

AMPUTATION



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LEARNING OBJECTIVE

THE LEARNER WILL BE ABLE TO:

1. state definition of amputation
2. Identify Indication of amputation
3. State Level of amputation
4. State types of amputation
5. Identify complication of amputation
6. Explain nursing care of amputation
7. perform figure 8 bandage for stump

Definition

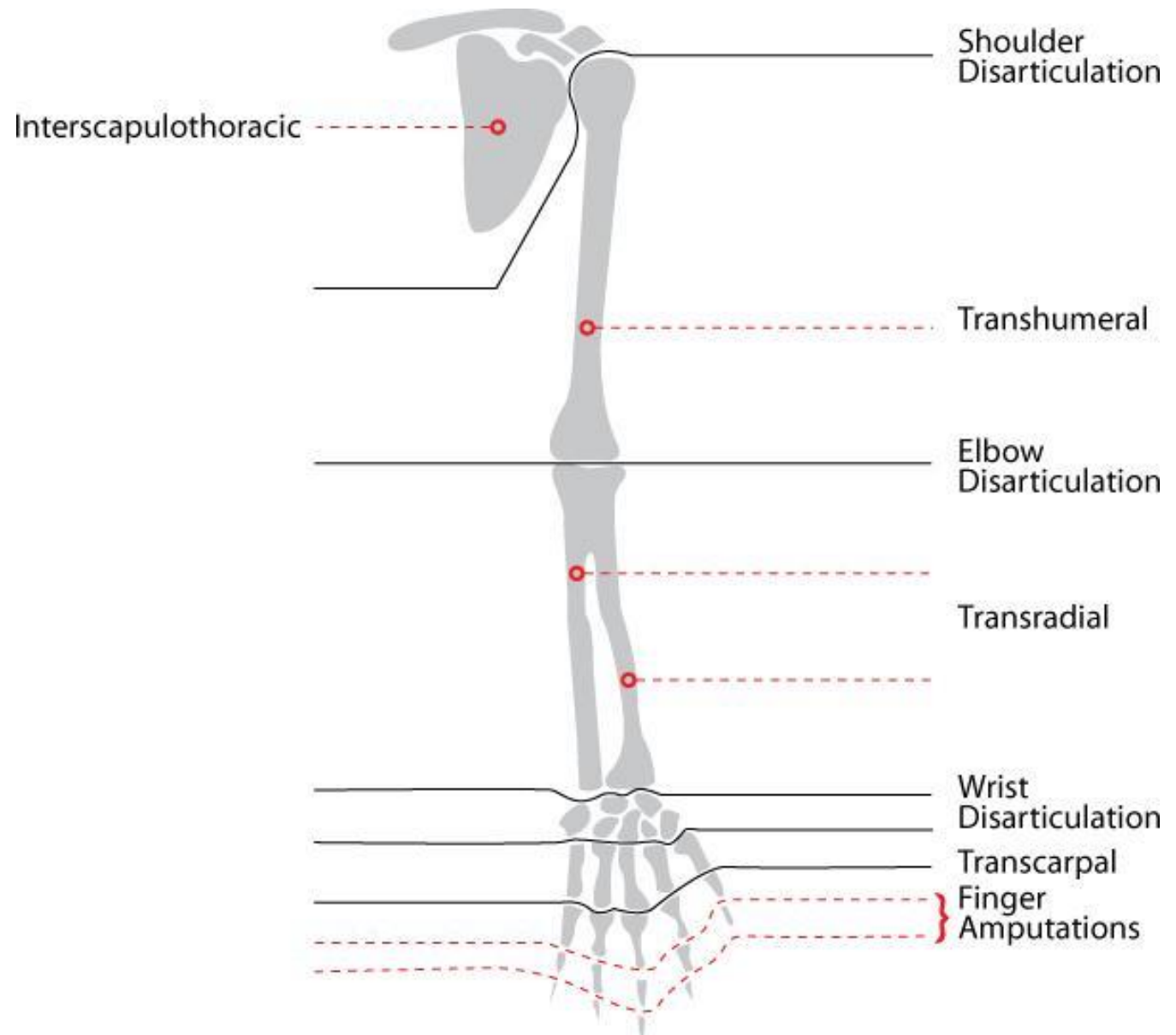
An amputation is the partial or total removal of an extremity.

amputation may be the result of an acute process such as traumatic event, or a chronic condition such as peripheral vascular disease or diabetes mellitus, Regardless of the an amputation is devastating to the patient

Indication of amputation

1. trauma
2. burn
3. perhiperal vascular disease
4. malignant tumour
5. infections
6. congenital deformities

