

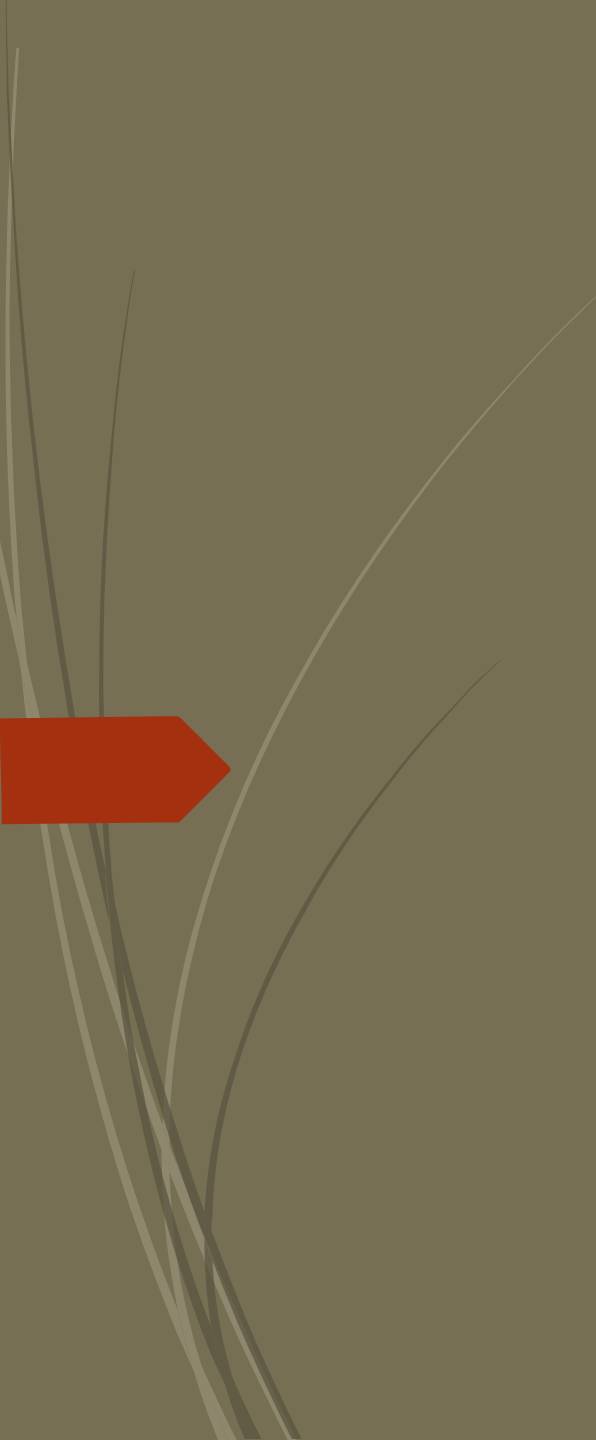
Major Amputations of the Lower Limb

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Major Amputations of the Lower Limb



➤ Critical Limb ischaemia	> 200 (85%)
➤ Acute Limb Ischaemia	20 (9%)
➤ Trauma	5. (2%)
➤ Tumours/ vascular malformations	2 (1%)
➤ Necrotizing infection	5 (2%)
➤ Pain Syndromes	2 (1%)



Principles

- Remove pathology
- Establish well healed wound
- Best rehabilitation possible
- Increase in energy for Ambulation on
AKA 50 – 70%
BKA 10 - 40%

