Getting Ready for and Recovering From Your Lower Limb Amputation Surgery

Island Health

About This Booklet

This booklet was originally developed with input from doctors and healthcare providers. It provides information to help you prepare for lower-limb amputation surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different from what is in this booklet, please follow their directions.

Help Your Care Team Help You!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible and bring it to the hospital when you come for surgery.

Informed Consent

Before agreeing to undergo surgery, your surgeon will thoroughly explain the procedure to you and give you the opportunity to ask any questions you may have. This discussion includes the reason for surgery, the benefits and risks involved, alternatives to surgery and what you can expect following the surgery.

If, after this discussion, you would like to move forward with surgery you will be asked to sign an informed consent form when you come to the hospital. The informed consent form includes the name of your surgeon, the surgery you are undergoing and the side of the body on which the surgery will be done, if applicable.

Depending on your surgery, you may be asked to sign a consent for blood products and/or a consent for implant tracking. Please read the consent form carefully before signing it and ask your surgeon or the nurses witnessing your signature if you have any further questions or need more information.

Length of Stay

Most people stay in the hospital for about five to seven days after surgery, but this can vary from person to person.

How long you stay will depend on your recovery, your overall health, and the support you have at home.

Help at Home

You might need help with household chores for a few weeks after your surgery. Try to have a family member or friend available to help you, as needed.

We Welcome Comments

Please send in the evaluation form found at the end of this booklet.

Understanding Your Amputation Surgery

This booklet is for people having an amputation of the leg, either an above-knee (transfemoral) or below-knee (transtibial) amputation. It has information to help you understand your surgery and plan for recovery.

If you have any questions about your surgery, contact your surgeon's office.

IMPORTANT: The information in this booklet is intended solely for the person to whom it was given by the health care team. It does not replace the advice or directions provided to you by your surgeon.

Important Phone Numbers – Amputation Outpatient Rehabilitation Programs:

Victoria – Adanac in Royal Jubilee Hospital	250-370-8264
Nanaimo – Nanaimo Regional General Hospital	250-755-7981
Campbell River – North Island Hospital	250-286-7163
Comox Valley – North Island Hospital	250-331-5900 extension 65525

What is an Amputation?

An amputation is a surgery to remove part of the body, such as a leg. The information in this booklet is for people who are having a surgical amputation of the leg, either above the knee (transfemoral) or below the knee (transtibial).

Why Might I Need an Amputation?

An amputation might be needed if there is damage or disease in your leg that cannot be treated in other ways. Common reasons include:

- Complications from peripheral vascular disease (poor circulation)
- Complications from diabetes
- Infection that cannot be controlled
- Tumour or cancer in the limb
- Severe injury or trauma
- Burns that damage the tissues beyond repair

The most common reasons for needing a lower leg amputation are diabetes and poor circulation. These conditions can narrow or block the arteries that carry blood to the leg. When there isn't enough blood flow, the leg tissues can become damaged, and wounds may not heal properly. In some cases, infection develops that cannot be controlled. If blood flow cannot be restored or the infection does not heal, an amputation may be needed to protect your health and prevent further illness.

About Lower Leg Amputation Surgery

Your surgeon will decide where along the limb you will have your amputation and why. Some examples are above-knee, below-knee, and through-the-knee.

During surgery, you might be given

- general anesthesia, which means you'll be asleep, or
- spinal or epidural anesthesia, which numbs the lower half of your body (you might be awake or lightly sedated).

Your anesthesiologist and surgeon will talk with you about what's best for you. The surgery usually takes 1 to 2 hours.

Length of Stay

Most people stay in the hospital for about five to seven days after surgery, but this can vary from person to person.

How long you stay will depend on your recovery, your overall health, and the support you have at home.

When you're ready, you'll continue your recovery and rehabilitation as an outpatient, with follow-up care from your surgical and rehabilitation teams.

Looking Ahead

After your amputation, your healthcare team will focus on helping you heal, build strength, and regain independence.

Some people might be fitted for a prosthesis (artificial leg) once healing, strength, and circulation allow. However, **not everyone is a candidate for a prosthesis**. Whether this option is right for you depends on your overall health, mobility goals, and how well your residual limb heals. Your care team will talk with you about the mobility options that best support your recovery and independence.

Preparing for Your Surgery

This section explains how to prepare for your surgery, including appointments before surgery, getting your home ready, and planning for recovery.

Pre-Admission Clinic Appointment

Before your surgery, you might get a phone call or have an appointment to review your health and medications and learn what to expect about the surgery. You might be asked to have tests or speak with a nurse, anesthesiologist, or other specialist.

Have a current list of all your medications, including how and when you take them, ready in case you get a phone call or have an appointment. You might also be given instructions, during the phone call or appointment, about

- when to stop eating and drinking before surgery, and/or
- which medications to take or stop before surgery.

Your healthcare team will make sure you have all the information you need to prepare for your surgery.

Getting Ready for and Recovering From Surgery Booklet

You should also be given a booklet called *Getting Ready for and Recovering From Surgery*. It has important information for anyone having surgery and covers topics that are not in this amputation-specific surgery booklet. It is best to read both booklets.

If you are not given a copy of the *Getting Ready for and Recovering From Surgery* booklet you can get one from the *Getting Ready for Surgery* page of Island Health's website: https://www.islandhealth.ca/health-topics/surgery/getting-ready-surgery

Prehabilitation Appointment

The goal of a prehabilitation (or *prehab*) appointment is to let you know what to expect during recovery and how to prepare for rehabilitation after surgery. We will help you set goals for your recovery. We might connect you with someone who has already had a similar surgery, so they can share their surgery and recovery experience and support you.

If your healthcare team recommends prehab, the outpatient rehab clinic will contact you to book an appointment soon after you decide to have surgery. It's helpful to bring a family member or support person with you to this appointment if possible.

Preparing Your Home Before Surgery

Home Assessment

Your rehabilitation team will help you plan for a safe return home.

- **If your surgery is scheduled in advance**, you might be referred to the Outpatient Amputation Clinic before surgery. If you attend the Outpatient Amputation Clinic, please bring a support person with you, if possible, and the information below, to help your team understand your home setup.
- **If your surgery happens urgently or while you are already in the hospital**, the rehabilitation team in the hospital will support you with planning and preparing your home for discharge. If you do not have an outpatient appointment before surgery, the hospital rehabilitation team will review the items below with you during your hospital stay.

Home Assessment Form

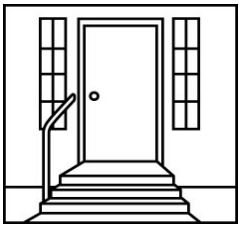
Stairs: Entrance		
Are there stairs outside your home?	☐ Yes ☐ No	Number of steps: _____
Do the stairs have a railing?	☐ Yes ☐ No	
How far is it to the door from ???		
What is the surface to the stairs (e.g., gravel, cement, sloped)?		
Is there a wheelchair-accessible entrance?	☐ Yes ☐ No	
Stairs: Inside		
Are there stairs inside your home?	☐ Yes ☐ No	
If yes, where do the stairs go (e.g., bedroom, bathroom)?		
Do the stairs have railings?	☐ Yes ☐ No	
Doorways and Hallways		
Note: Please state if you're measuring in inches or centimetres.		
How wide:		
• is the door into your home?		
• is your bathroom door?		
• is your bedroom door?		

• are your main hallways (the ones you will need to use when you get home)?	
Are there any raised thresholds between rooms?	☐ Yes ☐ No
Bathroom	
Note: Please include a photograph if you can.	
Type of shower	☐ Walk-in shower ☐ Tub/shower combination
Shower curtain or sliding door	☐ Shower curtain ☐ Sliding Door
Grab bar(s)	☐ Yes ☐ No
Non-slip surface	☐ Yes ☐ No
Handheld shower	☐ Yes ☐ No
Where are the faucet and hot/cold knobs? Please describe.	
Other Equipment	
Please list any other safety equipment in your home that can help prevent falls or slips, or that can help you do daily tasks on your own.	

Staying Safe in Your Home

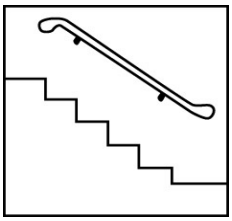
A safe home environment reduces your risk of falls and injuries. Review the tips below and speak to your rehabilitation team about changes you should make to your home before surgery.

Entrance:



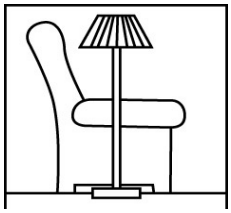
- Install at least one railing if you have steps.
- Keep walkways and landings clear of ice, snow, and clutter.
- Install non-slip treads if you have stairs.
- Consider a ramp if stairs will be difficult to manage.

