

AMPUTATION



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AMPUTATIONS

Mrs. Holland
HOC 49

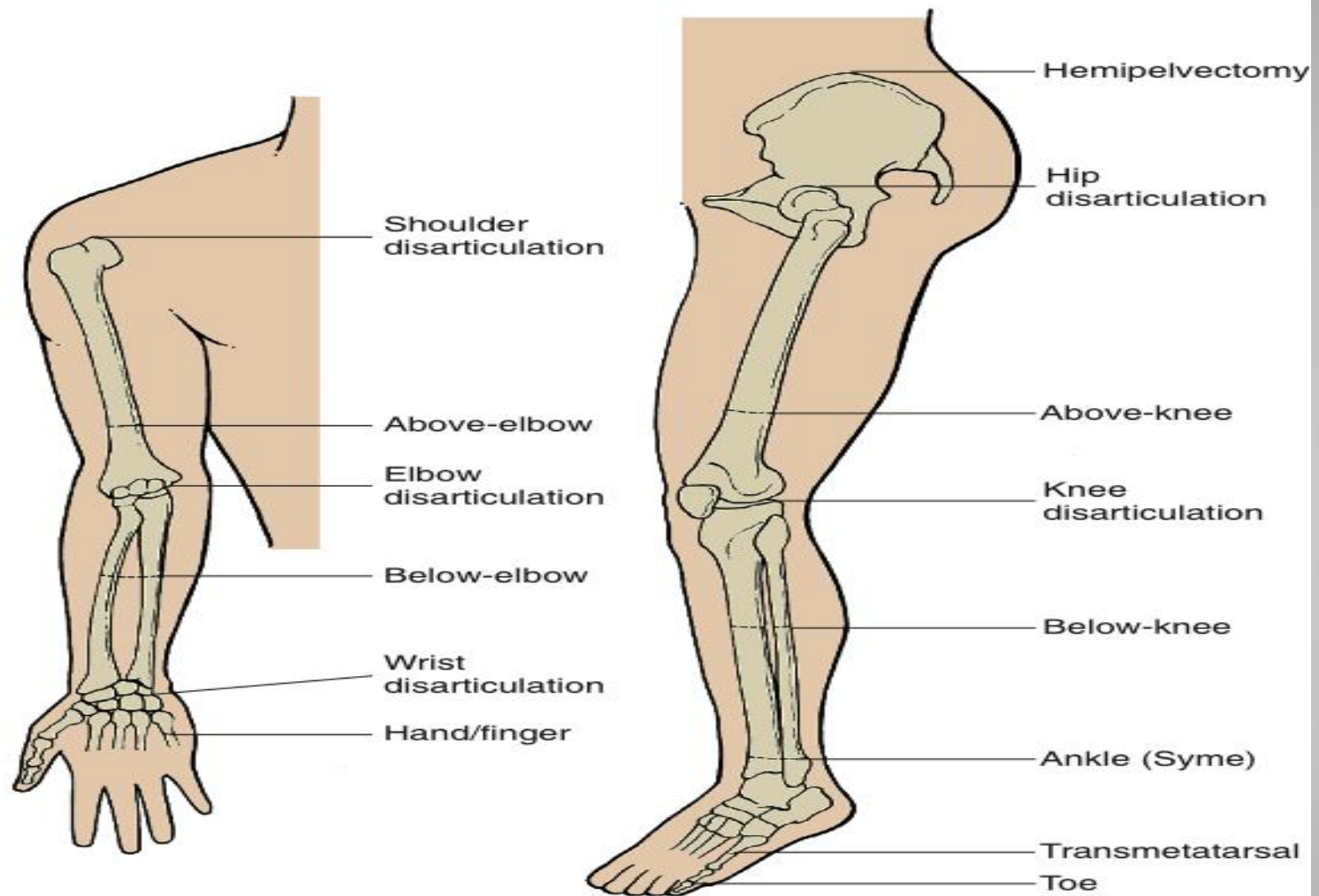
- Identify the clinical indications for amputations.
- Describe the different types of amputations.
- Discuss the medical and surgical management of the amputation patient.

