Above and Below Knee Amputations Complications and Management

As with any surgery, it is possible that you may have problems. This does not happen to all patients. It is important for patients to learn about complications. You need to be aware of them and seek medical attention when needed.

Residual Limb Pain may occur when the limb is touched or a prosthesis is worn. The doctor will need to find out why the pain is there. Once the doctor knows the reason, he will choose a treatment.

Phantom Limb Pain (Neuropathic Pain) is not the same as residual limb pain. This is the feeling that the amputated limb is still attached to the body. The feeling is described as stabbing, squeezing, cramping, shooting or burning. There are different ways to treat this pain. You and your doctor will decide what works best.

Contractures can happen to anyone with an amputation. It is caused by sitting too long in one position causing the muscles to shorten. It is important you learn how to place your limb while sitting in the chair or lying in bed. For instance, your therapist may have you lie on your stomach to stretch the hip muscle. There are equipment and exercises your therapist will give you. Contractures will make it hard for you to fit your prosthesis. Be sure to follow the instructions the nurse and therapists give you.

Infection can happen until your incisions heal. You should call your doctor right away if you have signs of infection. These signs are fever, your incision site gets red, swollen, or has pus. Your doctor will look at the incision and tell you if you have an infection. If you do, the doctor will order antibiotics. Be sure to take your antibiotics as the doctor tells you to.

Residual limb dehiscence is when your incision opens. Even if your incision opens a little you should call your doctor right away. If this is not treated, it could open up to show muscle and bone. It can also be a way for infection to start. The doctor may want to do more surgery to fix this.

Hematoma is like a bruise under the skin near the incision. You should call the doctor right away because this could lead to pressure under the incision. If there is too much pressure the incision could open and cause more problems.

Swelling (Edema) often occurs because of the surgery and during the healing process. Lowering the amount of swelling will speed up the healing process. Proper compression wrapping should begin right after surgery. This should also help decrease pain. It is vital to lift the residual limb and keep it from dangling when you are sitting up.
Atrophy (muscle loss) can occur when you are not active. Your physical therapist will give you exercises to do to prevent this. This will help you build strength in your limbs and muscle tone. Activity and exercise are important to prepare you for your prosthesis.

Blood Clots (DVT) may occur after any surgery. Not being active is a major risk factor. It is recommended you wear a compression stocking (TED) on the other limb. You will also be started on a medicine to prevent blood clots. At night you might wear sequential compression devices (SCDs) as well. These treatments are started if you do not have a medical problem that could be made worse by them. A blood clot can put you at higher risk for stroke or heart attack.

Skin breakdown or pressure sores may occur when you are not moving very much. Let your doctor or nurse know if you see red areas that do not go away after 30 minutes. Tell them if you have blisters. Do not pop a blister. It can be a way for infection to get in. It is important to control swelling (edema) to prevent pressure sores and blisters. Refer to HFFY on Preventing Pressure Sores for more information.

References