Inside Stairs:



- Install sturdy handrails that extend beyond the top and bottom steps.
- Keep stairs clear of clutter
- Use non-slip treads if surfaces are slippery.

Living Areas:

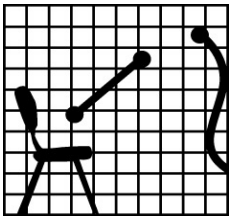


- Choose stable chairs that are easy to get in and out of. Avoid rockers or wheeled chairs.
- Arrange furniture to allow clear, wide paths for walking or using a wheelchair.
- Keep frequently used items within easy reach.

Kitchen:

- Store everyday items between shoulder and knee height.
- If you use a walking aid, look for a safe way to lift and carry items.
- Keep a fire extinguisher in the kitchen.

Bathroom:



- Use a non-slip mat or strips in the tub or shower.
- Do not stand in the tub, or shower on one leg.
- Bath seats, handheld showers, and grab bars make bathing safer. Your occupational therapist can recommend the right equipment.

General Safety:

- Make sure your home and stairways are well lit.
- Keep electrical and phone cords away from walking or wheeling areas; consider using a cordless phone.
- Use smoke detectors and check batteries regularly.
- Plan and pace your activities. Avoid chores when tired, as fatigue increases fall risk.
- Remove loose scatter rugs; if you use carpet, choose short, dense pile.
- Avoid highly waxed or slippery floors.
- Wear supportive footwear whenever you are up.
- If you live alone, plan for emergencies (e.g., medical alert system).

If you have any questions about making your home safer, please talk with your occupational therapist.

Getting the Equipment You Need at Home

After your surgery you might need some equipment to help you move safely and care for yourself at home. Your occupational therapist or physiotherapist will help you decide what you need and how to get it. Examples include a wheelchair, bath or shower chair, raised toilet seat, or grab bars. The list below has places where you can get equipment from.

Where to Get Equipment

Source	Details
Medical Supply Stores	• Local or online suppliers might rent or sell equipment and can often deliver or install items. • Some costs might be covered by extended health plans. Check your coverage.
Government Programs	• **Veterans Affairs Canada (VAC)** provides financial assistance for eligible veterans. • Website: https://www.veterans.gc.ca/en • Phone: 1-866-522-2122
Friends and Family	• Sometimes friends or family may have equipment you can borrow or use temporarily.
Red Cross Loan Cupboards www.redcross.ca Toll-free: 1-800-565-8000	• This program is for those who are unable to pay for equipment using their own income or savings and have no other funding immediately available. • Locations throughout B.C. • Provides free short-term equipment loans (about 3 months) to clients with financial hardship; donations are appreciated. • Equipment is limited and might not include everything you need. • Requires a signed Equipment Request Form from your occupational therapist or physiotherapist.
Island Health's *Medical Equipment for Home Use* webpage	• Website: https://www.islandhealth.ca/learn-about-health/medical-equipment-home-use
Ministry of Health	• People with disabilities status can often get coverage through the Ministry of Health website: https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-and-devices

Planning for Your Surgery & Recovery

This section includes reminders and suggestions to help you get ready for surgery, know what to expect while you're in hospital, and plan for your recovery at home.

The Weeks Before Surgery

- ❑ Review this booklet (and the *Getting Ready for and Recovering From Surgery* booklet) and bring it with you to appointments and to the hospital.
- ❑ Attend your Prehab session or Outpatient Amputation Clinic appointment if you are referred.
- ❑ Complete your Home Assessment Checklist and bring it to your Prehab session if you are referred.
- ❑ Choose a support person to help you after surgery, if possible.
- ❑ Arrange help with meals, laundry, groceries, and transportation for the first few weeks at home.
- ❑ Ensure your home is set up for your return. Your occupational therapist might arrange a home assessment if needed, either before surgery or while you are in the hospital.
- ❑ Let your surgeon's office know right away if you have a cold, flu, infection, or rash before surgery.
- ❑ If you smoke, try to quit before surgery to lower the risk of complications. Your healthcare team can provide support.
- ❑ Avoid alcohol, if possible, before surgery. This will help with your healing. Please talk to your care team if limiting alcohol might be difficult for you.
- ❑ Practice deep breathing and upper-body strengthening exercises as taught in your preadmission or rehab sessions.
- ❑ Follow all instructions from your preadmission clinic or surgeon about fasting, showering, and medications.
- ❑ Refer to the Getting Ready and Recovering from Surgery Booklet for all general surgery preparations.

The Day Before Surgery

- ❑ Pack what you need for the hospital, such as comfortable clothing, toiletries, this booklet and the *Getting Ready for and Recovering From Surgery* booklet.
- ❑ Follow the eating, drinking, and showering instructions provided by your care team.
- ❑ Confirm your arrival time with your surgeon's office.

While in Hospital

- ❑ Be an active partner in your recovery: ask questions, set small goals, and participate in therapy.
- ❑ Practice deep breathing and coughing exercises regularly.
- ❑ Follow your team's instructions for pain management, wound care, and mobility.
- ❑ Let your team know if you are in pain or if something doesn't feel right.

Before You Leave the Hospital

Before you leave the hospital, make sure you

- ❑ have your prescriptions, discharge instructions, and follow-up appointments,
- ❑ understand your pain management plan, and
- ❑ know who to contact if you have questions or concerns after discharge.

When you get home

- ❑ review this booklet and any handouts you are given,
- ❑ arrange transportation for follow-up appointments (family, friends, or HandiDART), and
- ❑ continue following your care team's instructions for wound care, exercises, and medications.

Your Care Team

You will partner with a team of healthcare professionals who specialize in amputation care, surgery, and rehabilitation. The team members you meet might be different, depending on the site and available resources, but they will all work together to support your surgery, recovery, and transition home.

Tip: You might want to write the team members' names in the list below, to help you keep track of who is on your care team.

Team Member	Role
Anesthesiologist	A doctor who gives you anesthesia (medicine to keep you comfortable during surgery). They monitor your breathing, heart rate, and comfort throughout your operation and recovery from anesthesia.
Dietitian	Ensures you are getting a healthy diet before and after surgery and provides nutrition education for you and your family, if needed.
Occupational Therapist (OT)	Helps you develop the skills to safely care for yourself at home. The OT will help arrange equipment and make recommendations for home safety and function.
Pharmacist	Reviews your medications and suggests changes as needed. They might teach you about your medications and give you a medication plan to follow at home.
Physiatrist	A physiatrist is a rehabilitation doctor. During your hospital stay and recovery the physiatrist works with the team on your rehabilitation plan and addresses any medical concerns as they arise. With input from the team, they may prescribe a prosthetic limb that could improve your function.
Physiotherapist	Assesses your strength, range of motion and overall functional mobility. Throughout your rehabilitation, they will work with you to help you achieve your mobility goals safely. This might include preparing you for, and training you how to use, a prosthetic limb.
Prosthetist	Designs, builds, and fits customized prosthetic limbs. Provides ongoing adjustments and education about how to use and care for your prosthesis. Works closely with the rehabilitation team to ensure your prosthesis fits your activity level and needs.

Nurses	Work with you to manage your care, give medications, and help with wound care and daily activities during your hospital stay. Nurses encourage you to do what you can for yourself to stay active and support your recovery. You might also meet nurses with special training, such as a Wound Care Nurse, Pain Nurse, Diabetes Nurse, or Clinical Nurse Leader.
Rehabilitation Assistant	Works with the physiotherapist and occupational therapist to support your rehabilitation program.
Social Worker	Provides emotional support for you and your family to help you cope with your amputation. The social worker can also help with housing, financial, paperwork and transportation concerns.
Surgeon	Performs your surgery and directs your medical care before, during, and after your operation.

During Your Hospital Stay

This section explains what to expect during your hospital stay, including surgery, pain management, wound care, rehabilitation, and emotional support as you begin your recovery.

Immediately Before and During Surgery

Reminder: You can review general information about preparing for surgery, checking in, and anesthesia in the *Getting Ready for and Recovering From Surgery* booklet (https://www.islandhealth.ca/sites/default/files/surgery/documents/getting-ready-recovering-from-surgery.pdf)

Before Your Surgery

You will meet with your anesthesiologist to discuss the type of anesthesia that's best for you.

- Many people have a spinal anesthetic, which numbs you from the chest down, or a general anesthetic, which puts you to sleep.
- Your surgeon and the operating room team will review your plan and answer any last questions.
- How long the surgery takes depends on whether your amputation is done below the knee or above the knee and any other medical conditions.

After Your Surgery

Recovering in the hospital after an amputation takes time. You will work with your care team to manage pain, regain strength, and learn new ways of getting around. Everyone's progress is different, but most people stay in hospital about 5-7 days before continuing recovery at home (or wherever you'll be staying) or in a rehabilitation program. Your stay in hospital might also include some time on a rehabilitation unit.

