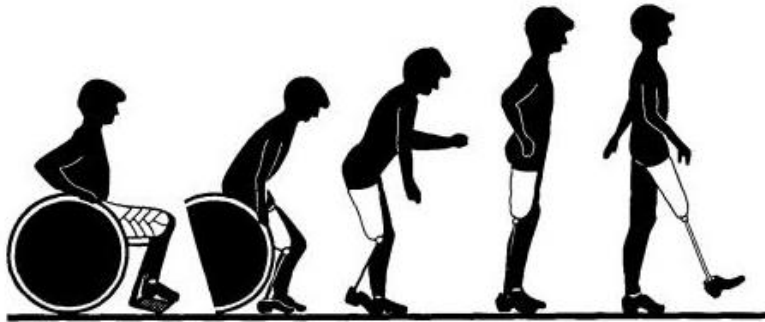

A step ...



in the right direction

This book can help you learn ways to care for yourself and your new leg.

It was written by staff from the Amputation Rehabilitation Program at Hamilton Health Sciences. Please use it while in the hospital and at home.

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Shaping the end of your amputated leg

You will begin to use a tensor bandage or shrinker sock as soon as you are advised by your doctor.

Proper shaping helps to:

- support the soft tissue of your amputated leg
- prevent swelling
- shape your leg to fit a prosthesis

A Physiotherapist will show you how to bandage your leg. To help you learn to bandage, follow the steps in the method that has been checked off for you on page 3.

Important!

- Wrap your bandage firmly at the bottom of your leg. Use less pressure as you wrap the bandage towards the top of your leg. If the bandage is too tight at the top, you can decrease the blood flow to your leg. Your bandage may be too tight if your leg feels cool or is painful.
- Secure the bandage with masking tape. Do not use pins or clips as they can scratch your skin.
- Some people will use an elastic shrinker sock instead of a tensor bandage.
- If your amputation is below the knee, the bandage or shrinker should end above the knee.
- If your amputation is above the knee, the bandage or shrinker should end as high as possible into the groin.

Wearing your bandage or shrinker

Wear your bandage or shrinker all the time, except when you are washing your leg or checking the skin. During the day, take your bandage or shrinker off every 3 to 4 hours for 15 minutes. Use this time to check your skin for signs of pressure. You can also massage your leg at this time. Then put your bandage or shrinker back on.

The bandage or shrinker should be kept on through the night while you are sleeping. Without a bandage or shrinker your leg can swell. This will make it hard for you to fit your leg into your prosthesis.

When using the bandage or shrinker there must not be any wrinkles or folds. Wrinkles and folds can cause added pressure on your skin.

Change your bandage or shrinker if it gets wet, sweaty, or dirty. On page 33 there is information about how to wash your bandage, shrinker and socks.

When can I take my bandage or shrinker off at night?

About 6 to 9 months after you have had your prosthesis, if you find your amputated leg is not changing in size, you can leave your bandage or shrinker off for one night. Try on your prosthesis the next morning. If it is not tighter than usual, you can stop bandaging or using the shrinker.

If you are unable to fit into your prosthesis, put your bandage or shrinker on your leg for 1 hour and then try the prosthesis on. Because you needed to shrink your amputated leg to fit into the prosthesis, you are not ready to stop wearing your bandage or shrinker yet. Try again in a month.



Above-knee bandaging and below-knee bandaging

The following 4 sections show different bandaging techniques.

Follow the steps in the section that has been checked off for you.

Above-knee bandaging

- For **right** leg, above-knee bandaging, follow the diagrams shown on pages 5 to 8.
- For **left** leg, above-knee bandaging, follow the diagrams shown on pages 9 to 12.

Below-knee bandaging

- For **Method 1** of below-knee bandaging, follow the diagrams shown on pages 13 to 16.
- For **Method 2** of below-knee bandaging, follow the diagrams shown on pages 17 to 20.

