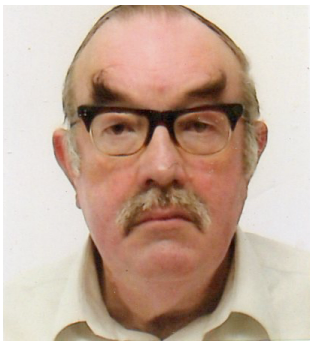
My Story - Antony



I suppose it all started when I got heart failure about ten years ago. I was then told I was mildly diabetic (’diet-controlled’), one possible consequence of which was the development of slow-healing ulcers on my ankles. On one occasion I was seeing the Professor of Vascular Surgery at Bradford Royal Infirmary for what I thought would result in a course of antibiotics, but he said that two toes on my right foot were infected and should come off. So I suddenly found myself an in-patient for the first time in over 40 years, and being lined up for an operation later that day. This was a bit worrying as I’d only paid for three hours car parking. Still, admission trumps any fine for overstaying.

So I duly lost two toes, but this had little effect on my daily routine, especially as I could still drive without problems, and had little difficulty walking, although I began to use a stick occasionally.

I then got a nasty ulcer on the sole of my left foot. It clearly wasn’t going to heal easily, and would need quite a bit of care. It didn’t help when the wound was debrided in hospital, turning it from shallow to deep, and thus making it harder to heal. The surgeons who did it were quite pleased, though.

Various treatments were tried: a special boot supposed to ease pressure (it didn’t in my case), a contact cast, which was reasonably successful, and a skin graft, which did well until someone poked it. All in all, I spent several spells in hospital in 2011, the longest being about three months, and not helped by a bout of cellulitis. Amputation began to be mentioned, and I met amputees and acquired more information about the whole process and its aftermath. However, at the time, the cons

outweighed the pros, so I declined.

I still had to visit hospital twice a week to have the wound dressed. During one of these sessions, bits of bone appeared in the wound, which caused the podiatrists to consult the Professor, who said that if I wasn't admitted at once and put on antibiotics I'd be dead by the weekend. This was Friday morning, so there seemed a sense of urgency about it, and, yet again, I found myself in hospital. When, following admission, a larger bit of bone came away, it became clear that things could only get worse, so now amputation made sense, and I agreed to have it done. This was August 2011.

At this point it may be appropriate to explain the various forms that an amputation may take. Loss of all or part of an upper limb is described as radial (and not discussed further), whilst with legs, the issue is whether it is above (trans-femoral) or below the knee (trans-tibial), like mine. The implications for rehabilitation and recovery obviously differ for the various scenarios.

A further concern was that, assuming I was diabetic, had a heart problem, poor circulation and kidneys that weren't perfect, I was only given a 30% chance of surviving the operation. Nice to know beforehand, but as this isn't the Obituaries, you may assume that I made it. It was quite a strange feeling to have death potentially looming, so to take my mind off it, I thought I'd better write some notes for my brothers explaining where my money was. Why did I still have eleven bank accounts? In the event, they weren't needed, but it'll save some effort if there's a next time.

They say that the first thing you should do after falling off a horse, is get back on it. Less than 48 hours after the operation, (assuming your stump can take it), you start rehab. Your stump goes into a rubber bag, over which is fitted a metal frame. The bag is then inflated, which keeps everything together, and you begin learning to walk again. (This contraption is called a PAM-AID - Personal Adaptive Mobility Aid, but rubber bag is easier to remember). Not too much and not for too long, however able you might feel to do more.

If your only experience of amputation is watching the Douglas Bader biopic *Reach for the Sky*, then you'd recognise some of the

process. Like Bader, you start walking between parallel bars, graduate to using a frame and then sticks, which makes you appreciate how difficult it must have been for him to regain any sort of mobility. It helped that he was young and fit, and determined to walk again.

During this time, of course, I was in a wheelchair. When I knew that amputation was becoming an option, I started preparations at home by having furniture moved to suitable locations, and buying another microwave and kettle to keep upstairs. I could not have lived downstairs without a toilet, and suggestions from occupational therapists or social services that I move house were hardly helpful. However, I could demonstrate to the physiotherapists on a home visit how I planned to manage. They weren't too happy, but tough ! I was determined and that was that.

My trips to hospital for physiotherapy were by Patient Transport ambulance. It was a ten-second job to be lifted in or out of my house by professional ambulance crews. My brothers tried it, but we all agreed that once was enough, so I was completely housebound apart from hospital visits.