Right After Surgery

- You will wake up in the Recovery Room, where nurses and doctors will monitor you closely for a few hours before you move to the surgical unit.
- You might be given oxygen and have an IV line to give fluids and medicines.
- Your vital signs (pulse, blood pressure, temperature, breathing) will be checked regularly.
- You might have a drain near your incision (where they cut during surgery) to collect fluid or blood for the first day to week.

Managing Pain After Amputation

Pain is a normal part of healing, and your care team will help you manage it. You might have different types of pain or sensations right after surgery and later as you recover at home.

Pain Immediately After Surgery

Your goal in the first few days after surgery is to keep pain at a comfortable level so you can rest, breathe deeply, and begin gentle movement.

- **Pain medications:** You'll receive a combination of medicines such as acetaminophen, anti-inflammatories and, if needed, opioids (e.g., morphine or hydromorphone).
- **Nerve block catheter:** Some people have a small tube placed near the nerves in their leg that delivers numbing medicine for several days. This helps reduce pain in the residual limb.
- **Other supports:** Your team might use gentle positioning and early movement to help keep pain under control.
- **Communication:** Tell your nurse if your pain is not well managed. It's easier to control pain when you treat it early.

Types of Pain and Sensations

- **Surgical pain:** This is pain from the incision and surrounding area as your body heals. It's normal and will gradually get decrease over time.
- **Residual limb pain:** Pain in the remaining part of your limb after surgery. This is expected and usually improves as healing continues.
- **Phantom limb pain and sensations:** Sometimes people feel sensations or pain where the limb used to be. This is called *phantom limb sensation* and *phantom limb pain*. This happens because your brain needs time to adjust to the fact that your leg is missing.
    - Be careful when getting out of bed; remember that your leg is gone.
    - Phantom pain can feel like burning, prickling, squeezing, stabbing, cramping, or electric shocks. It's common and usually improves with time. You might also have phantom sensations that are not painful; for example, your missing foot or toes may feel itchy even though they are no longer there.

Managing Phantom Pain

There are many treatments that can help manage phantom pain. Your rehabilitation team or pain specialist will help you find what works best for you.

Options might include

- Wrapping your residual limb with an elastic bandage, wearing your shrinker, or wearing your prosthesis.
- Massaging your residual limb or the same area on your other leg (for example, if your left foot is amputated and hurts, rub the same spot on your right foot).
- Gentle movement and physiotherapy. Getting out of bed when it is safe and moving can help reduce pain.
- Relaxation or distraction techniques such as breathing exercises, meditation, music, or visiting with friends.
- Mirror therapy, which uses reflection to retrain your brain and help reduce phantom pain.
- Medications for nerve pain, such as gabapentin, pregabalin, or amitriptyline.

You will be given pain medication regularly. Let your nurse know if your pain isn't controlled.

Some people have a peripheral nerve catheter or nerve block placed by the anesthesiologist or surgeon. This small tube delivers numbing medicine near the nerves of your residual limb to help manage pain. It usually stays in for a few days.

You might also be given other pain medicines by mouth or through your IV to keep you comfortable.

Ongoing and Longer-Term Pain Management

As you heal and begin rehabilitation, your pain might change. You might notice phantom sensations or sensitivity in your residual limb occasionally. Your care team will adjust your medications and therapies as needed.

Don't drive, drink alcohol, or use recreational substances while taking opioid medication.

If you develop new or persistent pain months or years later, it could be from a neuroma (a small nerve ball). If this happens, talk to your physiatrist or prosthetist. There are treatments that can help.

Incision and Dressings

Your incision will be closed with staples (clips) or stitches. After surgery, your leg will be covered by a thick dressing, sometimes attached to a wound vacuum (known as a "wound-vac" dressing) to help with healing and drainage.

Your surgeon will decide when this initial dressing will be removed and replaced with a lighter one. At some hospital sites, the first dressing is often removed about 2 days after surgery, but this can vary depending on your surgeon, your healing progress, and the type of dressing used. Some might have a wound-vac dressing applied in the operating room; this is usually removed about 7 days after surgery, depending on your surgeon's instructions.

What to Expect as Your Incision Heals

Everyone heals at a different pace. How quickly your incision heals will depend on things such as your overall health, circulation, nutrition, medications, and some medical conditions you may have.

As your incision heals, you might notice

- mild swelling, bruising, or tenderness around the incision,
- a small amount of drainage on the dressing, especially in the first few days after surgery, and
- gradual improvement in discomfort and swelling over time.

Your healthcare team will give you instructions about

- how to care for your incision and dressing,
- when your dressing can be changed or removed,
- when it is safe to shower,
- when your staples or sutures can be removed, and
- what activities are safe as you recover.

Follow your team's instructions and let them know if you have any concerns about how your incision looks or feels.

Caring for Your Residual Limb

Once your staples or stitches are **removed** and your incision has **healed**

- Keep the area clean and protected.
- Wash your hands well before and after touching your residual limb.
- wash your residual limb every day with warm water and mild soap; use cotton swabs for skin folds, rinse well, and pat dry with a clean towel.
- Check your residual limb daily for redness, swelling, bruising, or open areas. Use a hand mirror to check the back for signs of pressure or infection, such as swelling, redness, bruising, open cuts or scrapes or hot spots. Some swelling and bruising are normal for the first few weeks.
- Do not touch or pick at scabs or wounds. Report any new or worsening redness, drainage, or pain to your care team.
- Do not use a heating pad or ice on your residual limb.
- Do not soak in a hot tub, bath or swimming pool for at least 2 weeks after your stitches/stapes are removed and your incision is completely healed.
- You can massage *unscented* lotion into healthy, healed skin (avoid open areas). It's best to apply lotion at night.
- Touch and gently massage your residual limb regularly to reduce sensitivity and help you get used to how it feels.
- Always protect your residual limb from bumps and injury. Your prosthetist might give you a protective cover or device.

If Healing Takes Longer

Sometimes incisions take extra time to heal or need more care. If this happens, your team will arrange community supports or referrals for home wound care. Tell your nurse or doctor if you notice any new drainage, separation, or odor.

Compression and Shaping for Your Residual Limb

Once your incision is healing and your surgeon says it's safe, your residual limb will be wrapped with an elastic wrap (such as a Shur-Band®) or a light tensor sock. This helps control swelling, protects your incision, and shapes your limb for a future prosthesis.

Keep the wrap or tensor sock on at all times, except when bathing. Try not to leave it off for more than 20 minutes. When it's off, check your skin for pressure areas, gently massage your limb, and then rewrap it.

If you are using a Shur-Band, remove and reapply it every 4 hours, or sooner if it feels loose, slides down, or becomes too tight or painful. You will be taught how to use a Shur-Band while you are in the hospital.

As your incision heals and the staples or stitches are removed, you might be fitted for a shrinker sock by a prosthetist. This tight elastic sock replaces the wrap and helps keep swelling down and shape your limb for a prosthesis.

Caring for your bandage or shrinker sock

- Wash your bandage or sock by hand once a week, or more often if it gets dirty.
- Wash the sock that touches your skin every day.
- Use warm water and a gentle soap (such as Woolite™ or Ivory Snow™).
- Rinse well, until the water runs clear.
- Lay flat to dry away from heat. Do not use a dryer, as heat can damage the elastic.

Positioning and Preventing Contractures

After your surgery, how you position your body and residual limb is very important.

If a limb stays in one position for too long, the muscles can tighten and shorten. This can cause stiffness or something called a *contracture*, which means a joint cannot move through its full range. Contractures can make movement more difficult and could affect your ability to use a prosthesis. It is much easier to prevent contractures than to correct them later, so positioning is an important part of your recovery.

Tips for good positioning:

- When lying in bed, keep your spine and hips flat.
- If sleeping in a hospital bed, work towards lowering the head of the bed to make it flat.
- When lying on your back, do not put a pillow under your hip or knee, between your thighs, or under your lower back.
- Avoid resting your residual limb on your crutch handle.
- Avoid hanging your residual limb over the edge of the bed.
- Keep your knee straight while sitting in a chair.
- Avoid crossing your legs.
- If you have an amp board, make sure you use it correctly to support your knee.
- Avoid bearing weight on the end of your residual limb.

Exercises

These are exercises you will learn in the hospital to help maintain your muscle strength and range of movement.

It is normal to have some increased discomfort during physical activity or physiotherapy sessions. It can be helpful to take pain medication 1 or 2 hours before doing any of these activities in the first weeks after surgery.

- Do all the exercises that your therapist has put a check mark next to on the list of exercises on the next pages of this booklet. Do them every day, 2 to 3 times a day.
- Do each exercise 10 times, unless you were told differently by your physiotherapist or occupational therapist.