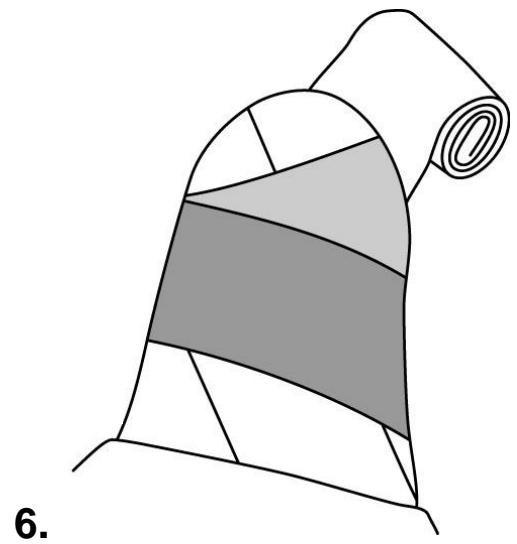
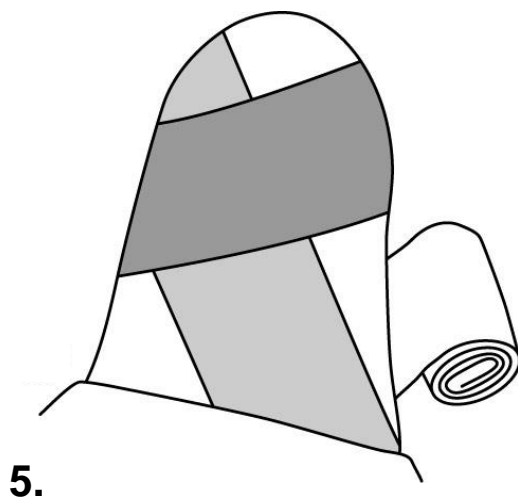
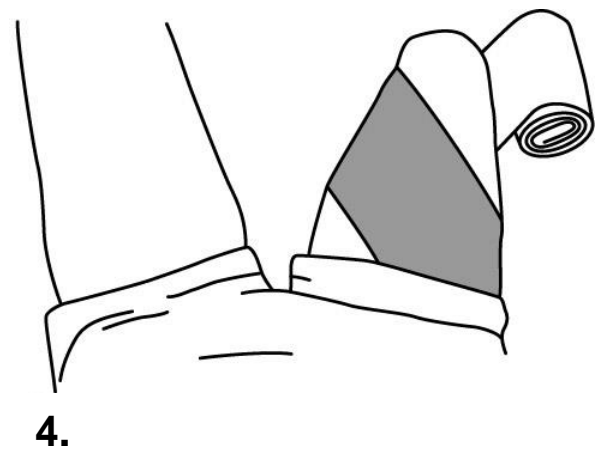
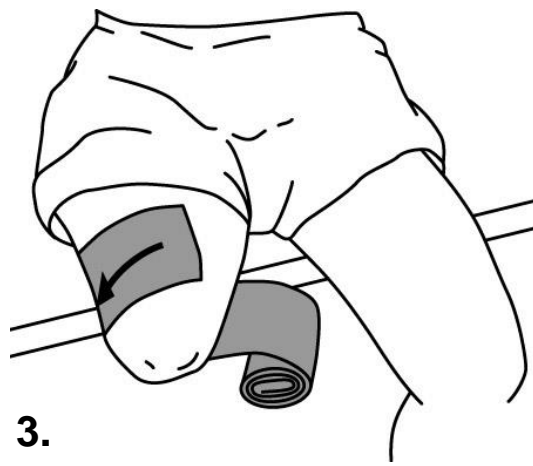
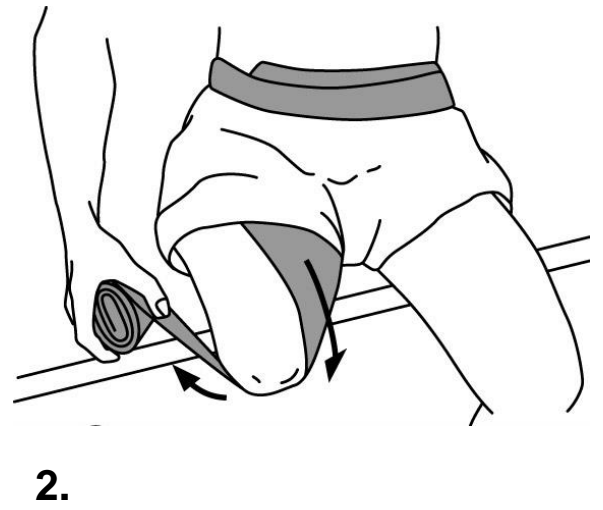
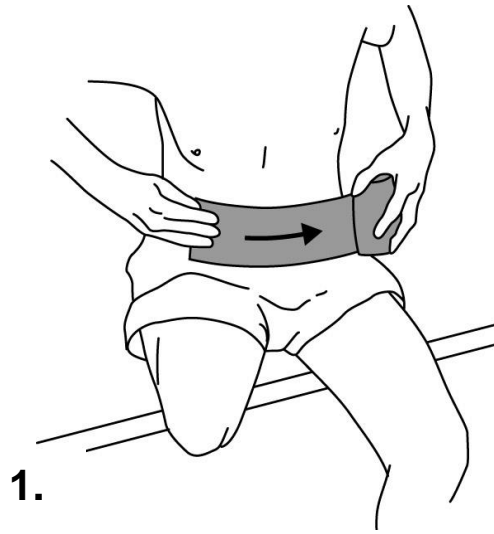
