Patient agreement to investigation or treatment

Lower limb amputation (permanent surgical removal of part of the foot/leg)

Authors: **Department of Vascular Surgery**

Brief description:
- Lower limb amputation is a major operation that is only undertaken in certain circumstances and as a last resort after other treatment options have been tried or considered.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital
- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: http://www.addenbrookes.org.uk/consent
- Remember, you can change your mind about having the procedure at any time.

For staff use:
Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)
....
....

Lower limb amputation

Lower limb amputation is a major operation that is only undertaken in certain circumstances and as a last resort after other treatment options have been tried or considered. Examples of when this procedure may be carried out are as follows:

- Non-healing gangrene or ulceration in the leg. The failure to heal is often due to poor arterial blood supply or poor venous drainage in the leg. Diabetes can also be a factor.
- Severe chronic pain because of poor circulation and/or nerve dysfunction.
- Following a major injury to the leg where recovery to a useful level of function is not possible.
- Life-threatening infections that might spread from the leg to the rest of the body such as septicaemia or necrotising fascitis.
- Cancer in the leg despite treatment(s) to remove or cure it.

All the above conditions are either life threatening or involve a significant amount of long-term pain and reduced quality of life.

Before the procedure

- You will be seen at the pre-admission clinic by the consultant, specialist nurse and house officer.
- We will ask you for details of your medical history and carry out a clinical examination and any investigations necessary. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- Please tell the doctor if you are taking any tablets or other forms of medication. These might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example, bring the packaging with you).
- Most people who have this type of procedure will need to stay in hospital for two to three weeks. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.
- This procedure usually involves the use of general anaesthesia, which means you will not be conscious during the surgery. Sometimes we will need to use regional anaesthesia, which will be explained to you. Further information on your anaesthetic can be found on page five of this form.

During the procedure

- There are two main types of amputation, above or below the knee: either a hands breadth above or below the knee. Other procedures at different levels are rarely performed. These levels are chosen to make the fitting of an artificial limb as successful as possible.

- The muscles and skin are carefully closed to make a wound over the leg stump, and dressings are applied. The operation takes 40 to 60 minutes to perform.
- Sometimes we will attempt to perform a below knee amputation, but during the procedure it is apparent that this will probably not heal and an above knee amputation has to be performed.
- Healing is more reliable after an above knee amputation.

After treatment

- After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, you will have a small, plastic tube in one of the veins in your arm. This may be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself. You will also have a plastic tube into the bladder to help you pass water after your operation.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be given medicine to stop the sickness/vomiting.
- If a wound drain (tube) is left in at surgery, this will be removed on the first day.
- Dressings are usually left undisturbed for four to five days.
- If there is infection present, antibiotics are used to try and reduce any infection in the stump.
- It is normal for the stump to be painful at first, but we can give you painkilling tablets to make you more comfortable.
- Phantom pain/sensation is often experienced in the foot or leg that has been removed. This can be disturbing at times but can be eased by taking tablets to reduce the sensitivity of the nerves in the leg. With time these problems usually settle, but there is no guarantee of this.
- **Eating and drinking**: After this procedure, you should not have anything to eat or drink until your medical team considers it to be safe - this is usually about 24 hours after your operation.
- **Getting around and about**: As soon as you are well enough after the operation, a physiotherapist will start to show you some important exercises to help you regain your mobility. At first, you will need to use a wheelchair to help you move around. In the longer term, when you have an artificial leg, it is hoped that you will be able to walk again. While you are in hospital, you will visit the gym on most days. This is to start the process of learning to walk again. It is usually easier to walk again with a below-knee amputation rather than an above knee one. Not all patients with an amputation will be able to walk independently after the operation.
- **When you can leave hospital**: The actual period of time that you stay in hospital will depend on how quickly you recover from your operation, the type of operation, your doctor's opinion and whether any alterations need to be made at home to accommodate

a wheel chair if needed.
- **When you can resume normal activities including work**: The amount of time you take off work/study depends on how quickly you regain your mobility and on the nature of your work/study.
- **Check-ups and results**: Before you leave hospital, you will be given a date to return to clinic for a check-up after your surgery. Any further treatment, if recommended, will be discussed with you then.

Intended benefits of the procedure

- The intended benefit of an amputation is to remove the underlying problem, which is usually either life-threatening or likely to involve long-term pain or loss of function. For example the source of pain and infection can be removed and once the wound has healed and an artificial leg has been fitted, your mobility can be achieved, improving your quality of life.