Learning Objectives

- Can occur through a joint (between the bones) or through a bone itself
- Disarticulation: term used for an amputation through the joint
- The general site of the amputation is described by the joint nearest to it

Amputation





Common sites of amputation in the upper and lower extremities.

- Trauma

- Common types of accidents and injuries leading to amputation include those involving motorcycles and automobiles, farm machinery, firearms and explosives, electrical equipment, power tools, and frostbite

- Disease

- Peripheral vascular disease, diabetes mellitus, arteriosclerosis, and chronic osteomyelitis
- Account for majority of lower extremity amputations
- Gas gangrene- tissue death d/t inadequate circulation leads to infection

Indications and Incidence



Self Amputation of a digit

- Tumors

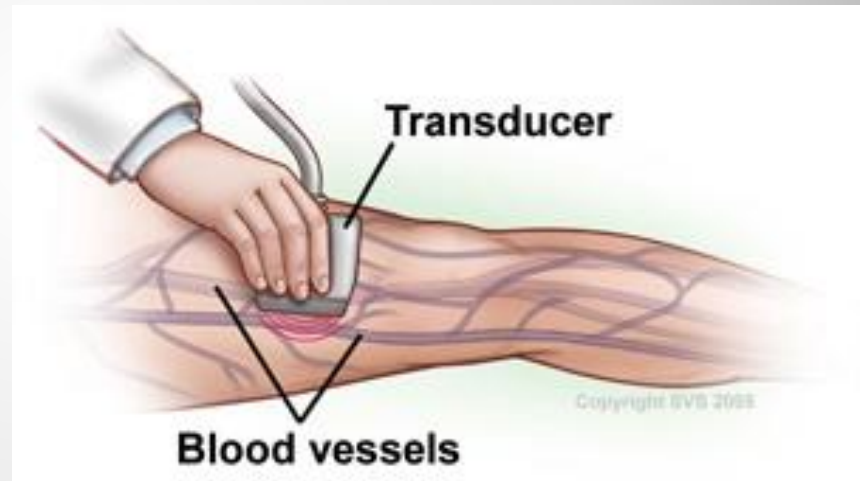
- Bone tumors that are very large and invasive



- Congenital defects

- Congenital amputation- d/t limb (or part of) missing or deformed at birth

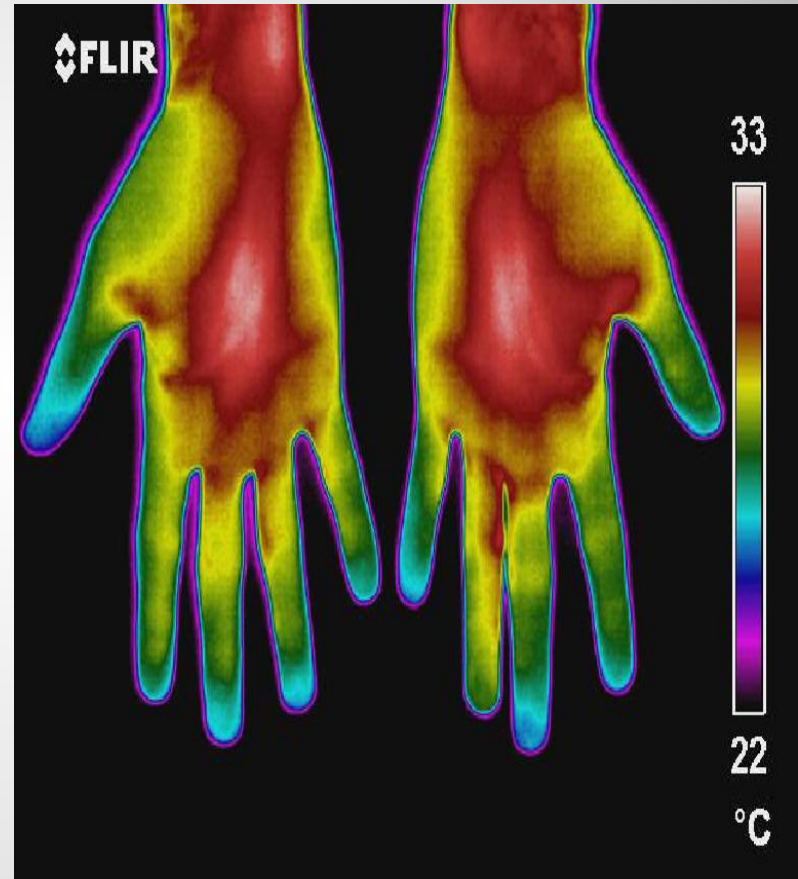
- Vascular studies, Angiography
- Thermography