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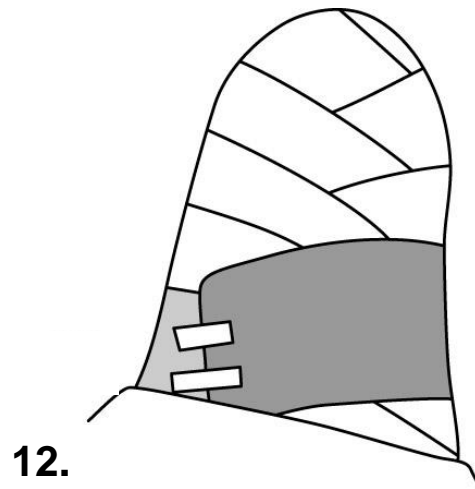
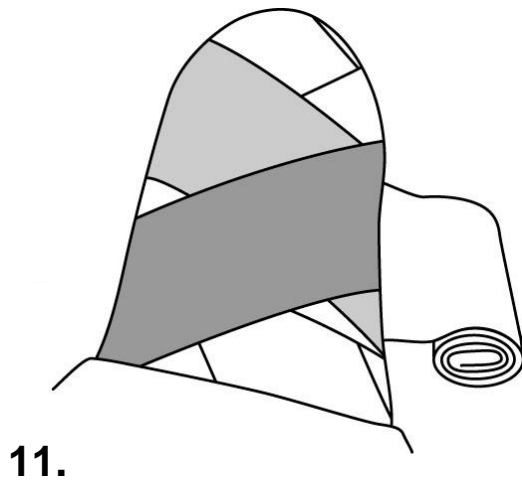
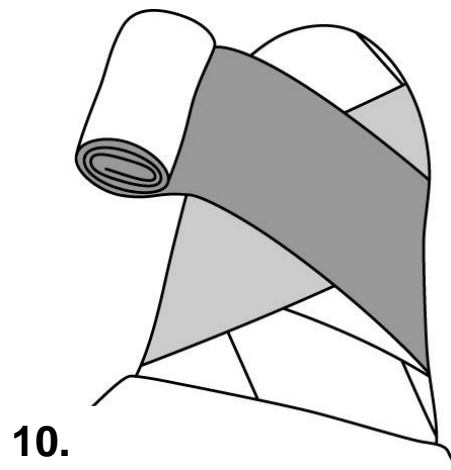
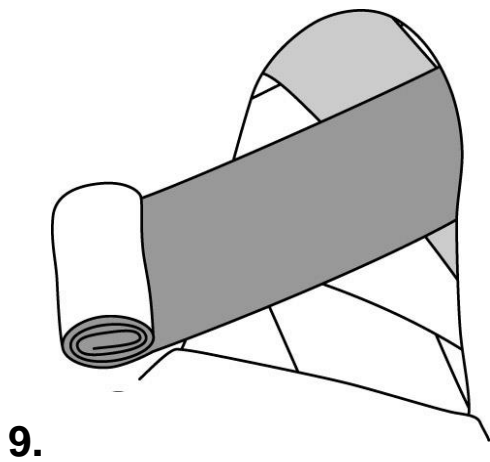
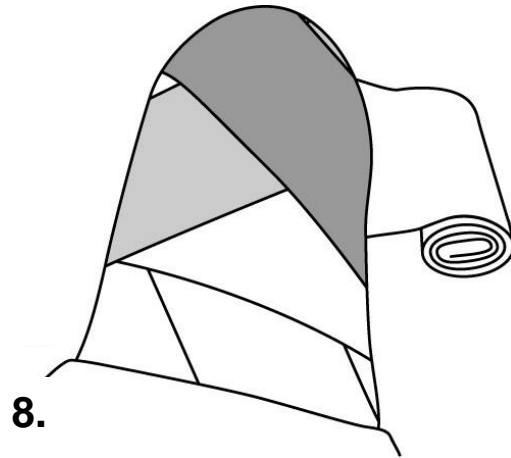
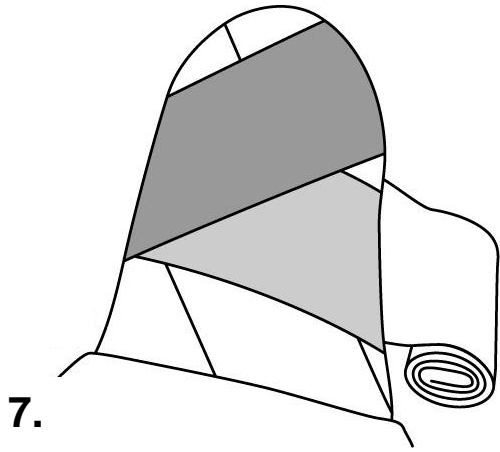
Right side