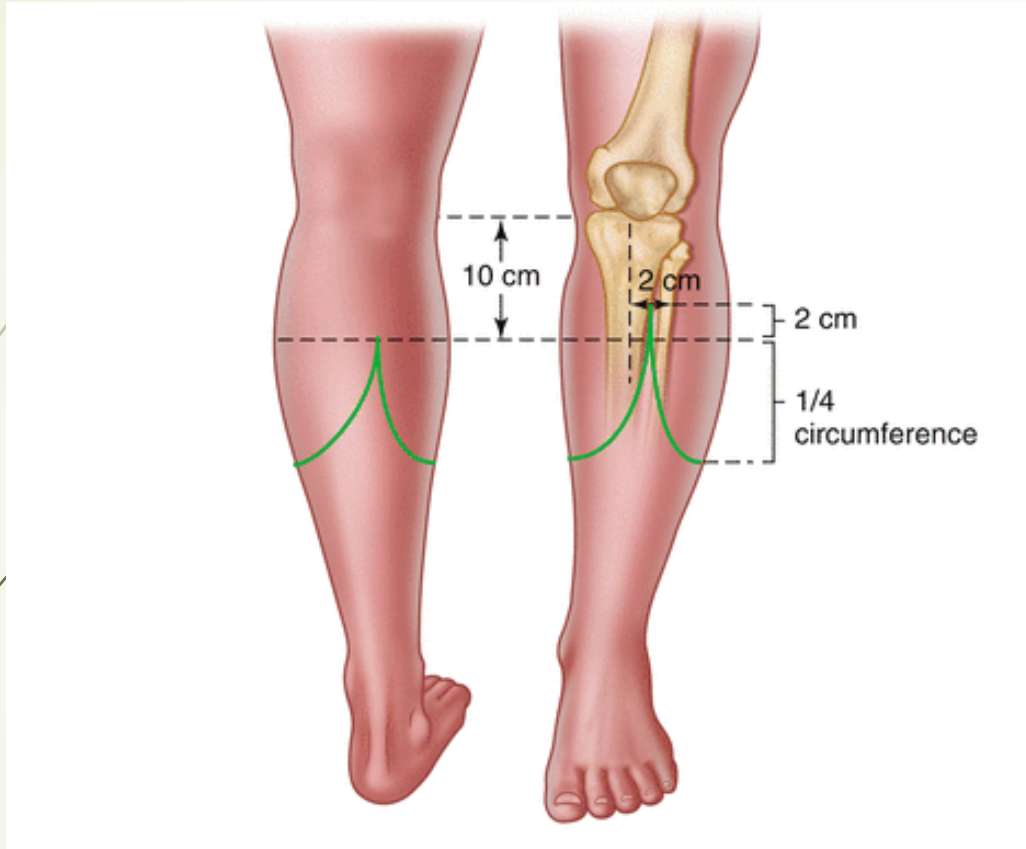


Options

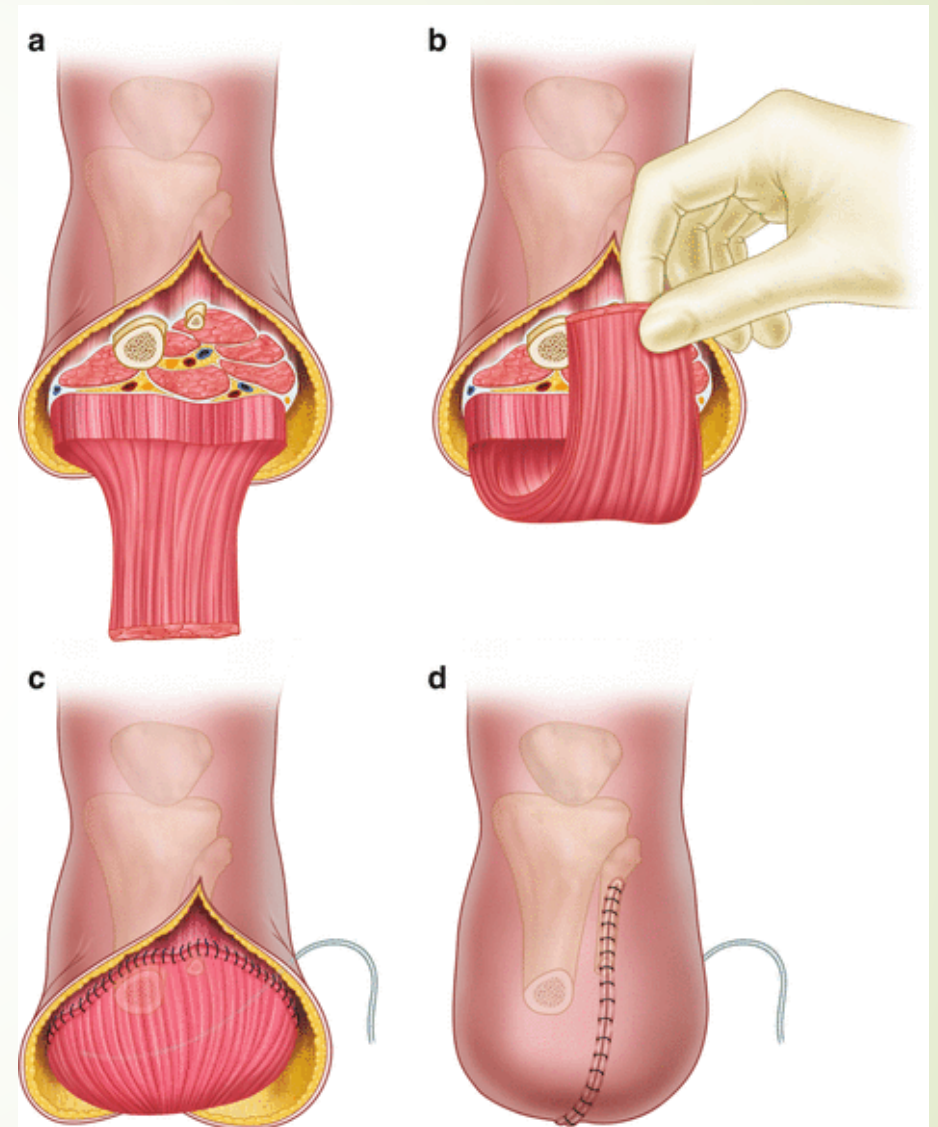


- Transmetatarsal (forefoot) (30-40)
- Peg (Symes) (3-5)
- Below Knee Amputation
 - Posterior Flap (>100)
 - Skew Flap (5-10)
- Through Knee amputation.
 - Gritti-Stokes (10-20)
- Above Knee amputation (>100)
- Hindquarter – very rare (2)

