

# Minor amputation and foot debridement



**Information for patients**  
Sheffield Vascular Institute



**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST





You have been given this information booklet because you need to have a minor amputation or foot debridement. This information booklet explains more about minor amputation and foot debridement and about the reasons why this is necessary. If after reading this booklet you have any questions please speak to your specialist.

## Where will my hospital appointments take place?

Your appointments will usually be at the Sheffield Vascular Institute at the **Northern General Hospital**. We also run local outpatient clinics at the Royal Hallamshire Hospital, Rotherham and Barnsley District General.

The Sheffield Vascular Institute is one of the largest vascular centres in Europe. We specialise in the treatment of all circulatory conditions affecting the arteries, veins and lymphatics.

If you wish to find out more about the Sheffield Vascular Institute please look under the 'Guide to Services' section of the Sheffield Teaching Hospitals NHS Foundation Trust website:

- [www.sth.nhs.uk](http://www.sth.nhs.uk)

## What is a minor amputation?

A **minor amputation** is where one or more of the toes are removed surgically and the affected tissue is removed (debrided). This is often due to a serious infection with the skin, tissues and bones of the toe/s and foot. If you don't have the operation you may become very unwell due to infection. A minor amputation may also be needed if the toes become ischaemic. That means that they have very poor blood supply.

A **foot debridement** takes away infected skin and tissue. Some people may not need any toes removing, but do have a foot infection that needs clearing out.

## What has caused me to need a minor amputation?

For most people who need a minor amputation a serious wound on the foot has developed that has not healed and has become infected. This can happen very quickly, but sometimes the problem may have been going on for a long time.

The main reasons why you have a non-healing wound and infection are:

- Leg artery disease
- Diabetes

If you have leg artery disease you have poor blood flow to your feet, which can cause ulcers, infection and gangrene. You may need to have tests and an operation to help improve poor blood flow although this is not always possible. This will normally be done before a minor amputation, but if there is severe infection it may be necessary to do the amputation before the blood supply is improved. Other leaflets about leg artery disease and treatments for it are available.

If you have diabetes, a common problem called 'neuropathy' means you may get reduced feeling or sensation in the feet. This is because the nerves can become damaged because of diabetes, and feet easily get injured and infected.

Diabetic foot ulcers are a serious complication of neuropathy and when they don't heal, or they may become infected, a minor amputation may be needed. Sometimes infection develops deep in the bones of the toes/feet and this is called '**osteomyelitis**'. Often this can be treated with antibiotics, but if this treatment has not helped, a minor amputation may be advised by your specialist.

Some people have a combination of both leg artery disease and diabetes.

Every attempt will have been made to prevent a minor amputation, but for some people there is no alternative.

## **What are the main types of minor amputation?**

- Toe amputation
- Fore foot amputation (removal of all of the toes)
- Foot debridement (clearing away infected/dead tissue)

## **What happens if I don't have a minor amputation?**

Some patients choose not to have a minor amputation, perhaps because they are very frail and too unfit to undergo an operation. For those people we will try our best to keep the foot stable and prevent the infection from worsening with antibiotics and dressings care, although this is not always successful.

For some people who choose not to have a minor amputation, the infection can worsen and it may become necessary to perform a more extensive amputation, occasionally including the lower part of the leg. Foot infection can be life threatening if left untreated.

## **Where will I be looked after?**

Most patients who need a minor amputation will be looked after on the vascular ward. This ward has doctors and nurses who are familiar with looking after people with leg artery disease and diabetes. The diabetes doctors also see the patients with diabetes each week whilst they on the vascular ward.

Occasionally, some patients need to be looked after on the diabetes ward. The vascular team will be able to visit you there.

## **What happens before the operation?**

If the minor amputation is planned (not an emergency) you will be asked to attend an appointment at the Pre-Assessment Clinic before you come into hospital. You may need to have a number of pre-operative tests,

including blood tests, an electro-cardiogram (ECG) and a chest X-ray (CXR).

For many people who need a minor amputation, this is done urgently so there will be no need to visit the Pre-Assessment Clinic, and any tests you need will be arranged from the ward.

Once in hospital, an anaesthetist will see you before your operation and discuss the type of anaesthetic that will be best for you. He or she will also check your blood tests, x-rays and other tests to make sure it is safe to operate on you.

The Vascular Consultant or Registrar will ask you to sign a consent form once they have discussed the operation with you. They will confirm which toes need amputation with you and mark the affected leg with a marker pen. You will be advised when you need to stop eating and drinking which is usually a minimum of 6 hours before surgery.

We must seek your consent for any procedure or treatment. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure, please do not hesitate to ask for more information.

The nurse looking after you will prepare you for theatre using a checklist, which is designed to ensure you are properly and safely prepared. You will also be given all your important medications with a small sip of water. You will be escorted to theatre on your bed, where your care will be handed over to the nurses in theatre.

If you are diabetic you may also be attached to a special drip which will control your blood sugar until you are able to eat and drink again.

You will usually be given a course of antibiotics, before and after the operation. Some people require a longer course of antibiotics which may be given as a tablet or intravenously (IV).

## **Will I need any more operations?**

Sometimes after having a minor amputation, the same problem can reoccur in another part of the foot or toes, or the wound may not heal and further operations may be necessary. Unfortunately this is sometimes unavoidable, due to the reasons why you needed a minor amputation in the first place.

With diabetes, healing is often poor and this sometimes means that additional operations might become necessary. The decision to perform a further operation might be made soon after the first operation. However, in some cases, additional amputation may be advised some weeks after the first procedure, especially if healing is poor.

Unfortunately, in some cases this might need to be a major amputation of the leg. In such cases, your specialist will discuss the options for further treatment with you in more detail. Other information booklets on major amputation are available.