Above-knee bandaging

- ❑ **For right leg, above-knee bandaging, follow these diagrams.**

You can start at number 1 or 3.





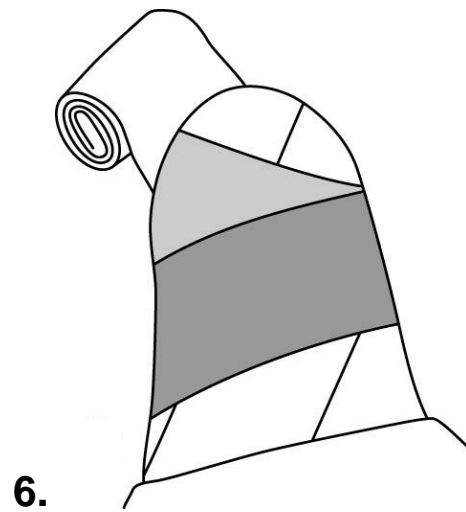
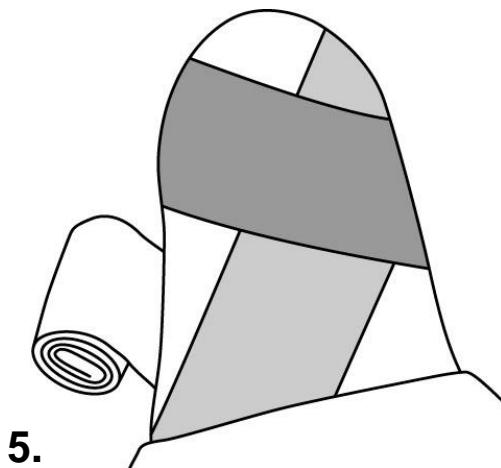
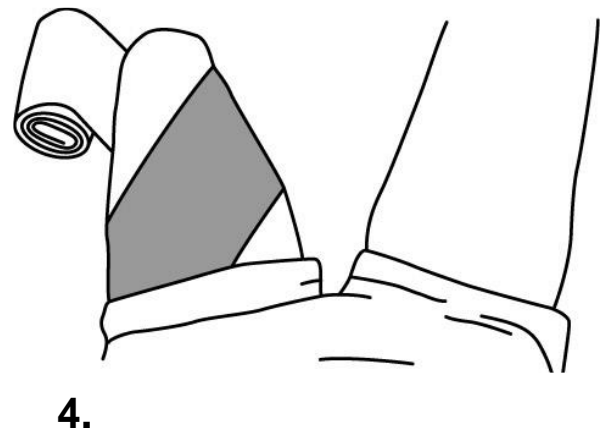
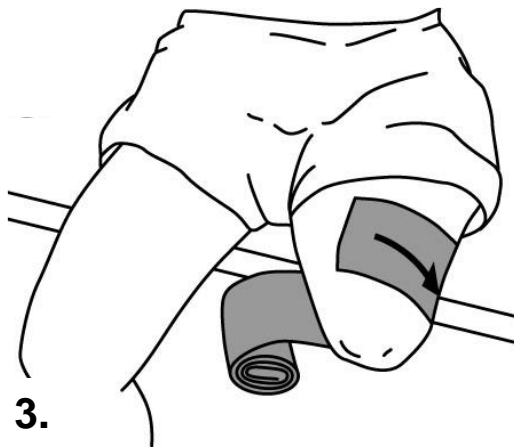
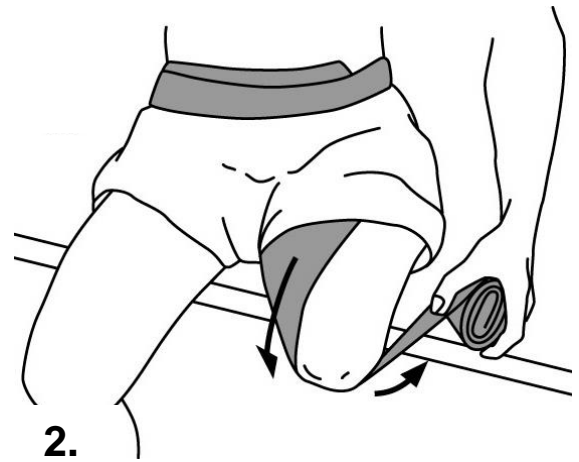