I should have been measured for a prosthesis some six weeks after the operation, but there was an abrasion on my stump, so it was another four weeks before the chance came again. I was counting the days. I duly went to Seacroft Hospital in Leeds, and was measured. Traditionally, this would have involved a plaster of Paris mould being made of the stump, from which the socket is produced. I had a new laser treatment which produced a graphical image of my leg, with no mess at all.

It was a further two weeks before I went back to be fitted with my leg. It seemed OK and I started physiotherapy with it two days later. Annoyingly, they won't let you take the leg home with you to start with, which was as frustrating as getting a Christmas present and being told to give it back until Easter.

There are three elements to a prosthesis. The stump is covered by a number of socks, either small or large, thick or thin. You may have seen Press accounts of amputees (especially military) having to wear lots of socks because of poorly-designed

prostheses. Utter Rubbish. *All* prostheses are worn with a variable combination of socks because the stump can either swell or shrink, according to circumstances, and you vary the socks to ensure a comfortable and secure fit.

The stump and its socks fit into the socket, which then slides into the prosthesis, and is further secured by a bit of elasticated stocking pulled over everything. Above-knee amputees have it significantly harder, as their leg usually needs to be strapped round their waist to keep it on.

Eventually, assuming satisfactory progress, you can use the leg at home. I started some fairly basic exercises, walking up and down the hallway with a Zimmer frame. The physiotherapists now combined hospital sessions with home visits, to see how you were managing. I was able to contrive a way to get out of the house, and so could walk a bit outside (although didn‘t try it alone). The long-term solution, however, required some rails to be fitted, and it was suggested I contact Poppy Calls, an arm of the British Legion, who supply such things to ex-Servicemen. They came in late November and promised the rails by Christmas: they were fitted on 22 December, and by the middle of January I was discharged from physiotherapy. In all, it had taken about 20 weeks from the operation to being able to walk unsupervised. The normal expectation is that it will take at least 6 months for a trans-tibial amputee to reach this stage, and 12 months for a trans-femoral, but it often takes much much longer.

So the way was now open for me start adjusting to a new way of life. I got a car through the Motability scheme (an automatic, of course), which gave me mobility and much more freedom than I’d had for the previous two years or so. My general health also improved significantly, so, in some respects, the amputation was not as bad an event as it might have been.

It’s all very well for the NHS to aspire to ‘cradle to grave’ care, but there are significant hiatuses along the way. Once out of hospital, people may often find themselves left on their own to manage daily life, despite there being areas where practical or psychological support is needed, especially when they‘ve had a life-changing experience, or are elderly. Amputees aren’t the only ones - you may recall the broadcaster Andrew Marr’s wife

complaining about the lack of support for stroke patients, which also highlighted the implications that a stroke or amputation can have for the patient‘s family or carers.

During one of my hospital stays I was visited by the Chairman of an amputee support group, that served Bradford and Airedale. A Registered Charity, it had only been founded the previous year, and was still getting to grips with the problems. They aimed to offer advice before and after an operation, where possible, and then during the recovery phase and afterwards. They had assembled an information pack with details of some of the benefits and services available locally. They held social events where amputees could get together and exchange experiences, and various days out, which all help the new amputee get back into the wider world.

I’d been very lucky, but had seen enough people who’d struggled to realise that such a group was needed. I began to get involved, joined the Committee, and became Treasurer in 2012. We held a Sponsored Walk, which was incredibly well supported, and raised far more money than we expected. It helped create an Assistance Fund which can provide limited financial support to let members get facilities that will be of real benefit to them at home, and which may not be easily or quickly obtainable via ‘official’ channels.

The key to living with an amputation, or indeed any other life-changing experience is largely mental. If you want to succeed then you probably will. I know someone who has had both legs removed above the knee in the last year, but who is determined to get about, and even get back to work. He can walk at little at home. There’s a lady with two below-knee operations. Her problem isn’t walking, but keeping her balance when standing still without a stick.

You learn to plan ahead rather more than you might have done previously, and be ready to improvise. For instance, on one occasion I came back to the car to find someone parked so close that I couldn’t open the door wide enough to get in. Solution - get in the passenger side, take the leg off, slide over to the driver’s seat and drive to somewhere where I could refit the leg. Couldn’t have done that with two (long) legs !