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Outcome of major lower limb amputation- A perspective on post amputation rehabilitation. Do the end justify the means?

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Back ground:

Amputation is considered the last modality in the surgeons armamentarium when limb salvage fails and has significant impact on the patient, family and society. Although we aim for a functional, independent citizen. Reality could be far from it. We aimed to study the outcome of major lower limb amputation at Teaching Hospital Karapitiya.

Methods

A retrospective descriptive study was conducted on 114 patients who underwent LLA from October 2015 to March 2017

Results

Mean age was 63.3(+/-14.6) years. Majority were male 57%(65/114). Amputations performed were trans tibial 55%(63/114), trans femoral 37%(43/114) and disarticulation at knee 4.3%(5/114) and hip 2.6%(3/114). Diabetic infection(51%), peripheral vascular disease (33%) and trauma(10%) were the main causes of LLA. Mean hospital stay was 15.3 days(3-62). In hospital mortality was 12%(14/114) mainly due to myocardial infarction (54%) and sepsis (36%). Diabetes was an independent risk factor for in hospital mortality ($p < 0.01$). 40% had post operative stump complications. [stump infection (25%), wound dehiscence (8%)] 5 patients underwent re amputation at a high level. The rest were managed successfully. Follow up rate at time of study was 73%. Over all survival was 76%(86/114). 18/86 patients had a prosthetic limb, however only 12/86 patients were actively using it. 21/86(24.4%) patients were using a wheelchair for outdoor mobility. Majority (75%) required a permanent career for activities of daily living. 81% of amputees were unable to maintain their pre amputation jobs. Pain and poor fitting were the main reasons for not using the prosthesis.

Conclusion

Rehabilitation of patients undergoing LLA is inadequate. A multi disciplinary combined effort is essential towards ensuring a successfully rehabilitated independent amputee.