After the Amputation... A Podiatrist's Job Isn't Done

In fact, our job just begins.

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Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPM's who are members of the American Academy of Podiatric Practice Management. Visit www.aappm.org.

In the pages of this and other podiatry-related publications, we read much written about wound care and limb salvage. The article typically ends with one of two outcomes. One is: the wound is healed, the limb is saved, the podiatrist is the hero and the patient lives happily ever after. The other result is the tragic loss of limb despite the best efforts of the podiatrist. The end...but what happens after the amputation?

After an amputation, your patient is at a significant disadvantage. The odds of your patient keeping the contralateral limb are poor. The patient is also left with a stump which is not designed to manage excess pressure and is at substantial risk of ulceration. This can lead to future problems, and often more proximal amputation.

Education Is Key

One key to managing patients after amputation is education. Your patient will undoubtedly feel that an amputation is the end. He may be depressed and concerned about what life will be like after such a major loss. We must remember that this reaction is not proportional to the level of amputation. Your patient may feel the same after losing a fifth digit as a patient who has an above-knee amputation. It is not for us to decide what is a correct reaction. While we may think that it is "only a fifth toe," your patient may see it as a personal failure in letting diabetes win.

Just as we ensure that newly-diagnosed diabetics are educated about how to live with the disease, it is vital that they receive education on how to live after amputation. You may provide this education, or you may enlist the help of a diabetic educator, endocrinologist, physical therapist, nutritionist, prosthetist, psychotherapist, or any other appropriate professional to ensure that the patient receives and understands individual needs and limitations.

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Protect the Other Leg and Foot

Once someone has an amputation, the statistics appear bleak. The patient has a significantly higher chance of amputation on the other limb. We must provide exceptional care to ensure he keeps his foot and leg intact. If any hyperkeratoses are present on the limb, we must ensure that he is provided at-risk foot care. A non-traumatic amputation justifies use of the Q7 Modifier.

The patient must be closely monitored for peripheral arterial disease on the contralateral limb. Of course, depending on the level of amputation, the limb with the surgery performed should also be monitored regularly. At the very least, a Doppler exam should be performed, although an ankle-brachial index, toe-brachial index, and segmental pressures should be performed periodically. This will help to diagnose any arterial disease early, allowing you to provide a vascular consult for intervention before the patient ulcerates and is at further risk of infection.

Protection Is Paramount

As a profession, we are generally too lax about incorporating therapeutic shoes for our diabetic patients. We mention it to our patient as an afterthought, and seemingly like a bonus. We should not frame therapeutic shoes as "free shoes from Medicare" but rather an integral part of our treatment protocol. This is particularly true after an amputation.

The benefit for therapeutic shoes remains the same after an amputation. If a digital or pedal amputation is performed, an impression should be taken for the lab to build a custom insole with a toe filler (L5000). The filler is usually made of soft foam, such as plastizote, to control the pressure on the stump. It should be noted that one insole with toe filler is provided, unlike the usual three custom or heat moldable insoles usually ordered.

In cases of a more proximal amputation, such as a below-knee amputation, care should be taken not to order

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insoles for the contralateral limb. You will still dispense and be reimbursed for the pair of shoes. If the patient uses a prosthetic, he will often use the shoe on it for a matching pair.

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Don't Forget Stump Management

For a pedal amputation, such as a transmetatarsal or Choparts amputation, it stands to reason that we would check the stump. Even so, some practitioners get complacent after the amputation site is healed. If a patient comes in for medically necessary foot care on the intact limb, how many of us take off the shoe and sock to inspect the stump status?

An amputation site is still at risk for the same diabetic foot concerns. Because the foot loses significant biomechanical function, it is imperative to evaluate for plantar lesions which are at risk for breaking down and ulcerating. Similarly, if a toe filler is not properly molded, or if a material is used that is too firm, breakdown can occur at the distal end of the amputation site.

For a more proximal amputation, consider having the patient remove the prosthetic, if one is used, in order to evaluate the amputation site. While this is not the foot, and generally outside our scope of practice, these amputation sites are examined infrequently. If you are able to catch a "hot spot" early and refer your patient to a prosthetist, you could help to avert a potential problem. If you notice any loss of skin integrity, you will be able to contact the patient's internist to have it addressed immediately.

As podiatrists, we are among the best wound care specialists. While it is unfortunate that any case needs to end in amputation, it is an unavoidable element of treating patients in any practice with a wound care focus. We must make sure that we don't inadvertently abandon our patients after surgery, and ensure that they have everything they need to be as mobile and active as possible. **PM**

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