Total: approx. 250



SKEW FLAP



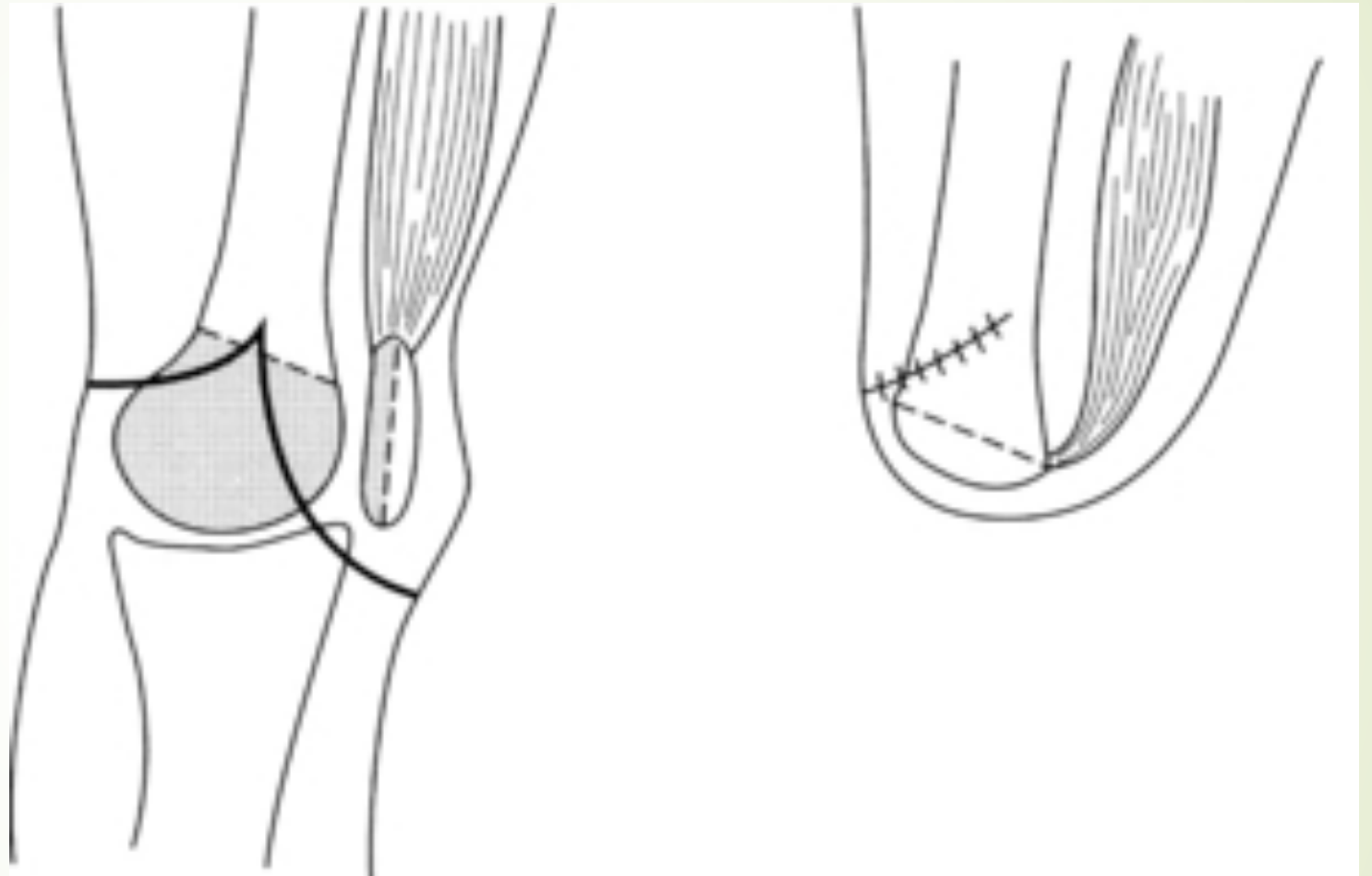


Options



- Transmetatarsal (forefoot)
- Peg (Symes)
- Below Knee Amputation
 - Posterior Flap
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- Through Knee amputation
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- Above Knee amputation
- Hindquarter – very rare

GRITTI-STOKES





Options



- Transmetatarsal (forefoot)
- Peg (Symes)
- Below Knee Amputation
 - Posterior Flap
 - Skew Flap
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 - Gritti-Stokes
- Above Knee amputation
- Hindquarter – very rare



Determining Level

Comorbidities

Current Functional Status

Rehabilitation potential

Levels of Rehabilitation

- Ambulation
- Ambulation with aid
- Transfer independently
- Transfer with one nurse
- Transfer with 2 nurses
- Transfer with Hoist



PERIOP CONSIDERATIONS...

Assessment of Level

- Surgeon assessment
- Femoral pulse +/-
- Skin temperature
- Skin quality
- Transcutaneous O2 but still a percentage game

PERIOP CONSIDERATIONS...

Establishing Arterial Flow

- Establishing arterial inflow to the groin so a BKA can be performed
 - (AKA BKA)
- Endovascular intervention
 - Eg iliac stents (10)
- Operations
 - CFA endarterectomy. (1)
 - FFXO. (1)
 - Ax Fem. (1)

PERIOP CONSIDERATIONS...

Analgesia

- Residual Limb pain
- Phantom Pain
 - Sensation
 - Pain
- Pain free before surgery
- Epidural prior to surgery
- Nerve blocks +/- catheters
 - Femoral / sciatic
 - Surgeon placed sciatic / tibial nerve catheters
- Ketamine infusions
- PCA
- Specialist meds for Phantom pain
 - TCD, Calcitonin, Gabapentin



PERIOP CONSIDERATION...

DVT prophylaxis

- ▶ Contralateral limb
- ▶ Amputated side
 - ▶ Chemical + mechanical prophylaxis
 - ▶ Liaise with anesthetist regarding timing



PERIOP CONSIDERATIONS...

Antibiotic Prophylaxis

- Antibiotic Prophylaxis
- Need anerobic cover for AKA
 - ie Augmentin / Cefazolin and Metronidazole
- If significant foot sepsis – be guided by micro cultures
- Cefazolin is otherwise adequate

PERIOP CONSIDERATION...

Physiotherapy

- Mechanical DVT prophylaxis
- Thigh
- Stump (BKA)

