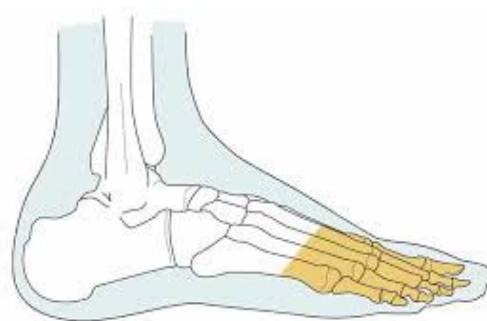




Debridement and Minor Amputation Patient Information

Debridement- When infected or dead soft tissue is removed with surgery. The bone is left alone.

Minor amputation - When one or more toes are removed. This can include forefoot (transmetatarsal) amputation.



Indications for surgery	In cases of foot infection to prevent further spread.	
Alternative treatment	Antibiotics, with risk that this will not fully manage the infection.	
Anaesthetic options	Local anaesthetic/ Local anaesthetic with sedation/ General Anaesthetic	
Operation time	10-60 minutes	
Incision	An incision will be made around the dead tissue.	
Stitches	Wound is usually left open with no stitches.	
Dressings	Usually bulky dressings with a surgical sandal.	
When can I go home?	Around 1-5 days after the operation.	
What will recovery involve?	The recovery from this surgery should be 4-6 weeks although the management of the infection and any other required surgeries may prolong this recovery. This varies significantly from patient to patient.	
Risks of surgery	<u>Surgical site specific:</u> Infection, bleeding, scarring, pain, loss of sensation, swelling, delayed or absent healing, reintervention.	<u>Anaesthetic risk:</u> Allergy, acute kidney injury, deep vein thrombosis, pulmonary embolism, myocardial infarction (heart attack), stroke, chest infection, urinary retention, and death.
Further information	See below.	

Why you need this surgery

If the infection spreads up the leg, this may require leg amputation. If infection spreads in the bloodstream (sepsis), it can be life-threatening. Two main conditions lead to this:

- **Diabetic foot infection**- Lack of sensation (neuropathy) means you are less likely to notice small injuries, which provide an entry point for infection. There can be blockages in the blood vessels, known as peripheral arterial disease, which affect wound healing. A small ulcer can affect the whole foot very quickly (within days) without medical attention.
- **Peripheral arterial disease**- Blockages in blood vessels cause pain and black areas (gangrene) in the foot. This occurs due to smoking, diabetes and high blood pressure. Neuropathy can sometimes mask pain in diabetics.

Alternatives to surgery

The surgical team will have considered the alternatives and can discuss these with you.

- **Watch and wait or ‘conservative’ management** - If gangrene is dry, it can sometimes be managed with good wound care and antibiotics if indicated. If the gangrene becomes infected this will require emergency assessment.
- **Palliative care**- Some patients do not wish to have surgery despite the potential risks to life and limb. If the infection is severe, the foot will deteriorate. This causes sepsis and the release of chemicals that lead to organ shutdown. Relief of symptoms, such as pain, is prioritised here, rather than extending life.

Potential complications of surgery

Your team will take measures to reduce the risk of complications. You may be at a higher or lower risk of some complications, and your Surgeon may be able to advise you further. Some complications are serious and can lead to limb loss or death. Please ask your Surgeon if there is anything you do not understand. Your Anaesthetist will speak to you about the possible complications of having an anaesthetic.

- **Failure of the wound to heal** - Due to poor blood supply. Further procedures may be recommended to improve blood flow to the foot. If there is no means to achieve this, then an amputation of the leg may be discussed.
- **Wound infection** - Treated with antibiotics and dressings. Occasionally, further debridement or amputation is required. If the infection is severe, then an amputation of the leg may be discussed.
- **Bleeding** - You may require a blood transfusion.
- **Phantom limb** - This is when you can still feel the amputated part of your foot. If this is troublesome, there are medications that can help, and you may benefit from referral to a pain specialist.
- **Death**- The risk is often related to pre-existing health conditions and can be discussed in more detail with your Surgeon.
- **Allergic reactions to medicines or materials** - You will be closely monitored for signs of allergic reaction. Let your team know if you have any known allergies or reactions in the past.

- **Acute kidney injury (AKI)** - This can happen if you are very sick from infection. Your team will monitor your blood tests and urine production around the time of surgery to reduce the risk of this happening. It may mean a longer stay in hospital. Some individuals will go on to develop chronic kidney disease and may eventually require dialysis.
- **Deep vein thrombosis (DVT)** - When a blood clot develops in the leg. This can cause pain, swelling or redness. To reduce this risk, you will be prescribed blood thinning medication and/or stockings as appropriate.
- **Pulmonary embolism (PE)** - When a blood clot travels through your bloodstream to the lungs. Tell your healthcare team immediately if you become short of breath, have any chest or upper back pain or if you cough up blood. If you have left the hospital, you should seek emergency medical attention.
- **Difficulty passing urine** - This can happen after an anaesthetic or after removal of a urinary catheter (tube into the bladder). If this happens, the catheter will need to be reinserted and remain for a short time. You may be started on medication to reduce the risk of this happening again.
- **Chest infections** - You may develop a chest infection. Let your team know if you feel short of breath or develop chest symptoms.
- **Heart attack (myocardial infarction- MI)** - Let your team know if you experience any chest pain that may also go into your left arm, shoulder or neck. This is a potentially serious complication, and you may require other interventions or treatment with different medications. To reduce this risk, you have most likely already been started on cholesterol lowering medication (statin) and a blood thinner (anti-platelet e.g. aspirin, clopidogrel).