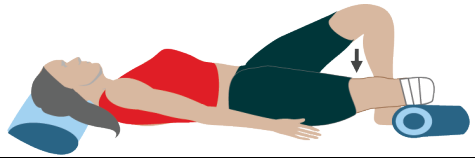
Leg Exercises

Exercise 1: Ankle Pumps ☐

- Lie on your back.
- Without moving your knee, pull your foot and toes up towards your head as far as possible.
- Next, point your foot and toes down as far as possible.

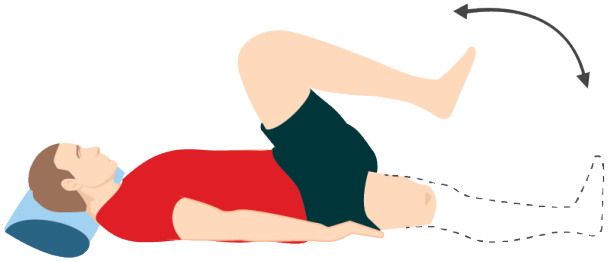
Exercise 2: Quadriceps Set ☐

- Lie on your back.
- Keep your residual limb straight and bend the other leg.
- Keep your legs close together.
- Straighten the knee on your residual limb as much as possible, tightening the muscles on top of the thigh.
- Try to press the back of your knee into the bed. Hold for 5 seconds and then relax.



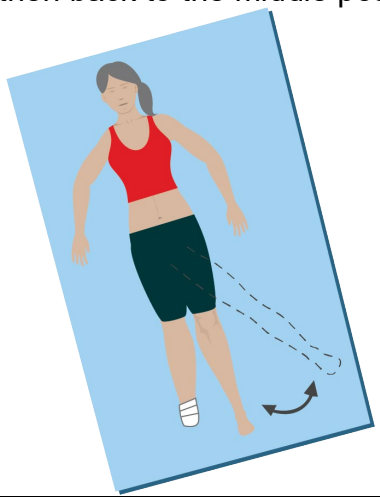
Exercise 3: Hip & Knee Flexion and Extension ☐

- Lie on your back.
- Bend and straighten your leg.



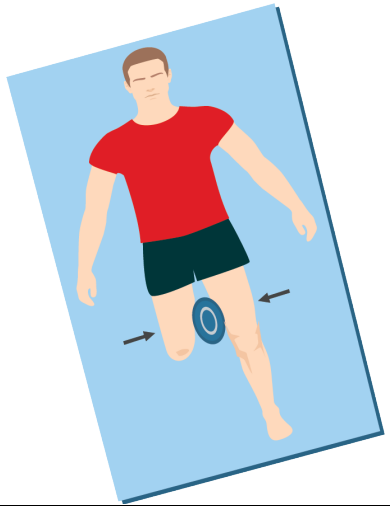
Exercise 4: Hip Abduction, Lying ☐

- Lie on your back. Keep your toes pointing up.
- Slowly bring your leg out to the side and then back to the middle position.



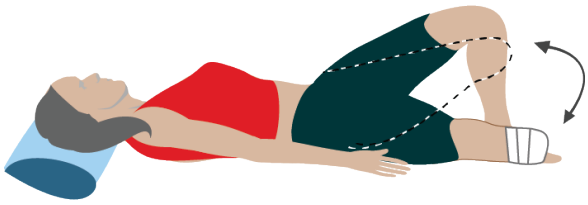
Exercise 5: Inner Thigh Pillow Squeezes ☐

- Lie flat on your back or sit upright.
- Place a pillow or rolled towel between your legs.
- Squeeze the pillow.



Exercise 6: Straight Leg Raise (Hip Flexion) ☐

- Lie on your back.
- Keep your residual limb straight and bend the other leg.
- Keep your legs close together.
- Straighten your residual limb as much as possible, tightening the muscles on top of the thigh.
- Raise your residual limb off the bed approximately 4 inches (20cm) and hold for 5 seconds.
- Slowly Return to the starting position and relax.



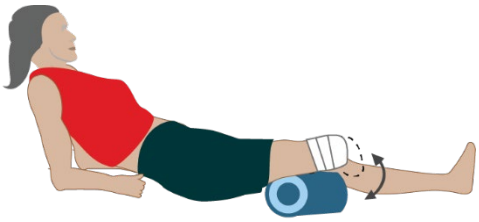
Exercise 7: Bridging ☐

- Lie on your back with your sound limb knee bent and your foot on the bed; your residual limb will rest on a bolster or tightly rolled towel.

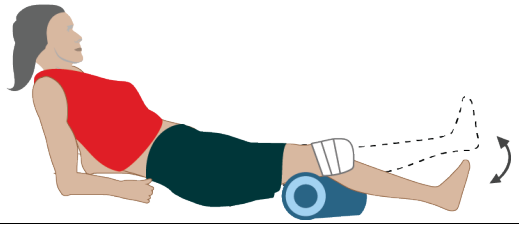
Using your hands for balance, push down with your sound limb foot and your residual limb thigh, and lift your buttocks until your hips straighten.

Exercise 8: Quads Over a Roll (Knee Extension ☐

- Lie on your back with a large towel roll under the knee of your residual limb and the other leg straight on the bed.
- Straighten the knee of your residual limb and hold for 5 seconds.
- Slowly return to the starting position and relax.

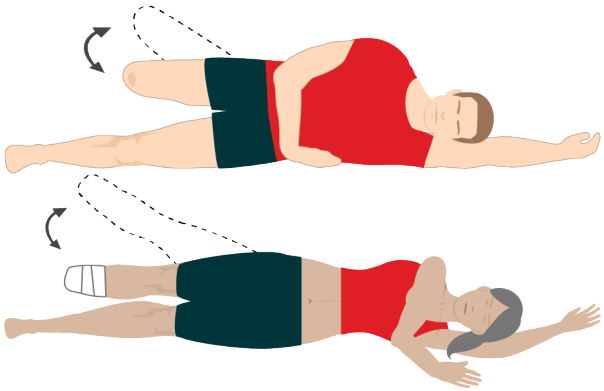


- Repeat with your other leg.



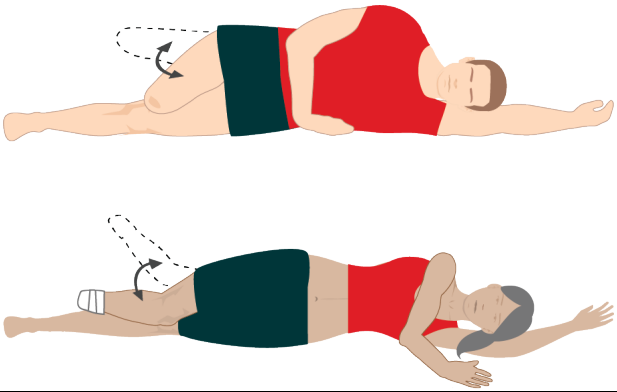
Exercise 9: Hip Abduction While Lying on Your Side ☐

- Lie on your side.
- Your residual limb should be on top.
- Slowly lift your residual limb upward. Be careful not to roll your hip backward.
- Slowly return to the starting position and relax.



Exercise 10: Hip Flexion and Extension While Lying on Your Side ☐

- Lie on your side.
- Slowly swing top leg forward then backward.
- Do not arch your low back when swinging back.
- Turn and repeat with other leg.

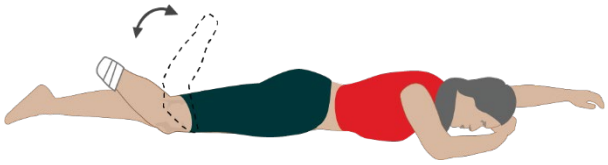


Exercise 11: Hip Extension while Lying on Your Stomach ☐

- Lie flat on your stomach with your arms folded under your head.
- Keep both legs straight and close together.
- Lift your residual limb off the bed as high as you can without arching your back.

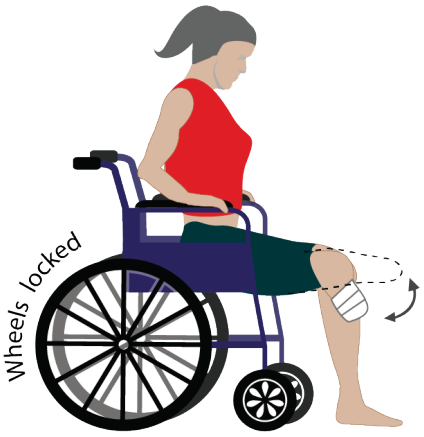
Exercise 12: Hamstring Curls (Knee Flexion) ☐

- Lie flat on your stomach with your arms folded under your head.
- Keep your legs straight and close together.
- Slowly bend the knee of your residual limb, bringing it toward your buttocks.
- Slowly return to the starting position and relax. Repeat with your other leg.