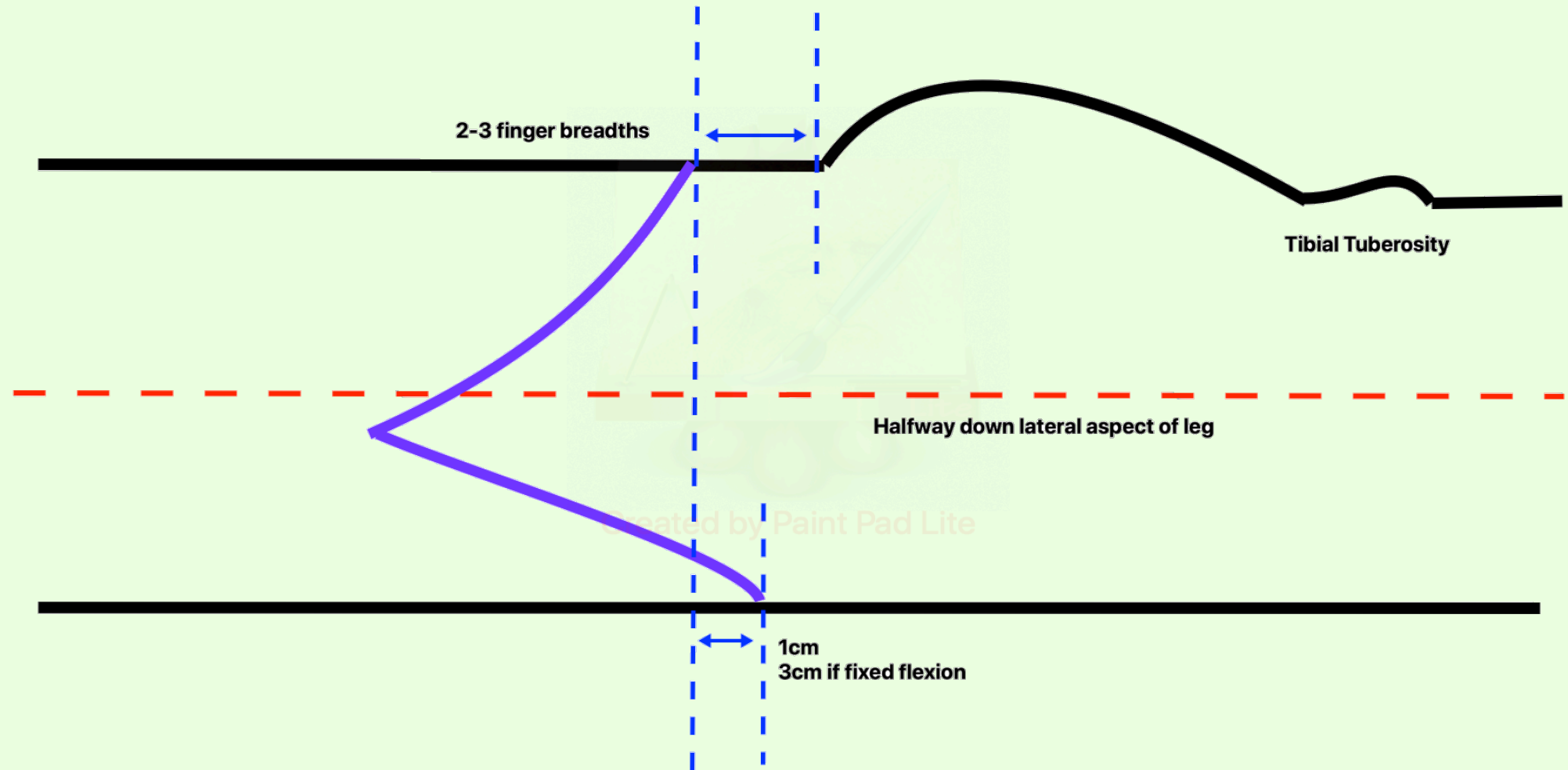
- Avoid trauma to BKA stump
 - Cot Sides
 - Patient mindfulness

Scenario 1.



- ▶ Locum in a provincial town. The overworked sole vascular surgeon has asked you to do an AKA one Saturday so they can go to golf
- ▶ Markings

PREOPERATIVE MARKINGS FOR A BELOW KNEE AMPUTATION



Above Knee Amputation

- Fish mouth incision
- Posterior flap 2cm longer (especially if flexion contracture)
- Divide femur mid thigh
- 3:0 prolene transfixation suture if SFA patent
- Divide sciatic nerve as distal as possible initially – Beware of large nutrient arteries
- Sciatic nerve catheter
- Redi Vac drain