What to expect on day of surgery

Arriving at hospital

You will receive communication advising where/when to go, whether you need to be fasting and if any of your regular medications should be stopped. Anticoagulation (e.g. warfarin, apixaban, rivaroxaban) will need to be paused around the time of surgery. Some patients will need to take blood-thinning injections while their regular anticoagulation is paused. Please contact the team if you have not received instructions. On arrival, the administrative team will check your details and the nursing staff will prepare you for surgery.

On the ward

You may need blood tests and an Electrocardiogram (ECG). If you are diabetic and fasting, you may be started on a drip to keep your blood sugar in a normal range. You may have a long wait before your procedure. Your Surgeon will discuss the operation with you. They will examine your foot and mark the site of surgery with a pen. The type of operation required varies from person-to-person and will be discussed during the consent. It is not always obvious before the operation how much dead or infected tissue is present. Your Surgeon will need to remove all visible dead or infected tissue but will aim to leave as much healthy tissue as possible. You will be asked to sign a consent form for the operation. Your Anaesthetist will discuss the choices of anesthetic for your operation. This will depend on your fitness and preferences.

In the operating theatre

You will be accompanied to the theatre complex and have numerous safety checks. In theatre, you will have a cannula in your arm (drip). Sometimes a tube (catheter) is placed in your bladder

to drain the urine when you are asleep. This is for your comfort post-operatively and to monitor your kidney function. You are likely to receive a dose of antibiotics during the surgery to reduce the risk of infection. The operation usually takes around 10 to 60 minutes. Small samples of bone or soft tissue are sent to the laboratory to guide antibiotic type and duration, in case further antibiotics are required. At the end of the operation, your foot will have bandages to protect it. The site of surgery is usually left open (without stitches), which allows the wound to be monitored. The foot will be covered with dressings after the operation.

In recovery area/ return to the ward

You will be accompanied to the recovery area. Once the team is happy, you will return to the ward. This is normally after a couple of hours. You will be encouraged to eat and drink as soon as you feel able.

Recovery timeline

0-24 hours

- You will be non-weightbearing after the operation and you must rest, with your foot elevated, as much as possible. You should restrict mobilising to going to the bathroom.
- You will get medicine to help with any pain.

1-5 days

- **Wound review** - If there are concerns about your wound in the days following your surgery, the team may arrange further tests to assess the blood supply to your foot. An antibiotic plan will be arranged if required.
- **Physiotherapy** - Your mobility will be assessed, and you will be provided with adapted footwear.
- **Discharge planning** - The goal is to get you regaining independence as soon as possible. You will be seen by an occupational therapist, social worker or discharge coordinator if required.

Follow up

- Time to complete wound healing varies significantly from patient to patient.
- Surgical team follow-up in approximately 4 weeks at your local hospital.
- The community podiatry team will review you in approximately 2 weeks for specialist footcare.
- District nurse or GP practice nurse for wound care. If you have any concerns about your wound during this time, please contact the vascular secretaries, who will liaise with the surgical team.

How can I improve my recovery?

- **Keep the wound clean and dry.**
- **Eat healthy food and exercise.**
- **Stop smoking**- This reduces the risk of limb loss, heart attack, stroke, chest infections and death. Your wound is more likely to heal if you stop smoking.
- **Diabetic control**- Check your blood sugars and monitor your feet daily for new wounds.
- **Check-ups**- Go to your medical appointments. Bring a list of medications including the doses. Take your medication as prescribed by the medical team.
- **Be alert to wound issues**- Your wound should continue to improve after discharge. Watch for redness, bad smell, discharge, swelling, or pain around the wound and tell your nurse or doctor.
- **Appropriate footwear**- Use the adapted footwear you have been provided to keep the pressure off the healing wound.
- **Getting support**- It's normal to feel sad or worried. Talk to family and friends.

When can I resume normal activities?

- **Driving** - You cannot drive post-operatively. It may be possible for you to resume driving with an adapted car. Any future driving should be done in consultation with the DVLA and your insurance company to ensure that you are fully protected.
- **Exercise** - Avoid any exercise that puts excessive pressure on the wound or brings it into contact with water (e.g. swimming, fishing). You may find other forms of exercise, such as upper body strength training, a better alternative. Normal activity can resume when the wound is fully healed and building up activity gradually over time is encouraged.
- **Bathing and showering** – Once your wound is dry you will be able to bathe and shower as normal.
- **Work** – Discuss with your surgeon as this will depend on your individual circumstances. You will tire easily initially and will need to build up your activity gradually.
- **Travel** - It should be safe for you to travel after treatment. You may need to advise your insurance company of recent illness or treatment you have received prior to travelling.

Questions or help?

- Always ask your doctor or nurse if you have questions.
- For non-urgent queries, please contact the Vascular Secretaries:
Tel: **0121 371 4901** University Hospitals Birmingham NHS Foundation Trust (UHB) or
0121 507 4639 Sandwell and West Birmingham Hospitals NHS Trust (SWBH) (Monday-Friday 8am-4pm only).
- Email: VascularSecretariesTeamUHB@uhb.nhs.uk (inbox manned Monday-Friday 8am-4pm only).

Useful contacts

- (Birmingham) Adults and Communities Access Point
Tel: 0121 303 1234
- (Solihull) Adult Social Care
Tel: 0121 704 8007
- Limbless Association
Charity for people with limb-loss, their family, friends and carers offering free, friendly and impartial advice on all aspects of limb loss
Tel: 0124 521 6670

Accessibility

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How did we do?

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