

# Pre-Amputation preparation conversations Checklist



Use this checklist to guide your pre-amputation conversations.

Teams may opt to use the notes column to tick off or initial when these areas items are considered for patients and by whom and include within the patients notes.

For more information about each of the domains, please see the supporting context document for this checklist.

## Domain

## Actions

## Notes

### \*\*Experience of preparation conversations

Do you need to observe a preparation conversation to develop your own skills and expertise

Observe a compassionate conversation with a colleague for your own training and development if you feel it would benefit your skills to be able to effectively conduct such discussions with patients pre-operatively

### 1. Assessing the patients understanding of amputation surgery

Ask the patient to describe to you what they understand about the surgery they are about to have in their own words.

Follow up and clarify on any aspects which the patient omits or which does not align with the clinical plan for the patients' surgery.

### 2. Inclusion of family and/or friends in preparation conversations

Has the patients' family and/or friends been included in the decision making and preparation conversations

- Understanding the patients' family/ friend context and whether they want and need to be included in conversations.
- Encourage patient to discuss their care and information with their family and friends where appropriate.
- Making it possible for family/friends to be included in conversations, e.g., availability of staff after the ward round has finished
- Sharing FAQ's document with family and friends and making clear how they can ask questions and who too

# Pre-Amputation preparation conversations Checklist

## 3. Conveyance of Risks

Discussion of risks of mortality, failure of wound healing, poor functional outcomes

Ensure the patient is full appraised of the relevant risks, their likelihood and the risk mitigation strategies their care will involve. Utilising the model of getting the patient to describe said risks back to you may be effective to ensure comprehension

## 4. Emotions

Ask about how they are feeling emotionally. Explain the range of emotions that people often feel before and after having an amputation to help normalise the patients' own feelings

- Signpost to existing support around emotional wellbeing for amputees. Finding your Feet have a range of short videos for amputees about emotions- <https://findingyourfeet.net/resources/understanding-mental-health/understanding-emotions/>
- Peer support signposting may be helpful for patients to discuss these normal responses with other amputees
- Patients can self-refer for talking therapies within the NHS.
- Signposting to the hospital chaplaincy may also be helpful for some patients

## 5. Disposal of the amputate

Discuss with the patient the standard procedure for what will happen to their amputated limb after surgery and any individual requests they have.

- Provide simple explanation regarding the disposal process of the amputated limb. Answer any questions the patient may have- pre-operatively. Encourage them to discuss any concerns or personal beliefs about their body and disposal of the limb.
- Signposting to religious leaders or chaplains may be appropriate for those who indicate a particular faith-based concern regarding their limb's disposal.
- If local process for limb repatriation is available, ensure patients choice is clearly documented and consented and that surgery and theatre team are aware of patients' choice and preference regarding this so that choice can be followed through for the patient.

# Pre-Amputation preparation conversations Checklist

## 6. Helping the patient prepare for their residual limb

Discussion of wound healing and what the residual limb may look like

- Encourage to the patient to discuss any concerns about what their residual limb will look like after surgery.
- Consider whether using stock images of residual limbs to help patients visualise how their limb might look after amputation (and after healing) would be helpful.
- Explain the healing process- including medium to longer term healing of the wound, and how soon patients will be able to see the wound/ residual limb.

## 7. Questions

The wording 'What questions do you have?' works better than 'Do you have any questions?'

- Address relevant questions, signpost to other staff for questions which cannot be answered immediately. Make sure patients are aware they can ask questions at any time to any of the ward staff.
- Consider signposting and/or referral to peer support so that patients can get input from existing amputees which may help with their questions and having those answered also, particularly where it is not clinically focused questions but more about quality of life and living as an amputee.
- Share FAQ's document with the patient if they don't have questions- there is a list of 'questions you could ask' at the end of the document which might help the patient find the wording to ask what is important to them.

[preamp.dmu.ac.uk](http://preamp.dmu.ac.uk)

SUPPORTED BY

**NIHR** | National Institute  
for Health Research

IRAS ID: 327403 v1 20/06//2024