Scenario 2

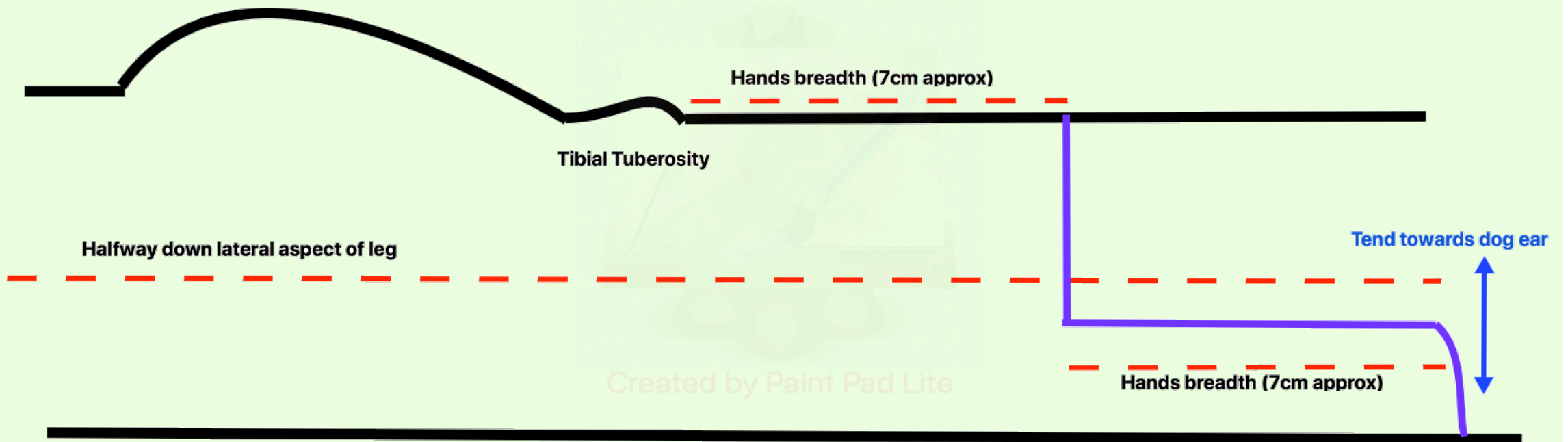


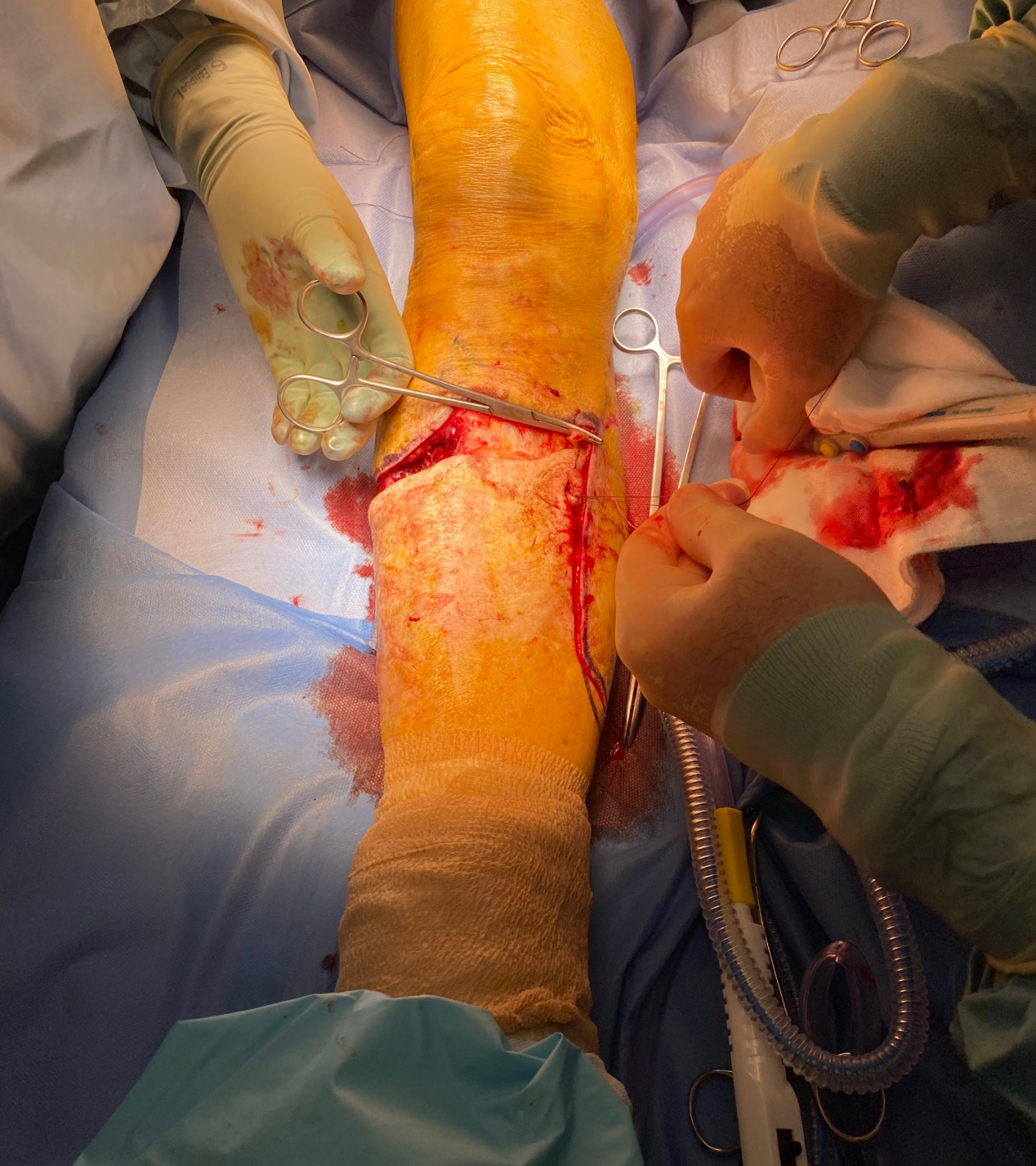
- Man presents in extremis with rapidly progressive necrotizing soft tissue infection and needs urgent amputation
- 1. Guillotine
- 2. Below Knee amputation
 - With oedema may be a staged operation