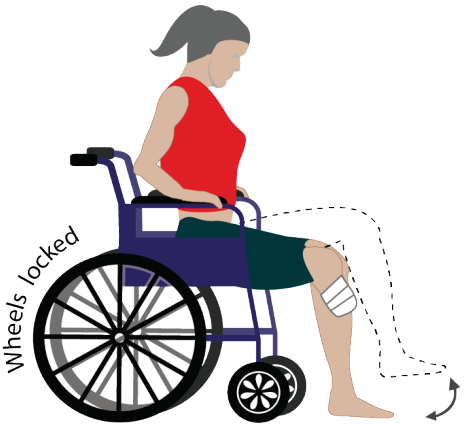
Exercise 13: Knee Extension While Sitting ☐

- Sit up straight at the edge of your bed, chair or wheelchair. Put your hands at your side for support.
- Straighten your knee and tighten your thigh muscle. Hold for 5 seconds.
- Slowly return to the starting position and relax.



Exercise 14: Hip Flexion While Sitting ☐

- Sit up straight at the edge of your bed, chair or wheelchair. Put your hands at your side for support.
- Straighten your knee and tighten your thigh muscle. Hold for 5 seconds.
- Slowly return to the starting position and relax.



Exercise 15: Hamstring Stretch ☐

- Sit on a flat surface with your residual limb straight out in front of you with your knee straight.
- Your other leg can either be bent in a comfortable position or off the side of the bed.
- Gently lean forward and reach past the end of your residual limb until a gentle stretch is felt on the back of your residual limb.
- Hold the stretch for ____ sec, repeat ____ times.

Exercise 16: Hip Flexor Stretch ☐

- On a flat surface, roll over onto your stomach.
- Lie with both legs straight and close together.
- Remain in this position for _____ sec or min for a prolonged stretch as tolerated. Do this _____ times per day.

Arm Exercises

Exercise 17: Biceps (Elbow Flexion) ☐

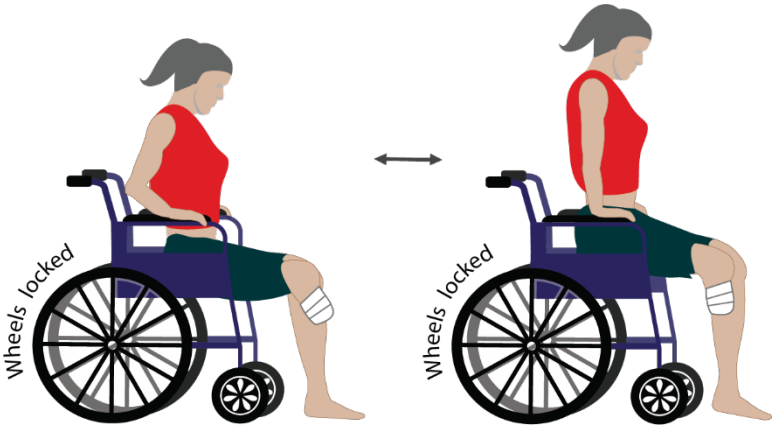
- Sit up straight at the edge of your bed, chair or wheelchair.
- Let your arms hang down. Turn your palms upward.
- Bend, and then straighten, one elbow. Repeat with the other elbow.
- You can do this exercise while holding a ____ kg (lb) weight.

Exercise 18: Triceps (Elbow Extension) ☐

- Sit up straight at the edge of your bed, chair or wheelchair.
- Bring the arm to be exercised up with the elbow pointing to the ceiling.
- Support the elbow with the other hand.
- Straighten the arm holding the weight toward the ceiling.
- Slowly return to the starting position and relax.
- After your 10 repetitions, repeat this exercise for the other arm.
- You may do this exercise while holding a ____ kg (lb) weight.

Exercise 19: Wheelchair Push-Ups ☐

- Rest your hands comfortably on top of the armrests of the wheelchair.
- Push downward into the armrest, straightening your elbow, raising your buttocks off the wheelchair.
- Pause and slowly lower yourself to the resting surface.



Emotions After An Amputation

The amputation of a leg is a major loss. It is similar to the death of a good friend or family member. When you are grieving this loss, you might feel many emotions, such as:

- Anger
- Depression/sadness
- Frustration
- Hopelessness
- Denial
- Fear
- Guilt
- Relief

It is very common and normal for these emotions to come and go at different times during your recovery. Although these emotions can be uncomfortable, experiencing them may help you to adjust to your amputation.

Everyone has their own way of adjusting to amputation. You are not alone in learning to cope with your amputation. Sharing your feelings with others may help to ease the stress you are feeling.

Families are also affected by amputations; they might feel many of the same emotions you are feeling. Sharing your concerns and information about your progress with your family helps them to support you as you become more independent.

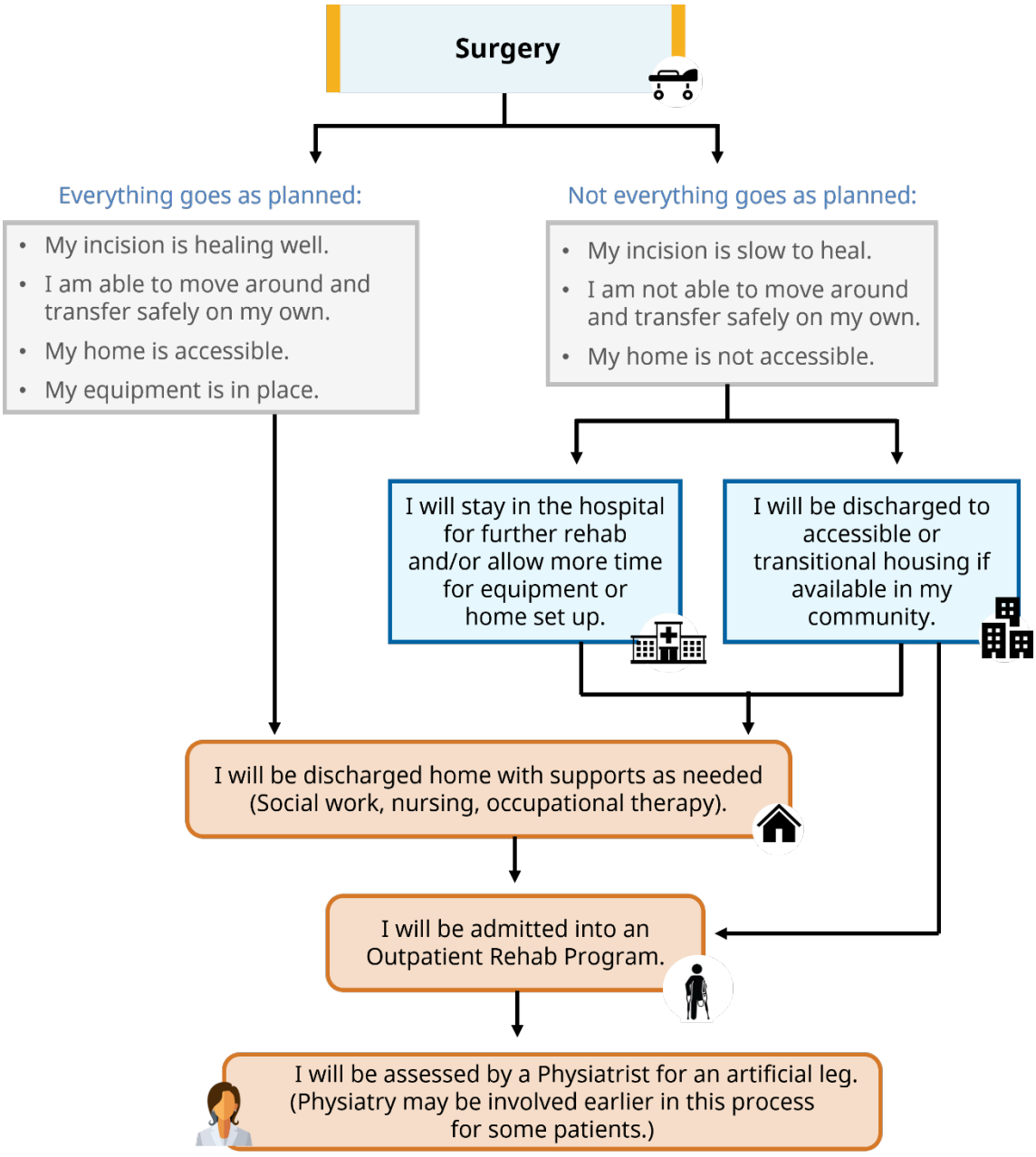
Social support can be helpful following an amputation. Talk to your care team if you are interested.

