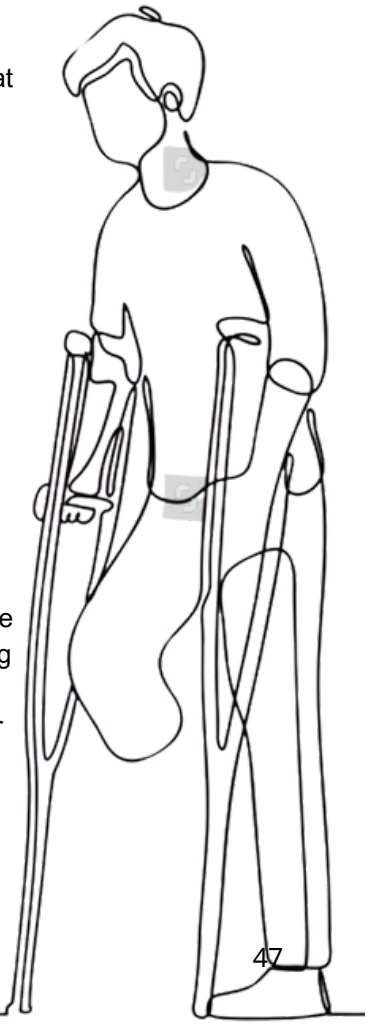
Do you have:

- muscle weakness? ☐
- poor footwear? ☐
- any foot issues? ☐
- poor eyesight? ☐
- Vitamin D deficiency? ☐
- a fear or history of falling? ☐
- Parkinson's Disease? ☐
- a history of stroke? ☐
- a lower limb amputation? ☐



FALLS PREVENTION TIPS

- If you are over 65 and/or on 3 or more prescribed medications, consider having your GP review your medications every 12 months, as medications can cause drowsiness and dizziness
- If you find that you need to use the toilet urgently at times and find it difficult to make it there on time, consider using continence wear or having a urine bottle or commode, particularly at night.
- It is very important to be able to see and hear trip hazards or obstacles in your environment. If you require glasses or a hearing aid for everyday use, ensure you wear them at all times. Have your eyesight and hearing checked regularly.
- Ensure clear mobility pathways throughout your home free from mats, clutter, hazards and wires.
- Ensure appropriate lighting in your home, especially at night. Consider leaving a light on at night (low-energy bulb) or having a touch bedside lamp within reach.
- Pets can be a trip hazard; ensure you check the immediate space around you before moving.
- Fall detectors and pendant alarms are an excellent way to signal for assistance if you do fall. Speak to your Occupational Therapist about this.
- Always keep your mobile phone within reach.
- Always use the mobility aid given to you by the Physiotherapist when recommended to use it. Ensure all parts of it are in good condition, particularly the rubber ferrules.
- If you are not in your wheelchair/using your prosthesis, always make sure your wheelchair is within reach. Ensure the footplates are swung to the side and both brakes are applied before transferring in/out of your wheelchair to prevent a fall.
- Remember if you do have a fall whilst wearing your prosthesis, it can impact its alignment it so it is always a good idea to notify your prosthetist of any falls and take their guidance.