Who will perform my procedure?

- The procedure will be performed by a consultant or specialist registrar in vascular surgery.

Alternative procedures that are available

- This type of permanent surgery is usually only undertaken when all other treatments have either not succeeded or are not possible.

Serious or frequently occurring risks

- In one in ten to one in 20 patients, the patient will experience a problem with the wound healing at the amputation site. If this persists, then further surgery to make a better stump at a higher level may be required.
- In about one in ten patients, the patient will develop a wound infection. In most cases this will settle with antibiotic treatment.
- In one in ten patients, the patient will develop a deep vein thrombosis (DVT) This causes swelling of the stump or leg, and requires treatment to thin the blood with a drip and tablets. The condition usually resolves.
- In patients who are very unwell at the time of their operation (for example, due to infection, bad circulation, poorly controlled diabetes), there are more general risks due to the stress of the surgery and/or anaesthetic. These include heart attack, heart failure, chest infection, pulmonary embolus, kidney failure and stroke. The actual risk of dying depends on the state of health of the patient at the time of surgery. In a 'routine' planned amputation, the risk of dying is three to five in every 100 patients. In more urgent cases in very unwell patients this might be as high as three in every 10 patients.

Information and support

Additional information will be given to you in the form of patient information leaflets. Do feel free to contact the vascular surgery, Nurse Practitioner, Telephone: 01223 245151 ext 6382 if you have any questions or anxieties.

Further information

- The Vascular Society's website:http://www.vascularsociety.org.uk

Your anaesthesia

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.
Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the

operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
  Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.

- Uncommon side effects and complications (1 in 1000 people)
  Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).

- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
  Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Regional Anaesthesia

For regional anaesthesia a local anaesthetic drug is injected around a bundle of nerves so that a part of the body, such as an arm or a leg, is made numb. In addition, the muscles in the limb are paralysed whilst the drug is acting so that the limb becomes floppy. Obviously you will still be awake and know that the operation is taking place, but often the anaesthetist will administer a sedative drug so that you drift off to sleep during the operation. Even if this is not the case, you will not be able to see the operation because a screen will be placed in the way.

Examples of regional anaesthesia are the use of an epidural for pain relief during childbirth, a spinal for an operation on the bladder, and an eye block for cataract surgery. Sometimes regional and general anaesthesia are combined, particularly for major surgery, to provide pain relief after the operation.

Just as for General Anaesthesia, your anaesthetist remains with you throughout the operation under regional anaesthesia, monitoring and controlling your anaesthetic state throughout in the same way. Similarly, you will go to the recovery ward afterwards until you are stable and safe to go back to the ward.

What are the risks of regional anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely,

but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency.

- Very common and common side effects (1 in 10 or 1 in 100 people)
  Feeling sick and vomiting after surgery, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness.

- Uncommon side effects and complications (1 in 1000 people)
  Bladder problems, slow breathing (depressed respiration), an existing medical condition getting worse.
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
  Serious allergy to drugs, nerve damage, death, equipment failure.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassette.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایە پرسیار بکە ئەگەر ئەو زانیاریەت دەوێ بە زمانێکی تر ، بە پیتی گەورە یانیش بە شێوەی دەنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براہ مہربانی اس کیلئے درخواست کریں۔

Urdu

Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

....

❑ Special requirements ....
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Lower Limb Amputation **Side (left/right)..............**

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure ....

....

....

- Any serious or frequently occurring risks from the procedures including those specific to the patient ....

....

....

- Any extra procedures that might become necessary during the procedure

❑ Blood transfusion ❑ Other procedure (please specify) ....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: ....

Version/Date/Ref: ....

This procedure will involve:
❑ General and/or regional anaesthesia ❑ Local anaesthesia ❑ Sedation

Health professional's signature: ....Date: ....

Name (PRINT): .... Job title: ....
Contact details (if patient wishes to discuss details later)
❑ I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:
Interpreter's signature.. Date: ....

Name (PRINT): ....

Important notes: (tick if applicable)
❑ The patient has withdrawn consent (ask patient to sign/date here) ....
❑ See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out**.

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below.	**Yes**	**No**
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.	☐	☐
I agree to the use of photography for the purpose of diagnosis and treatment.	☐	☐
I agree to anonymised photographs being used for medical teaching.	☐	☐

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:.. Date: ....

Name (PRINT): ....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: .... Date: ....

Name (PRINT): ....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date: ....

Name (PRINT): .... Job Title: ....