Options include:

- Peer Visitor Program. More experienced people with amputations provide one-on-one peer support to people who have had more recent amputations (partnership with the Amputee Coalition of Canada).
- Amputee Support and Education Groups. This group meets in person or virtually to share lived experiences, including frustrations and hope!

A social worker or spiritual health provider might be available to meet with you in the hospital. They can provide support to help you adjust to the amputation or help with other personal issues that might be affecting your ability to cope.

What Happens After My Surgery?



Healthy Living After Amputation Surgery

- If you smoke, stop or reduce smoking. Talk to your family doctor or healthcare provider if you want to quit and need help. This will help your circulation and residual limb healing.
- Eat a balanced diet. Your healthcare provider can connect you with a dietician if needed. Exercise daily.
- Clean and dry your skin every day.
- Check your skin for changes every day.
- If you have diabetes, manage it well so blood sugars are kept within range as prescribed by your family doctor or health care provider.
- Manage other medical conditions such as high blood pressure or seizures as prescribed by your family doctor or health care provider.
- Plan for several rest periods during the day.
- Avoid caffeine and other stimulants before bedtime.
- Pace yourself. Do not push yourself. Regular rest is an important part of your healing process.

Getting Around

Most people with leg amputations will use a wheelchair to get around at first. Hopping with a walker or crutches is not often recommended because it is very hard on the joints, muscles, lungs and heart, it requires a lot of energy and balance and may result in damage to the remaining foot or cause other problems that slow your recovery. It is best to assume you will primarily use a wheelchair to move around after surgery.

Most people with leg amputations will transfer from their wheelchair to the toilet or bed by scooting their bottom from surface to surface. Your rehab team will teach you the safest transfer method for you. They will also teach you how to safely use your wheelchair.

Equipment, such as a wheelchair, will be required long term. Even if you do receive a prosthesis, there will be times you are unable to wear it, such as when washing your prosthetic liner, during recovery from an injury, or when you need extra stability.

Your rehab team will help you plan for the equipment you'll need both now and in the long term.

Wheelchair Safety

Wheelchair safety is very important to prevent falls. Falls may injure your residual limb and delay wound healing.

Lock both sides of your wheelchair whenever you

- are stopped,
- plan to get in or out of the wheelchair,
- want to pick something up off the floor,
- want to reach for something, and
- are in a wheelchair taxi or HandyDART.

Transferring

Whenever you move into your wheelchair from another surface, or out of your wheelchair to another surface (such as a car seat, toilet, chair or bed)

- remove footrests, and
- position the wheelchair as close as possible to the other surface, while leaving room for you to pivot.

Stay alert. Always be aware of what is going on around you to avoid hitting someone or something.

Healthy Eating

For the first day after surgery you will start with clear fluids such as broth and fruit juices. On the evening of your surgery you can eat a light meal. You can start normal eating the day after surgery.

Your healthcare might have a dietician work with you to make sure you are getting enough nutrition for recovery and to keep you healthy. You will need to eat enough calories and protein to help your wound heal, boost your immune system and prevent infection. A healthy balanced diet will help you recover quickly and heal.

Drink at least 6-8 cups of fluid every day.

If you are taking narcotic painkillers (e.g. Dilaudid, Tylenol® #3, Tramacet™, morphine), eat high-fibre foods such as fresh fruits, vegetables, whole grain breads and cereals to avoid constipation.

Going to the Bathroom

- Avoid constipation and forceful straining during voiding and bowel movements
- Increase fluids, activity and fibre in the diet to help reduce the chance of constipation.
- Sometimes a mild laxative might be needed.

Getting Ready to Leave the Hospital

Our goal is for you to return home (or wherever you will be staying). You can live at home while your wound heals. During this time, you will be in contact with the Outpatient Amputee Clinic for ongoing support.

You are ready to go home when

- your health is stable,
- you can to get in and out of bed,
- you can wash and dress
- you can safely get around
- you have arranged for help at home for the first few weeks,
- you have arranged for equipment and supplies,
- you can manage stairs (if you have them) and you have prepared your home for safety,
- you have had a bowel movement, and
- you can safely get into a car.

Recovering from Surgery at Home

This section provides information to help you recover safely at home, including medications, returning to daily activities, and learning about prosthetic options and care.

Medications

Restart all the medications you took before surgery, unless your doctor tells you not to.

Managing Stress

Take the time to heal. Rest often, eat well, and generally take good care of yourself. This will help your recovery. If you are concerned about your emotional health, contact the Outpatient Amputee Clinic.

Returning to Work

Your doctor and your rehabilitation specialist will work with you to decide when you can go back to work. Expect to be off work for at least a few months. There are many things that affect when one would return to work, including: wound healing, ability to walk with the prosthesis, prosthetic comfort and fit, and the type of job you did before the amputation. Your work environment might need to be adapted.

Driving

Do not drive until you have talked to your surgeon or family doctor.

If you have a driver's license, your doctor is required by law to inform the Ministry of Transportation of your amputation. If and when you are ready to drive again, you might need to renew your license by being retested to prove you can drive as a person with an amputation.

You can get a Disability Parking Permit by completing an application form, signed by your doctor, to SPARC BC. Forms are available from SPARC BC, online (https://www.sparc.bc.ca/parking-permits/) or by phone (604-718-7744).

Artificial Leg (Prosthesis)

Will I Get Prosthesis?

The decision to get a prosthesis is a joint decision made by you, in consultation with your doctor, physiatrist, prosthetist and sometimes your family or caregivers. There are many factors that play a role in this decision, and not every person who has an amputation will get a prosthesis.

Factors that influence this decision include

- your activity level and strength before the amputation,
- the type of amputation,
- the range of motion in your knee and hip after the amputation, and
- your goals and wishes.

To be able to safely use a prosthesis you must

- be in good general health,
- have a completely healed incision,
- be able to balance on one leg,
- have the mental ability to learn to walk safely with a prosthesis (in general, it is much easier to learn to use a below knee prosthesis than an above the knee prosthesis),
- be able to straighten your knee (if you have a below knee amputation),
- have the ability to care for a prosthesis, and
- have the physical energy to walk with a prosthesis. It takes more energy to walk with a prosthesis than with two legs. If you can stand up on one leg and hop with a walker, you probably have enough energy to use a prosthesis.

Getting Your Prosthesis

If you are eligible for a prosthesis, a prosthetist will design and fit you with one. The prosthetist will take a mould of your residual limb. This mold will be used to make your prosthesis. There are a variety of types of prosthesis styles. Your prosthetist will select the best option for you based on your level of amputation, mobility and goals.

Paying for Your Prosthesis

You are responsible for paying for your prosthesis. You may be able to get help with the costs through your insurance. You must be registered with Fair Pharmacare to get coverage. Learn more about Fair Pharmacare by calling 1-800-663-7100 or visiting https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan

Remaining costs might be partially covered by private medical insurance, War Amps, Indigenous Services Canada (if applicable), Insurance Corporation of British Columbia (if applicable), Work Safe BC (if applicable) or by private funds. If finances are very limited, community resources might be able to help with funding. Your healthcare team will discuss prices and financing with you.

Learning How to Use Your Prosthesis

During “gait training” you will learn how to walk with your prosthesis. You will follow these 4 steps:

1. Learning to transfer your weight on your prosthesis.
2. Walking between parallel bars.
3. Using a walker to walk.
4. Using 1or 2 canes to walk.

You might or might not be able to reach step 4. This will depend on your physical condition, prosthetic comfort and skin integrity. You might have some discomfort while you learn to walk, but this will decrease as you progress with walking.