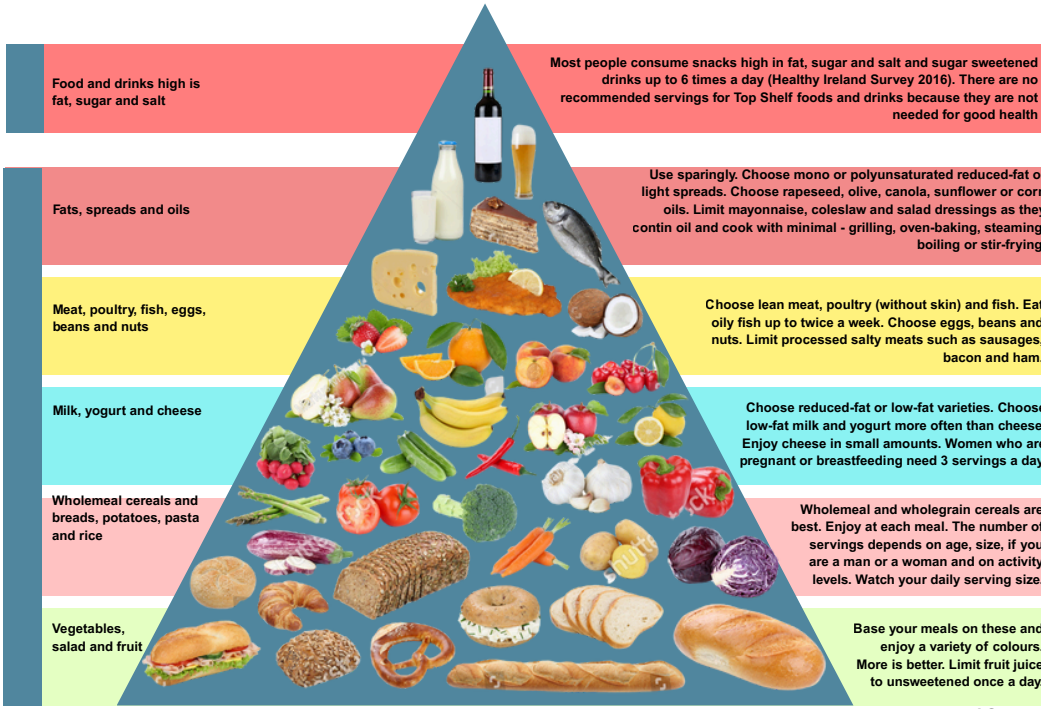
MAINTAINING A HEALTHY WEIGHT

Impact of weight on Prosthesis

Once you become an established prosthesis user, it is essential to maintain a stable body weight, as weight gain or loss can affect the fit of your prosthesis. Many prosthetic components have a weight limit of between 100-125kg (15st 10lbs – 19st 9lbs). By keeping your body weight below this threshold, you can access a wider range of components.

Important Dietary Advice

Ensuring strong and healthy bones is crucial to decreasing the risk of fractures from falls. A balanced diet that includes all essential vitamins and minerals supports this goal. In particular, calcium and vitamin D play key roles in building and maintaining healthy bones. The food pyramid can serve as a useful guide for planning a balanced diet. For personalised advice, consult your healthcare provider or dietitian.



UPCOMING APPOINTMENTS

Date	Time	Clinic

NOTES

GLOSSARY OF TERMS

Catheter	A flexible tube inserted through a narrow opening into the bladder for removing fluid.
Commode	A portable toilet or a chair with a container underneath, used for the same purpose but is more versatile and movable.
Contracture	A condition of shortening and hardening of muscles, tendons or other tissue, often leading to restricted joint mobility.
Cosmesis	Aesthetics or appearance of a prosthetic device or other object.
Donning/Doffing	Putting prosthesis, liner and compression sock on and off.
Flexion Contracture	Where a joint becomes fixed in a bent or flexed position.
Hip Disarticulation	A surgical procedure where the entire lower limb is removed by disarticulating the hip joint.
Knee Disarticulation	A surgical procedure where the leg is removed at the knee joint, leaving the femur intact.
Liner	Worn on the residual limb to cushion th limb from the socket of the prosthesis.
Lying Prone	Lying face down or on your stomach.
Phantom Pain / Sensation	Pain or sensation in the part of the limb that has been amputated.
Prothesis	An artificial limb.
Residual Limb / Residuum / Stump	The remaining portion of a limb after amputation
Shrinker / Compression Sock	An elastic stocking that helps to shape your residual limb by providing gentle compression.
Transtibial	Occurring across or involving the tibia, most commonly referring to a type of below-knee amputation
Transfemoral	Passing through or across the femur, the thigh bone, commonly used to describe an above-knee amputation.

MEDICAL PROFESSIONALS INVOLVED IN YOUR CARE

Anaesthesiologist	A medical doctor specializing in the administration of anesthesia and pain management during and after surgical procedures and other medical treatments.
Clinical Nurse Specialist	A registered nurse with advanced training and expertise in a specific area of healthcare, like a particular disease, patient population, or medical setting.
Consultant Orthopaedic Surgeon	A doctor who specialises in diagnosing, treating, and preventing conditions and injuries of the musculoskeletal system.
Medical Social Worker	A professional who offers practical, financial and emotional support for patients and their families, connecting people to community supports and networks.
Occupational Therapist	A healthcare professional that helps individuals with health issues or disabilities improve their ability to perform daily activities, enhancing their independence and quality of life.
Oncologist	A doctor who has special training in diagnosing and treating cancer.
Physiotherapist	A healthcare professional that helps people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.
Prosthetist	A prosthetist is a healthcare provider who makes and fits artificial limbs (prostheses) for people.
Radiographer	A medical technician who operates equipment to produce radiographic images, including X-rays, CT and MRI Scans.
Radiologist	A doctor who specialises in diagnosing and treating conditions and injuries using imaging equipment.
Radiotherapist	A healthcare professional specializing in the use of radiation to treat diseases, primarily cancer.
Registrar	A doctor in training who has completed their internship and is working towards specialisation.

USEFUL CONTACT DETAILS

Andrea Marnell Orthopaedic Oncology CNSp	+353 (01) 814 0465 Andrea.marnell@nohc.ie
NOHC Occupational Therapy Department	+353 (01) 814 0429
NOHC Physiotherapy Department	+353 (01) 814 0429
Ottobock Prosthectic Specialists	+353 (01) 834 8970

If you cannot reach any of the above and you are concerned, contact your GP, Public Health Nurse or attend A&E. If your concern relates to an Occupational Therapy or Physiotherapy issue contact your local health centre and ask to speak with your primary care team.

OSPIDÉAL NÁISIÚNTA ORTAIPÉIDEACH CHEAPAÍ
NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

National Orthopaedic Hospital Cappagh, Cappagh Road, Finglas, Dublin 11, D11 EV29.

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