Diagnostic Tests and Procedures



Thermography



- Amputation at the lowest level that will preserve healthy tissue and favor wound healing
- Surgeon chooses one of two procedures, depending on condition of the extremity and the reason for the surgery
 - Closed amputations
 - Create a weight-bearing residual limb
 - Open amputations
 - The severed bone or joint is left uncovered by a skin flap



Surgical Treatment



Closed



Open

- Prosthetist creates and supervises use of prosthesis
- A limb prosthesis may be placed while the patient is still in the operating room
- With lower extremity amputations, older or debilitated patients, and infection, prosthesis fitting delayed until residual limb heals

Prostheses



- Hemorrhage and hematoma
- Necrosis
- Wound dehiscence
- Gangrene
- Edema
- Contracture
- Pain
- Infection
- Phantom limb sensation
- Phantom limb pain

Complications

- Usual occupation and responsibilities to determine how amputation will affect their lifestyle

Assessment pre-op

- Anxiety
- Anticipatory grieving
- ****patient should be instructed on upper body strengthening prior to amputation of lower ext*

Interventions













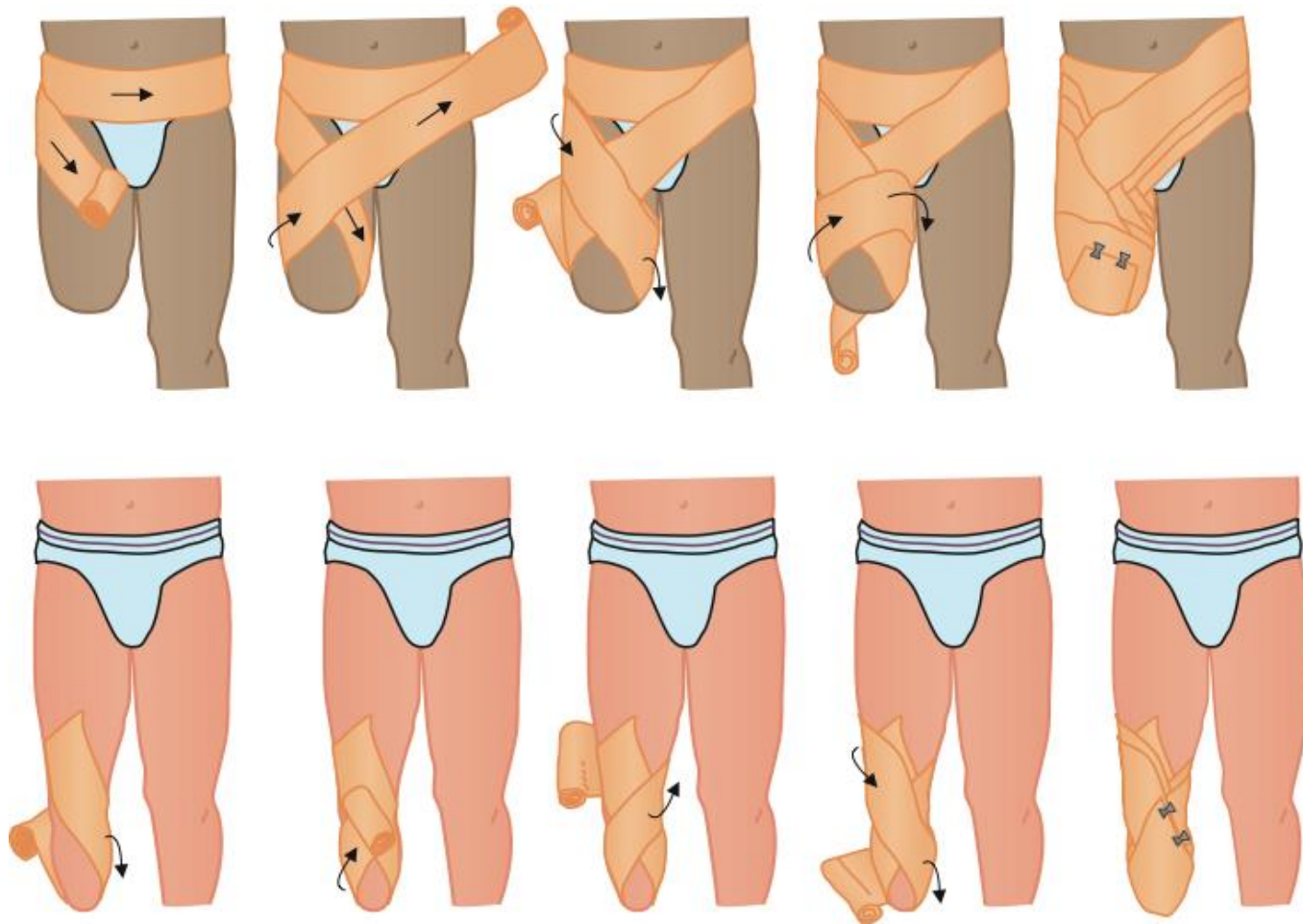
- Interventions

- Decreased Cardiac Output
- Pain
- Risk for Infection
- Impaired Skin Integrity and Risk for Impaired Skin Integrity
- Disturbed Sensory Perception
- Risk for Injury
- Impaired Physical Mobility (flexion contracture)
- Activity Intolerance
- Self-Care Deficit
- Anxiety, Fear, and Ineffective Coping
- Disturbed Body Image

Postoperative Nursing Care cont'd



Jackson-Pratt and Hemovac wound suction systems



Proper techniques for wrapping a lower extremity residual limb Figure 43-4

- 1. May have needs that should be taken into consideration when planning and providing care
- 2. May not report phantom sensations because it appears foolish
- 3. Many have one or more chronic health problems
- 4. The loss of a limb can be especially difficult; it is important to provide psychological support

The Older Adult Amputee