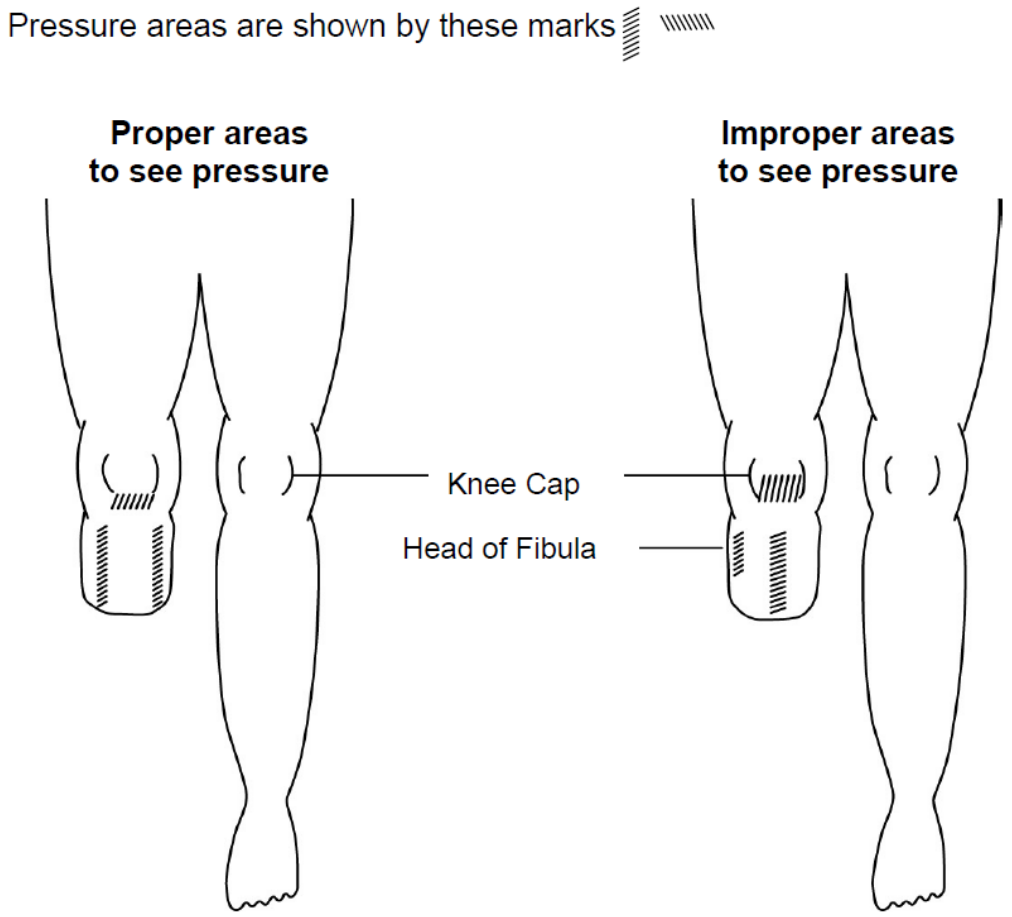
Along with learning how to walk, you will also learn about

- going up and down stairs,
- walking on rough ground,
- getting on and off sidewalk curbs,
- walking up and down ramps, and
- getting up off the floor.

Checking Your Residual Limb

You will want to avoid getting blisters or pressure sores when you are learning to wear a prosthesis. Check your residual limb frequently during the day for signs of pressure. Pressure is seen as red areas on your skin. If this happens, stop wearing your prosthesis right away and tell your prosthetist and healthcare team. Your prosthetist may be able to adjust your prosthesis to make you more comfortable.

These drawings will help you learn the proper areas to see pressure on your residual limb.



Adjusting Residual Limb Socks

Your residual limb will shrink in size over the next few months. You may notice new pressure areas. If this happens, you will need to adjust your socks to keep your prosthesis fitting correctly. You might also need to adjust your socks if you gain weight. You will get directions for how to adjust your socks from your physiotherapist, physiatrist or prosthetist. In time, you might need a new prosthesis.

If you have questions about number of socks to use or if you think you need more socks, speak to your prosthetist.

Care for Your Prosthesis

- If your prosthesis has a liner, use warm water and an unscented mild soap to wash the inside sticky part of the liner. Rinse well, then either allow it to air dry, or pat dry with a lint-free material. Do this daily.
- If your prosthesis does not have a liner, wipe out the socket each night with a damp cloth and mild soap.
- Check each night that your prosthetic foot (and knee, if present) is not loose. You can check by holding the metal pilon and try to move the foot and then the socket. If there is looseness take the prosthesis off and contact your prosthetist. Do not continue to wear the prosthesis. A clicking sound may also indicate looseness.
- Do not grind, cut or change the prosthesis yourself. See your prosthetist if you feel it needs adjusting.

You will be seen regularly by your prosthetist to check your progress and make necessary adjustments following being fit with a prosthesis.

Caring for Your Residual Limb After Getting a Prosthesis

Once you start wearing your prosthesis:

- Continue to follow the directions on pages 19-20 of this booklet on how to care for your residual limb.
- Remove your prosthesis several times a day to check your skin.
- Check your residual limb for
    - size (normal or swollen),
    - colour (reddened, bruised or normal),
    - open areas (cuts, scrapes)
    - temperature (normal or hot spots), and
    - sore spots.
- Remove your prosthesis when lying down.
- Always wear your shrinker when you are not wearing your prosthesis, and when you go to bed at night.

Caring for Your Other Leg (Intact Limb)

- Check the skin of your other leg twice a day. Use a mirror in good light to help see the bottom of your foot. Always check between toes for sores, blisters, cracks or dry skin. If your vision is poor, ask for help with this.
- Wash your remaining leg every night. Rinse well. Pat dry, especially between your toes.
- Apply lotion to dry skin at night. Do not put lotion between your toes.
- Keep your toenails short and cut straight across. If you need help, have a podiatrist or foot care nurse cut your toenails.
- Avoid activities that could bump, cut or scratch your skin.
- Wear wool or cotton socks. These socks absorb perspiration.
- Wear a shoe that fits well and supports your foot. Soft-soled, laced shoes are best. Ask your prosthetist for information on choosing the right shoes.
- Take off your shoe every 4 to 5 hours. Check your foot for signs of pressure from your sock or shoe.

If you develop a blister or sore on your foot, arrange to see your family doctor or podiatrist right away.

- **Do not** walk barefoot.
- **Do not** wear shoes without socks.
- **Do not** use adhesive tape on your foot
- **Do not** soak your foot
- **Do not** try to remove corns or calluses. **Do not** use corn plasters.
- **Do not** wear socks that have tight elastic bands around the top.
- **Do not** expose your residual limb or remaining leg to extreme temperatures.
- **Do not** use a heating pad or ice.
- **Do not** wear flip flops or sandals where a strap goes between your great toe and second toe.

Resources

Support Groups

Victoria Peer Visitor Program

- Island Health's Outpatient Amputee Clinic will arrange this.

Mid-Island Amputee Peer Support Group (also supports North Island in person or virtually)

- Phone: 250-755-7981

Amputee-Specific Resources

Amputee Coalition of British Columbia

- Provides a thorough list of benefits available for people living with limb loss.
- Website: https://www.amputees.ca/benefits

Amputee Coalition of Canada

- Support, education, and peer connection for people living with limb loss or limb difference. Programs include peer support and help finding local resources.
- Website: www.amputeecoalitioncanada.org

Thrive Magazine – Living Well with Limb Loss

- Online Canadian magazine, videos, podcasts, resources.
- Website: https://thrivemag.ca/

War Amps National Amputee Centre

- Provides information and support to amputees and their families about living with amputation and related resources.
- Phone: 1-877-622-2472 or Victoria 250- 589-3722
- Email: nac@waramps.ca
- Website: https://www.waramps.ca/nac/home.html

Peer and Social Support

Peer Visitor Program

- This program is run through the Amputee Coalition of Canada. A trained peer visitor who has experienced limb loss is matched with a newer amputee.
- Central phone contact: 250-755-7981.
- Matches can also be made through the Amputee Coalition of Canada's website: www.amputeecoalitioncanada.org

GF Strong Amputee Education and Support Group

- Amputee Support Group hybrid attendance either in-person or virtual.
- Phone: 778-870-0326

Disease- and Health-Based Organizations

BC Cancer Agency

- BC Cancer Agency provides a financial information brochure for patients with cancer in an interactive format.
- Website: https://www.bccancer.bc.ca/health-info/coping-with-cancer/practical-support/financial-assistance

Diabetes Canada

- Education regarding diabetes, management and nutrition.
- Website: https://www.diabetes.ca

HealthLinkBC

- Free, non-emergency health information for people in BC. Speak with a nurse, pharmacist, or dietitian. Interpretation services are available in many languages.
- Phone: 811 (or 711 for deaf or hard of hearing)
- Website: https://www.healthlinkbc.ca

Island Health Community Virtual Care

- Community Virtual Care offers a free, chronic disease management program to help support and educate you to better manage your health.
- Website: https://www.islandhealth.ca/services/community-health-services/manage-your-health-phone-or-video-community-virtual-care

Island Health Community Access Centre

- Community and home-based health services, including short-term support after surgery. Community nursing (such as wound care) can be arranged if needed. You can self-refer by phone; a doctor's referral is not required.
  - Phone, South Island: 250-388-2273
  - Phone, Central Island: 250-739-5749
  - Phone, North Island: 250-331-8570
- https://www.islandhealth.ca/our-services/community-health-services/home-care-services

Kidney Foundation of Canada BC and Yukon Branch

- Short-term financial assistance may be available to people living with kidney disease to help offset the cost of medications and other medical expenses.
- Website: https://kidney.ca/en/support/programs-and-services/short-term-financial-assistance

General Disability-Related

Government of BC:

- Supports and Services for People with Disabilities:
- Website: https://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities