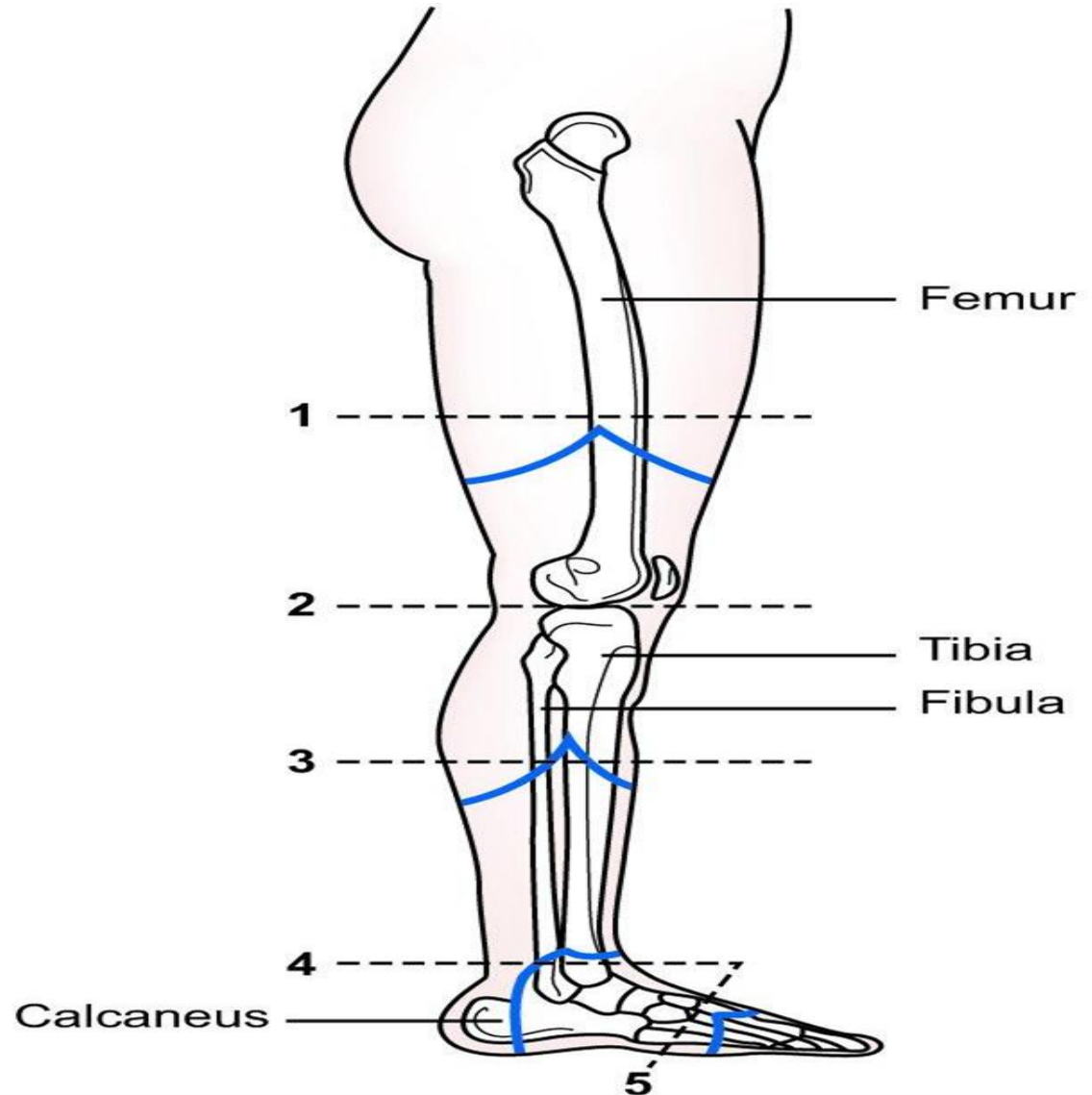
UPPER
EXTREMITY



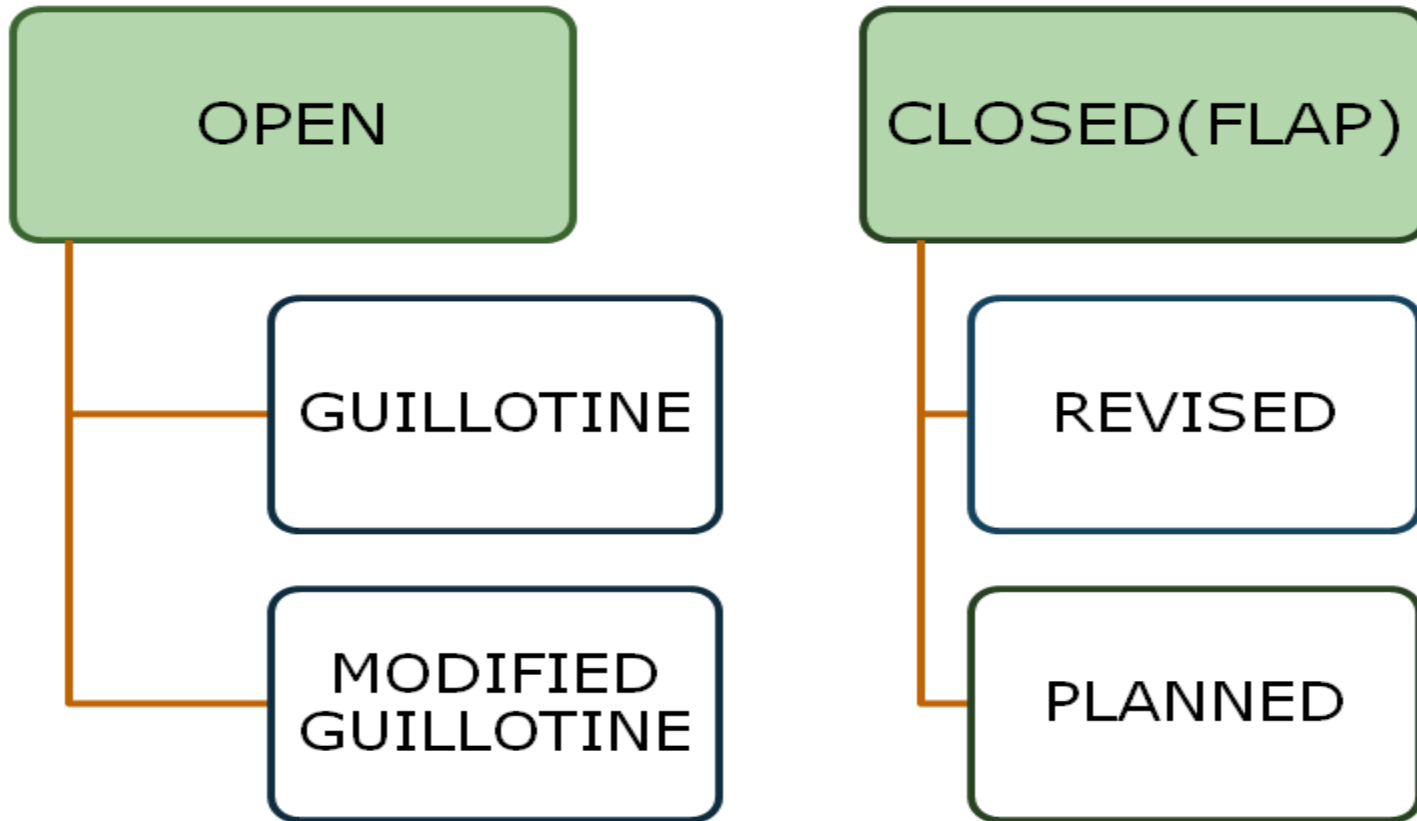
LEVEL OF AMPUTATION

LEVEL OF AMPUTATION

LOWER
EXTREMITY



TYPES OF AMPUTATION



Amputation of Leg









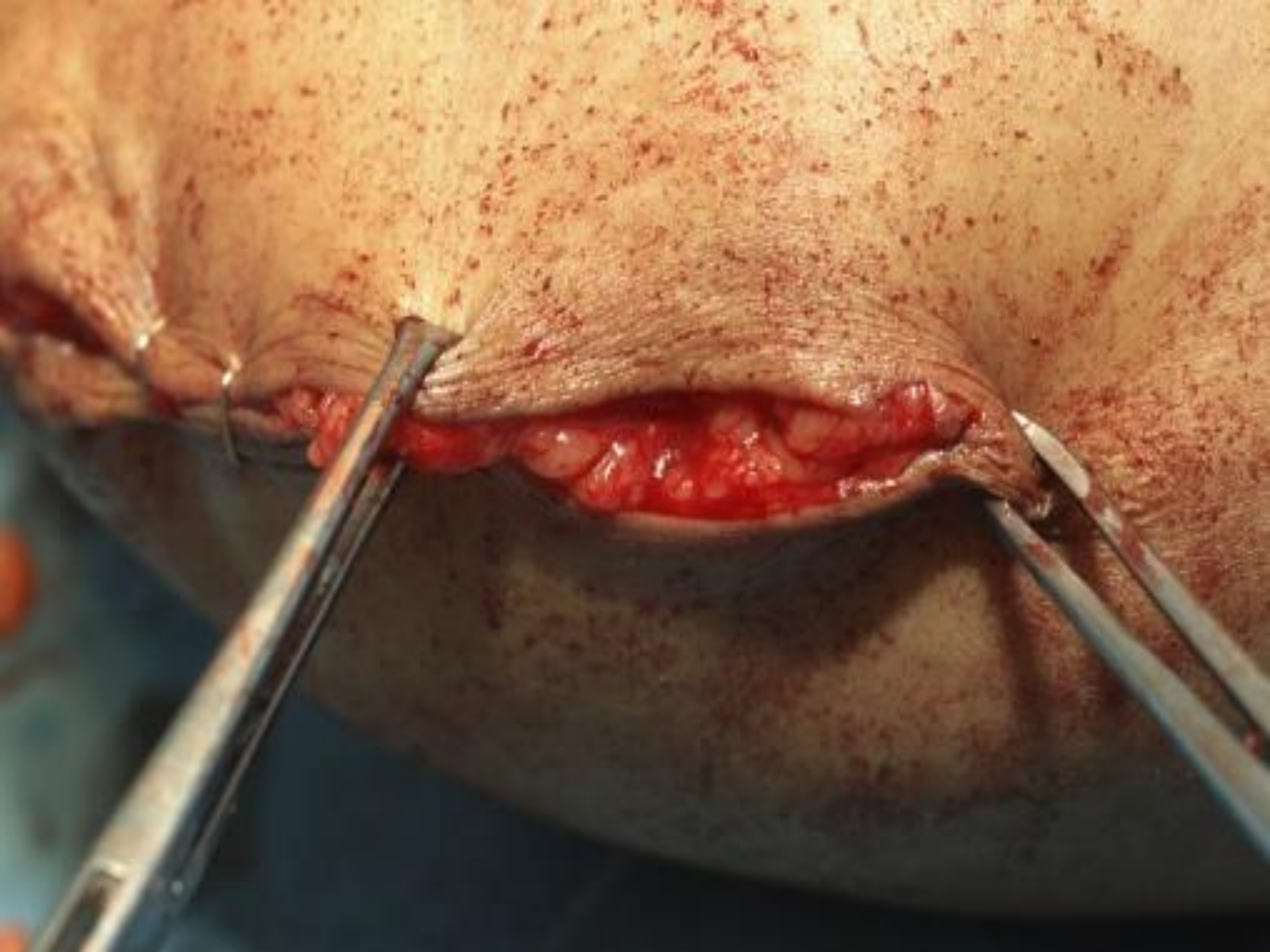


















Preoperatively

- ANTIBIOTIC

intraoperatively

- ANESTHETIC
- CONTROL BP

postoperatively

- ANTIBIOTICS
- ANALGESICS
- STEROIDS

Treatment

GOALS OF NURSING CARE

- Relieve pain
- Promote healing
- Prevent complication
- Support client and family
- Adaptation to alteration body images

PAIN

1. Ask the client to rate the pain on a scale of 0 to 10 before and after any intervention
2. Splint support the injured area
3. Unless contraindicated, elevate the stump on a pillow for 24 hours
4. Move the client gently and slowly
5. Encourage distraction
6. Administer pain medications as prescribed
7. Encourage deep breathing and relaxation exercises
8. Reposition client every 2 hours

Nursing intervention

Risk for Infection

1. Assess the wound for redness, drainage, temperature, edema and suture line approximation