## **How long will I need dressings?**

In most cases, your surgeon will not stitch the wound closed after performing your minor amputation. Leaving the wound open allows any fluid to drain from the wound surface, and helps to avoid any collection from accumulating within the wound or the part of the foot next to it.

You will need dressings until the foot wound has fully healed. Although the wound is on the foot, bandages are used up to the knee to help prevent swelling in the leg and foot. Minor amputation wounds can be quite 'leaky' in the first few weeks, so it is important that substantial dressings are used and not small plaster type dressings.

It is also very important after the operation that you keep your leg elevated when you are resting. This helps to prevent swelling of the leg and foot, which helps the wound to heal quicker.

## Who will change my dressings when I go home?

You will be discharged home when we are happy that the wound is showing good signs of healing. We will arrange for a district nurse to visit you to continue changing the dressings that have been advised by the ward and Vascular Nurse Specialist.

If you are able, the district nurse may ask you to attend a clinic rather than having a home visit.

A supply of dressings will be sent home with you, so the district nurse has time to order you a new supply.

## What are negative pressure or 'suction' dressings?

For some people who have a minor amputation, a suction dressing is used to help the wound to heal. This is known as negative pressure wound therapy and the type used in this hospital is the Renasys pump. Not all wounds need a suction dressing and, if needed, it is usually for a few days whilst in hospital.

Sometimes longer treatment periods are needed with this type of dressing and you may be discharged home with a Renasys pump. The ward will arrange for the district nurses to visit, who will be able to change your dressings. You will also need an appointment to see the Vascular Nurse Specialists in the outpatient clinic, who will decide when the suction dressings can be stopped.

**If you do go home with a Renasys pump please bring the pump and charger with you to every clinic appointment.**

**If the pump stops working please contact your District Nurse urgently, or if you are experiencing any problems contact the ward from where you were discharged.**

## **Where will I have my outpatient appointments?**

Your outpatient appointments will take place at the Northern General Hospital, Rotherham or Barnsley District General Hospital depending upon where you live. In these clinics you will be seen by the Vascular Nurse Specialist and/or Vascular Consultant if necessary.

If you have diabetes you will also need to be seen in the diabetic foot clinic and this will be arranged for you. Should you not receive an appointment for the diabetic foot clinic you must contact us.

## **Do I need antibiotics?**

Patients who have minor amputations for foot infection may need a long course of antibiotics after the minor amputation has taken place. This is usually patients who have diabetes. Often, samples from the bone are sent to the laboratories during the operation. This then helps us to know which antibiotics you need. The antibiotics will be stopped when the wound is healing well, and the diabetes or vascular team are satisfied that the infection has cleared.

An X-ray will also be taken of your foot after the operation. This helps us in detecting any changes within the foot after the surgery, if more X-rays are required later on.

## What shoes will I wear?

Whilst you have dressings / bandages on your legs you will have a temporary shoe provided by us, so that it fits over the bandages. Some people need a special 'off-loading' shoe, to reduce the pressure on the foot wound; other people just need a simpler shoe.

Once your wound has fully healed you will have an appointment made to be seen by the orthotist (specialist in footwear), particularly if you have diabetes. The orthotist will arrange for you to have a special insole made for your own shoes, or a pair of shoes made. This will depend on the amputation you have had and how mobile you are.

One of the most important things once your minor amputation or foot debridement wound has healed, is that you wear your specially made shoes or insoles. They help to prevent further problems of the foot which can lead to another minor amputation or leg amputation. If you have problems with your orthotics footwear then you should make an appointment to have your shoes reviewed.

## **What can I do to help myself?**

It is important to rest with your leg raised following a minor amputation. If the leg is swollen it makes wound healing more difficult.

If you smoke, you should stop smoking. Smoking can slow down healing, and will cause leg artery disease to worsen which could lead to a major amputation.

You should continue to take all of your medications. Antibiotics for your foot wound should continue until you are told to stop.

If you have diabetes, good control of your blood sugar is very important to help healing.

Healing is also aided by a balanced diet which includes protein, fruit and vegetables.

## **What should I look out for when I go home?**

Occasionally, some wounds can get worse when you go home, or another part of the foot may develop a problem. The district nurses will be visiting regularly so should be able to pick any problems, and will contact the Vascular Department or GP for advice. Please contact your GP if you develop any signs of fever. If you are concerned you can contact the numbers on the next page for advice.

## **What should I do if I have a problem when I go home?**

Your district nurse will be seeing you several times a week when you go home, so they will be closely monitoring your wound. If they have any concerns, they can contact the Vascular or Diabetes Department, or your GP.

## Useful contact numbers

### Firth 2

- **0114 271 4602**
- **0114 271 4685**

### Vascular Nurse Specialist

- **0114 226 9311**
- **0114 271 4688**

### Vascular Secretary

- **0114 271 4584**

### Diabetes Specialist Podiatrists

- Northern General Hospital:
  - **0114 271 4208**
- Royal Hallamshire Hospital:
  - **0114 271 4666**
- Barnsley District General Hospital:
  - **01226 443 2379**
- Rotherham District General Hospital:
  - **01709 427 910**



Produced with support from Sheffield Hospitals Charity  
Working together we can help local patients feel even better

**To donate visit**

[www.sheffieldhospitalscharity.org.uk](http://www.sheffieldhospitalscharity.org.uk) Registered Charity No 1169762



**Yes I donate**  
ORGAN DONATION

Alternative formats can be available on request.  
Please email: [alternativeformats@sth.nhs.uk](mailto:alternativeformats@sth.nhs.uk)

© Sheffield Teaching Hospitals NHS Foundation Trust 2019

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No.1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email [infogov@sth.nhs.uk](mailto:infogov@sth.nhs.uk)