- Involves the use of a microscope and highly specialized instruments to reconnect blood vessels and nerve fibers in a severed limb
- Limb sutured into its correct anatomic position
- Advances in microsurgical techniques and preservation of severed limbs have made this technique increasingly successful

Replantation

- For amputations through the hand or wrist
- Amputated thumbs are reattached whenever possible because of their importance in hand function
- In severely injured hand in which two or more fingers are detached, surgeon restores as many fingers as possible
- Amputations above the wrist do not lend themselves as readily to replantation because of the extensive tissue, muscle, and bone damage accompanying the injury

Indications

- Direct contact between the amputated part and the ice can lead to further tissue damage and cell death
- Partially amputated parts should remain attached to the patient and be kept cool if possible
- Extra care to avoid detaching any parts since even small connections increase the chances for successful repair
- Patient may require treatment for shock due to blood loss
- Tourniquets should not be used unless absolutely necessary

Emergency Care

- [Http://www.youtube.com/watch?v=ICmmaIRNnAU](http://www.youtube.com/watch?v=ICmmaIRNnAU)
- https://www.youtube.com/watch?v=4zyM_6VyDAk (new)

Emergency care cont

- Interventions

- If the dressing becomes saturated with blood, reinforce the dressing
- Report continued or excessive bleeding to the physician
- Even though preparations for replantation are hurried, be sensitive to the patient's fear and anxiety
- Accept the patient's feelings
- Provide brief, simple explanations

Preoperative Nursing Care

- Elevate the limb
- Abstain from nicotine- and caffeine-containing products for 7 to 10 days postoperatively
- Administer ordered drugs; monitor effects
- Discuss thoughts and feelings about the replantation, disfigurement, and loss of function



Postoperative Nursing Care: Replantation Interventions

http://www.youtube.com/user/ClevelandClinic?v=cDDWvj_q-o8

Empathy: The Human Connection to Patient Care

