

Post-operative care after limb amputation surgery

Amputation usually follows the diagnosis of a tumour or severe trauma with the loss of major nerve or blood supply. Typically the limb is removed high up. The only reason for saving some of the lower limb after amputation would be if an artificial limb prosthesis were to be considered as you may have seen in the “Bionic Vet” TV program. These Intraosseous Transcutaneous Amputation Prostheses – ITAPs - have been successfully used by Fitzpatrick Referrals in a number of cases but they are costly. We typically remove fore limbs by removing the entire forelimb including the shoulder blade to give a smooth and cosmetic contour to the chest wall and to avoid leaving bones which will continue to move around post-operatively, and which can be unsightly once the overlying muscle has withered due to disuse. We remove hind limbs by either cutting through the thigh bone near the hip, or else by dislocating the thigh bone from the pelvis at the hip joint.

Forelimbs carry more weight than hind limbs in four legged animals, and forelimbs work as individual limbs, not as a pair at all paces excepting running. So forelimb amputations are generally more debilitating than hind limb amputations. But even forelimb amputations in big dogs can be remarkably well tolerated. Animals don't have our “body-image” psychological issues. Most animals adapt remarkably quickly after amputation. This is especially true when the reason for the amputation has been causing pain and limping, as the muscles of the other limb will already be bulking up by the time of surgery.

Amputations are painful procedures in the short term and we use a range of different drugs and techniques to deal with this short-term pain. We will only discharge the patients once we are happy that pain is under control. Once the post-operative discomfort period is over, the patients usually recover remarkably quickly. Phantom limb pain, which is such a worry in people with amputations, doesn't seem to be an issue in animals.

Medication:	Antibiotics:	We usually dispense antibiotics like claviseptin (tablets given twice daily).
	Anti-inflammatories:	We are likely to have dispensed carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). These are given with food. They occasionally cause vomiting or diarrhoea, in which case prompt advice should be sought. Other anti-inflammatory drugs that your vet might use include Onsior and Previcox.
	Analgesics:	We are likely to have dispensed tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

The wound must not be interfered with or bathed. A T-shirt can make a good improvised cover to wounds on the body for large dogs, but ensure it is changed regularly and that it doesn't stick to the wound. An Elizabethan collar will usually be required to help prevent interference with wounds. Any ooze from the wound may be gently blotted with kitchen towel, but if ooze is seen, advice should be sought.

Rechecks a few days after surgery may be with your own vet to save un-necessary travelling. We can do this check-up if travelling is not an issue, and all post-op check-ups are free of charge with us under our “fixed price” schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

Dressings may be used post-operatively to help control swelling. These should be kept dry at all times. If they do become significantly wet, or if they slip, then they can be removed. A thin white Primapore adhesive dressing may have been used in direct contact with the skin to give the wound some on-going protection. Unless they become soiled, these are left in place until they slough off naturally.

Lead restriction is required in the early stages of healing, anywhere outside of the house including the garden. Running/jumping/climbing (into cars, upstairs, onto furniture) should all be prevented. Consider using stair gates and ramps. The wound is vulnerable to breaking open in the early stages of healing until it has acquired strength. The first two weeks are the period when most care needs to be exercised.

What does the future hold?

This largely depends on the reason for the surgery. When amputation is for tumour removal, the prognosis depends on the nature of the tumour. Future mobility may be an issue if other limbs have joint disease etc.

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com