

What Is A Below Knee Amputation?

The leg is amputated 15cm below the knee joint.

The operation will be performed below the knee because the surgeon believes there is enough blood supply and healthy tissue to heal the wound.

Are there any alternative treatments available?

This operation is only done if the foot is already dead or has lost too much tissue to still be functional or if there is an infection that is too severe to control with antibiotics.

Occasionally the pain from severe blockage of the arteries is so severe that an amputation is the only thing that will get rid of the pain.

Amputations can be performed higher through the knee joint or above the knee joint. If possible, it is always preferable to save the knee joint as it leads to less energy expenditure and better proprioception than an above knee amputation.

Is the operation safe?

Before you agree to the procedure, you should consider the risks that may be involved. Your procedure will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However, there are risks involved with all procedures, even if these risks may be small.

What are the General Risks related to this procedure?

There are risks for developing complications which are general, and which may occur with any surgical procedure.

These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs, or kidneys.

What are the specific risks related to this procedure?

There are also complications specifically related to the procedure. Despite the surgeon's best care, these are unavoidable, and we cannot say in advance which patient will suffer from them. The commonest ones are infection of the wound or death of some of the skin and muscle due to poor blood supply. This may require a further operation to amputate the leg at a higher level. "Phantom pain" is the feeling that the foot is still there and is still painful. It occurs because it takes the brain quite a while to get used to not having the leg around anymore, but medication can help this.

Pre-Admission and Registration

Before your admission, you should register your details with the hospital's Pre-admission Clinic. This allows the hospital to register all your personal and medical aid details, which greatly reduces the time and paperwork it takes to admit you on the day of your operation.

If you are not a member of a medical aid you will be required to pay a deposit for the hospital costs on admission. If you are on a medical aid you will need to get pre-authorization for the procedure. Our staff will be able to assist you with the necessary details.

What do I need to do before the operation?

Your surgeon may want you to stop certain medication such as clopidogrel, warfarin, Xarelto or other blood thinning medicines before the operation.

What happens when I get to the hospital?

Please report to the hospital reception on time for your admission. Bring along all the documents that may be required such as your medical aid card, ID, and contact details.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or

drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

The operation area may need to be shaved to remove excess hair. You will be taken on your bed to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

Visit By The Anaesthetist

The anaesthetist who will be giving your anaesthetic will interview and examine you and will ask about chest and heart troubles, dental treatment, and any previous anaesthetics. The

Before you agree to the procedure make sure you know:

- The name of the procedure
- The reason you are having the procedure
- What results to expect and what they mean
- The risks and benefits of the procedure
- What the possible side effects or complications are
- When and where you are to have the procedure
- Who will do procedure and what that person's qualifications are
- What would happen if you did not have the procedure
- Any alternative procedures to think about
- Who to call after the procedure if you have questions or problems
- How much will you have to pay for the procedure

anaesthetic itself, and the risks associated with anaesthesia will be explained.

Amputations can be performed under a general or regional anaesthetic. We favour a regional anaesthetic in the form of an injection in the back (called a spi-nal or epidural). If this method is chosen, you will not feel any pain in the leg, and it has the advantage of providing pain relief for some time after the procedure. If you do not want to be awake during the procedure a strong sedative will be administered so that you can sleep but it will not be a full general anaesthetic

When Should I Stop Eating?

You can have your usual diet (solids) up until 6 hours before the operation. From then till 3 hours before the operation you are allowed to drink clear fluids like water and apple juice, after which you will be asked to take nothing by mouth. This will allow your stomach to empty to prevent vomiting during the operation.

What Time will My Operation Be?

The timing of your operation is pre-arranged, and the nurses will tell you when to expect to go to the operating theatre.

Changes to the exact timing are common however, as emergency procedures must be accommodated, and the time taken for the operations can be unpredictable.

We occasionally must change the scheduling of cases on a particular day, but your operation will almost always be done on the day that it is scheduled. You may have to wait longer than we had hoped for reasons that are beyond our control.

The Operation

The operation will be performed as discussed with you beforehand. Occasionally the findings during surgery are unexpected, and the procedure must be modified. The surgeon will then complete the procedure as he sees fit, using his specialist expertise and experience to optimise your safety.

How Long Does the Operation Take?

Approximately 1 hour.

What Happens When I Wake Up?

If you had a general anaesthetic, you will be conscious a minute or two after the operation ends but you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

When amputations are performed using an epidural anaesthetic, we will often continue this for a few days to help relieve the pain. This necessitates being in a high-care ward.

There is usually a drain in the wound to drain any blood that might ooze into it. This will be removed after a few days.

Will I Have Pain?

Some pain will be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for painkillers if you have pain.

How Soon After the Operation Can I Eat?

You can eat and drink as soon as you get back to the ward.

Activity And Physiotherapy

Once the drain is out and the wound is stable (1-2 days) the physiotherapists will start getting you moving. Initially this consists of exercises in bed but soon you will be taught how to transfer yourself into a wheelchair and on to the toilet.

Within a few days you should be walking with the help of a walking frame or parallel bars to support you.

How Long Will I Stay in The Hospital?

Most amputees spend at least a week in the hospital after the operation and some spend a lot longer. Frequently, your surgeon will recommend transfer to a rehabilitation facility where you can continue with this rehabilitation outside of the hospital environment.

You will be given an appointment for a check-up 1 to 2 weeks after discharge.

Please ask your surgeon for any sick notes or certificates that you may require

How Do I Manage the Wound?

The wound has a dressing, which may show some staining with old blood in the first 24 hours. The dressing may be changed for a clean one. It should stay in place for around 10 days. Stitches or staples are usually left in for at least 2 weeks and the stump will be firmly bandaged.

What Should I Be Aware of When I Get Home?


There are very few problems that arise after this type of surgery that only become apparent after you go home.

Wound pain or redness, or any significant bleeding or drainage of excessive clear fluid from the wound should be reported. If you are unsure, then phone the doctor's rooms for advice.

Will I Get An Artificial Limb And When Will This Be?

If you are physically strong enough to learn to walk on one leg for a while, your surgeon will arrange for an artificial limb to be made for you and for exercises that teach you how to walk with it but the full process of getting and walking on an artificial limb usually takes about three months from the date of the amputation.

How Long Will I Be Off Work?

6 weeks to 3 months. 

What About Payment?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost. Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account. Although accounts may be submitted to the medical aid, the patient is responsible for payment.