2. Take a the body client,s temperature at least once every 4 hours
3. Monitor white blood cell count for elevation
4. Elevate the stump for the first 24 hours after surgery
5. Change the wound dressing as ordered,using aseptic technique
6. Administer antibiotics as ordered
7. Teach the client stump-wrapping techniques

CONTINUE...

Body Images disturbance

1. Encourage Verbalization of feelings
2. Allow the client to wear clothing from home, familiar clothing provides emotional comfort and helps the client retain a sense of his or her own identity.
3. Encourage the client to bath and participate in care of stump.
4. Active participation in care increases self-esteem and independence

CONTINUE...

4. Offer to have a fellow visit the client. A support person who has experienced the same change gives the client the hope he or she can regain independence.
5. Encourage active participation in rehabilitation increases independence and mobility

CONTINUE...

Impaired Physical Mobility

1. Elevate the stump for the first 24 hours postoperatively.
2. Perform ROM exercises on all joint. ROM exercises help prevent the development of joint contractures that limit mobility.
3. Maintain postoperative dressing (rigid or compression).
4. Turn and reposition the client every 2 hours.
5. Teach crutch walking or the use of assistive devices.
6. Encourage active participation in physical therapy.

CONTINUE...

Altered Sensory Perception

Phantom limb pain:

60-80% of amputees Numbness, burning, tingling, cramping, feeling that the missing limb is still there, crushed, or in an awkward position

Nonpharmacological Interventions:

- Activity

- Distraction

- TENS

- Mirror therapy

Pharmacological Interventions:

- Opioids, NSAIDS

- Beta blockers

- Anticonvulsants

- TCAs(tricyclic anti depressant)

Wound Care

Elevate limb for first 24-48 hr or as instructed by surgeon

Gentle handling, sterile technique

Unwrap every 4-6h for first 2 days then daily

Assess color, temperature, pulses, signs of infection & skin breakdown

Cleanse as ordered



THANK YOU