Prepared BC – Resources for People with Disabilities

- A free guide to help people with disabilities plan for emergencies. Includes tips for making an emergency plan, building an emergency kit, and identifying supports you may need.
- Document (PDF): https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/preparedbc/preparedbc-guides/preparedbc_emergency_preparedness_for_people_w_disability.pdf

Prosthetics and Orthotics Association of British Columbia (POABC)

- Website: https://poabc.ca/
- Find a prosthetist (website): https://poabc.ca/contact/

Financial Benefits and Support: Provincial

Disability Alliance of BC

- An important advocacy resource. Provides assistance disability-related applications.
- Phone: 1-800-663-1278 or 1-604-872-1278)
- Email: rdsp@disabilityalliancebc.org
- Website: http://disabilityalliancebc.org

Persons with Disability – Ministry of Social Development and Poverty Reduction

- Phone: 1-866-866-0800.
- Website: https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/access-services

Financial Benefits and Support: Federal

Canada Pension Plan (CPP) Disability Benefits

- Information about possible financial supports for people living with long-term disability.
- Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp-disability-benefit.html

Disability Tax Credit – Canada Revenue Agency

- Tax credits are available for people with disabilities and who have a taxable income. The application is completed by your doctor and applies to people who have who have a "markedly or significantly restricted" impairment in activities of daily living.
- Phone: 1-800-959-8281 (CRA).
- Website: http://www.cra-arc.gc.ca/tx/ndvdls/sgmnts/dsblts/menu-eng.html?=sink

Veterans Affairs Canada

- Information about programs and services available for Canadian veterans and their families.
- Phone: 1-866-522-2122
- Website: https://www.veterans.gc.ca

Transportation-Related

BC Ferries discount

- BC Ferries have discount fares that are available for BC residents who have a permanent disability. This applies only for passenger fare. You require a valid BC Ferries Disability Status Identification (DSI) card, along with government issued photo ID.
- This is the link for BC Ferries Applying for a Disabled Status Identification Card: https://www.bcferries.com/travel_planning/disabilities.html

Disability Travel Card

- If you have a permanent disability and require the assistance of a support person when travelling with VIA Rail and Coach Canada, you can apply for this card. The support person travels at a reduced rate.
- Document (PDF): https://easterseals.ca/wp-content/uploads/2021/07/Disability-Travel-Card-Application-Form-EN.pdf

Federal Excise Gasoline Tax Refund Program

- This program refunds a portion of the federal excise tax on gasoline if you have a permanent disability and cannot safely use public transportation.
- Phone: 1-877-432-5472.
- Website: https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/excise-gasoline-tax-refund.html

GST/HST Specially Equipped Motor Vehicle Rebate Application

- This form is used to claim a specially equipped motor vehicle rebate if you paid GST/HST on the purchase of a qualifying motor vehicle, a modification service performed on your motor vehicle, the importation of a qualifying motor vehicle, or bringing a qualifying motor vehicle into a participating province from a non-participating province.
- Website: https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/gst518.html

HandiDART

- Accessible, door-to-door transit for people who cannot use regular public buses due to a disability. Registration and advance booking are required. Ask your PT or OT to assist with a HandyDART application.
- Website: https://www.bctransit.com (enter your local area into the search bar to find specific application form)

Insurance Corporation of British Columbia (ICBC)

- ICBC Disability Discounts: Disability discount on the Basic Autoplan and a senior's rate class. Persons with disabilities and people eligible for the Fuel Tax Credit program may qualify for a 25% discount on the Basic Auto plan.
- Phone: 1-800-910-4222
- Website: https://www.icbc.com/brochures/Pages/disability-discount.aspx

Parking Placard: SPARC BC

- Information about the Parking Permit Program for People with Disabilities in British Columbia.
- Phone: 604-718-7744
- Website: https://www.sparc.bc.ca

Provincial Fuel Tax Refund

- Persons with disabilities are eligible for a motor fuel tax refund on fuel used in their vehicles. People with limb amputations qualify for this.
- Phone: 1-877-388-4440.
- Website: https://www2.gov.bc.ca/gov/content/taxes/sales-taxes/motor-fuel-carbon-tax/

Travel Assistance Program (TAP BC)

- Information on assistance with travel for non-emergency medical services when you must travel outside your community for care. TAP helps connect eligible BC residents with transportation discounts and support options.
- Phone: 1-800-661-2668
- Website: https://www2.gov.bc.ca – search "Travel Assistance Program" (TAP)

Community Services

WorkSafeBC

- Information and supports related to workplace injuries if your amputation happened through work.
- Phone: 1-888-967-5377
- Website: https://www.worksafebc.com

Provincial Home Ownership Programs

Application for Homeowner Grant

- Homeowners under the age of 65 with a permanent disability, or who have a spouse or relative with a permanent disability living with them, may be eligible for the homeowner grant.
- Phone (toll-free): 1 888 355-2700
- Email: hogadmin@gov.bc.ca
- Website: https://www2.gov.bc.ca/gov/content/taxes/property-taxes/annual-property-tax/home-owner-grant

Property Tax Deferment

- A loan program that assists qualified BC homeowners in paying their annual property taxes on their principal residence. You may be eligible if you have a disability and meet certain qualifications.
- Email: taxdeferment@gov.bc.ca
- Website: https://www2.gov.bc.ca/gov/content/taxes/property-taxes/annual-property-tax/property-tax-deferment-program

Recreational

Access 2 Card Entertainment Card

- Allows persons with a disability to receive either free admission or significant discounts for their support person at select movie theatres and attractions across Canada. This program is administered by Easter Seals.
- Website: https://easterseals.ca/en/access-2-card-program/

Financial Subsidy for Regional District and Municipality Recreation Centres and Programs

- Visit your regional district or municipality webpage and search for 'recreation subsidy' or speak with your physiotherapist for assistance with applying for local fee reduction and subsidies for recreation centres and programs.

Provincial Park Discounts

- Offer some reduced rates for seniors and people with disabilities who receive income assistance.
- Website: http://www.env.gov.bc.ca/bcparks/fees

Provincial Fishing Licenses

- Offers a significant reduction in freshwater angling license for those who are severely and permanently disabled.
- Website: https://www2.gov.bc.ca/gov/content/sports-culture/recreation/fishing-hunting/fishing/recreational-freshwater-fishing-licence/angling-licence-fee-reduction-program

Mental Health Supports

Adult Crisis Line

- Phone: 250-723-4050

Island Health Mental Health and Substance Use Service Link

- Assists in connecting you with services in your area.
- Phone: 1-888-885-8824

KUU-US Crisis Line

- Resource for Indigenous people in BC. Support is available 24 hours a day, every day of the year.
- Phone: 1-800-588-8717

Suicide Crisis Helpline

- Call or text 9-8-8

Vancouver Island Crisis Line

- Phone: 1-888-494-3888
- Crisis Text: 250-800-3806

Youth Crisis Line

- Phone: 250-723-2040

Health Concerns

Call Your Surgeon if You have any of the Following Symptoms:

- Bleeding: enough to soak through a tissue and does not stop with 10 minutes of direct pressure.
- Drainage from your incision that changes in appearance or colour, especially yellow or green.
- Increased tenderness, redness, or warmth around your residual limb.
- Fever and chills or flu-like symptoms with any type of drainage from your incision.
- High-grade fever (38.5^0 C/101.3^0 F and over) for 1 day or more.
- Low-grade fever (37.5^0 C-37.9^0 C or 98.5^0 F-101.2^0 F) for more than 3 days.
- Irritation or blisters from your dressing or tape.
- Pain that is not relieved by your medications.
- Difficulty urinating.
- Persistent nausea or vomiting.
- Shortness of breath.
- Swollen leg or achy and red calf.

Tell us what you think!

After reading this booklet, please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement.

		strongly disagree				strongly agree
1.	I read all of the information provided.	1	2	3	4	5
	Comments:					
2.	The information is easy to read.	1	2	3	4	5
	Comments:					
3.	The information is easy to understand.	1	2	3	4	5
	Comments:					
4.	Reading this information helped me prepare for and recover from my surgery.	1	2	3	4	5
	Comments:					
5.	The information answered my questions.	1	2	3	4	5
	Comments:					

		strongly disagree				strongly agree
6.	I would recommend this information to other patients.	1	2	3	4	5

Comments:

7. I prefer to have this information in: (check one)

___ A book just like this one.

___ Separate handouts on each topic that I need.

Comments:

8. I would have liked MORE information about:

9. I would have liked LESS information about:

10. What changes would you make in this booklet to make it better?

11. I am: (check one)

___ a patient.

___ a family member.

Please give this survey to your healthcare provider or mail to:

Manager of Surgical Quality Surgical Services, 2nd Floor, Memorial Pavilion, Royal Jubilee Hospital, 1952 Bay Street Victoria, BC V8R 1J8