

New Amputees – Instructions

Common causes for limb amputation:

- Insufficient or poor circulation
- Infections or gangrene
- Trauma/Accidents
- Cancer Congenital (birth defects)

What To Expect...

The following is only a rough guide for recovery, assuming average healing time. An individual's progress can vary significantly.

Day One

An ace wrap or other type of compressive dressing is commonly applied.

Or

Immediately, a rigid dressing or prosthesis is applied in surgery.

Week One

PSRD (Polyethylene Semi-Rigid Removable Dressing) is made.

- A removable "Crash Helmet" to protect the limb from injury.
- Cornell O&P takes great pride in providing this unique protective procedure.
- We find the following risks for falling which result in injury are often underestimated
 - Even young otherwise healthy individuals can easily lose balance on one leg.
 - Most amputees are older
 - Poor circulation also affects balance
 - Typically new amputees are weakened after surgery
 - Pain medications, unfamiliar surroundings, people and procedures affect balance and judgment.
 - Nervousness or anxiety can affect concentration.

Four to Six Weeks

Usually, sutures or staples are removed. A temporary prosthesis is designed to be worn while the residual limb continues to change in size and shape. Changes are often significant and affect the fit of the prosthesis greatly, requiring a new socket after a few months. The muscles in the residual limb will atrophy (become smaller). The preparatory prosthesis has the following characteristics:

- Usually worn for a few months, until "stump" or residual limb size is stable
 - Is simple in design
 - Is relatively inexpensive
 - Is adjustable
 - Can be manufactured quickly.
 - Can often be used as a spare prosthesis after the next prosthesis is provided
 - The definitive prosthesis can also be provided at this time if either the residual limb is not expected to change significantly or it is clinically advantageous to begin with definitive componentry.
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Four to Six Months

- Residual limb has matured and is relatively stable in size and shape. (Though slower changes can continue.)
 - Experience with the preparatory prosthesis serves as a yardstick to measure the user's needs and abilities and helps determine the design of the definitive prosthesis.
 - The first definitive prosthesis or socket change is provided.
 - The definitive prosthesis is designed to best meet the individual's needs.
 - Clinical decisions are made to determine the most appropriate components such as feet, ankles, knees, hands, elbows, etc.
 - Clinical decisions are made to determine the socket design.
 - Decisions are made as to the appearance of the prosthesis.
 - Some prefer life-like appearance while others prefer mechanical or artistic appearances.
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Prostheses are replaced for various reasons and at various times.

- Continued changes in the residual limb are the most common cause.
 - Continued changes require modifications to the socket.
 - Eventually the socket modifications become less effective, requiring replacement of the socket or entire prosthesis.
- Wear and tear of the prosthesis.
- Changes in the amputee's abilities can require a different prosthesis.
- Prostheses can last 1 to 15 years or more, but an average usable lifetime for a mature residual limb is about 3 years.