Below Knee Amputation

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PREOPERATIVE MARKINGS FOR A BELOW KNEE AMPUTATION







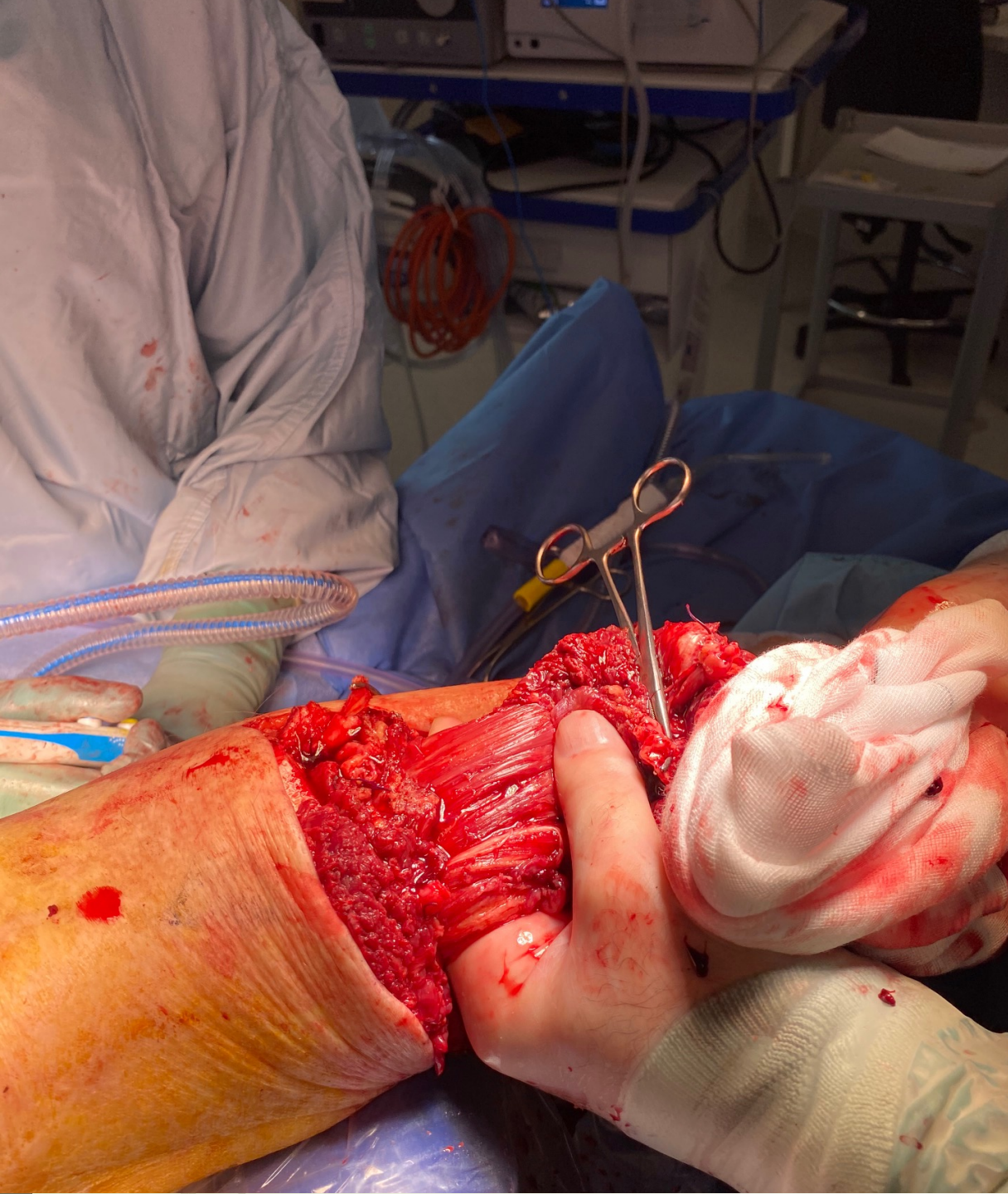










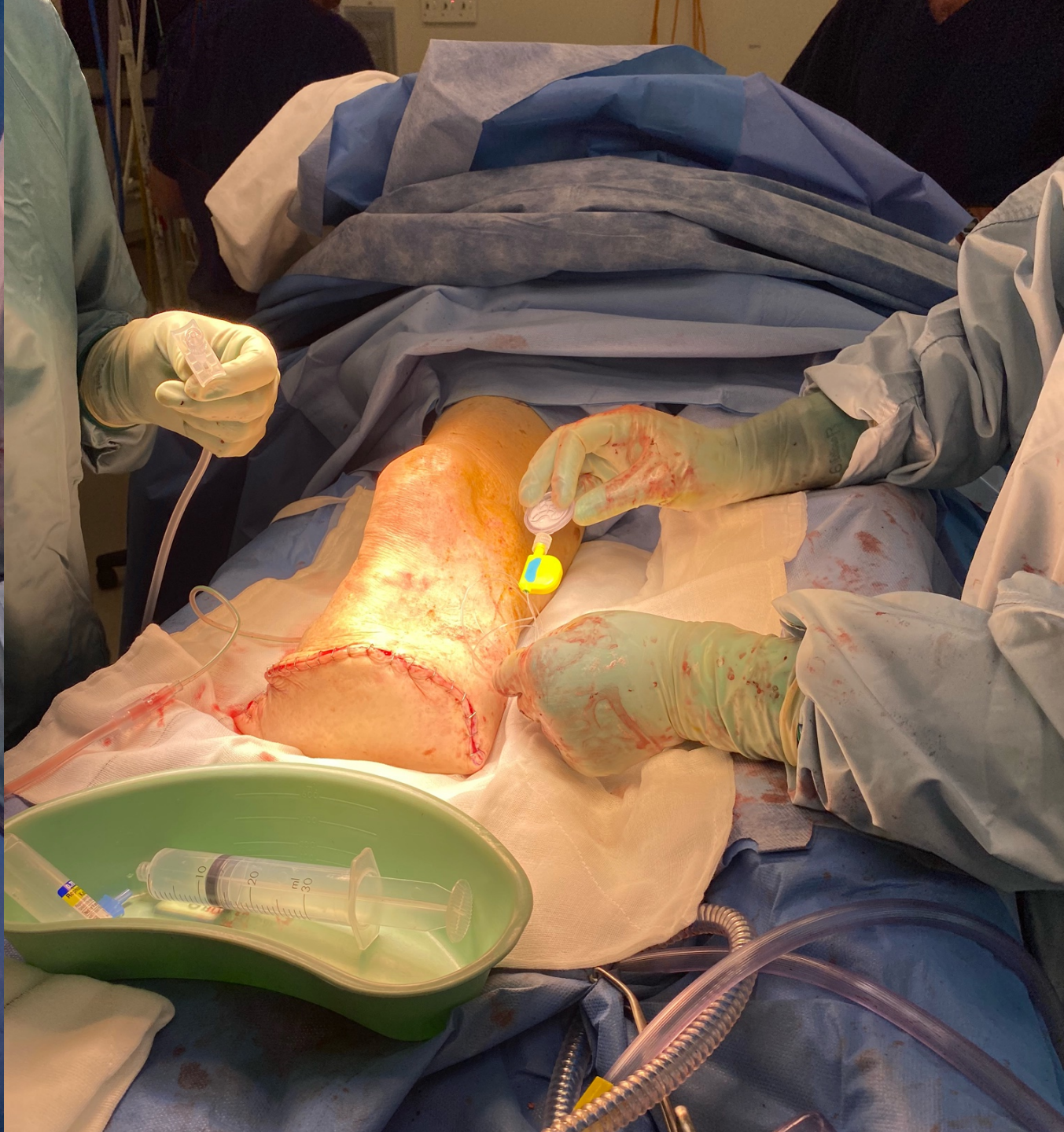
















► Happy customer



An aerial photograph of a coastal town, likely in Chile, with a large, snow-capped volcano (Cerro Puyuhuapi) in the background. The town is densely packed with buildings and is situated along a dark, pebbly beach. The ocean is a vibrant blue, and the sky is clear. A green, semi-transparent arrow-shaped overlay points from the left towards the town and beach.

PATAI??