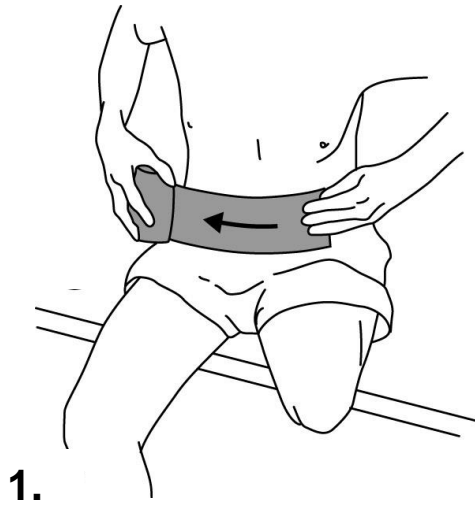
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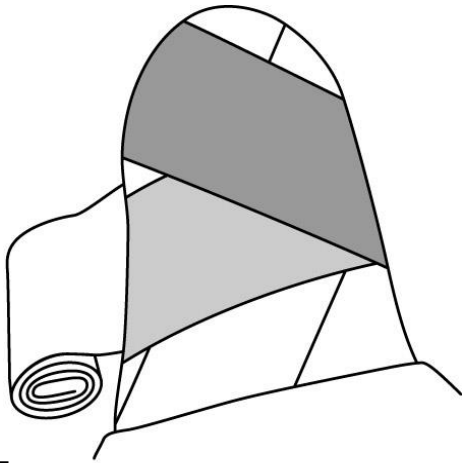
Left side

Above-knee bandaging

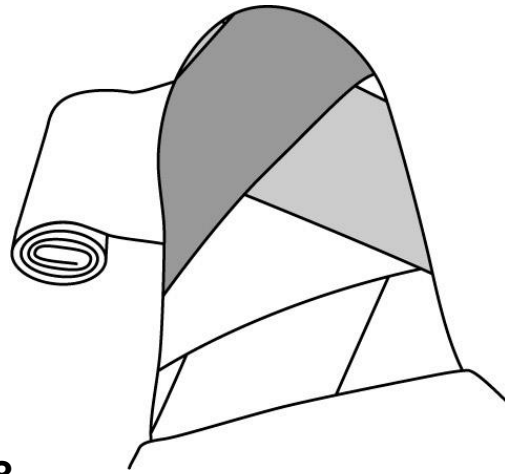
- ❑ **For left leg, above-knee bandaging, follow these diagrams.**

You can start at number 1 or 3.

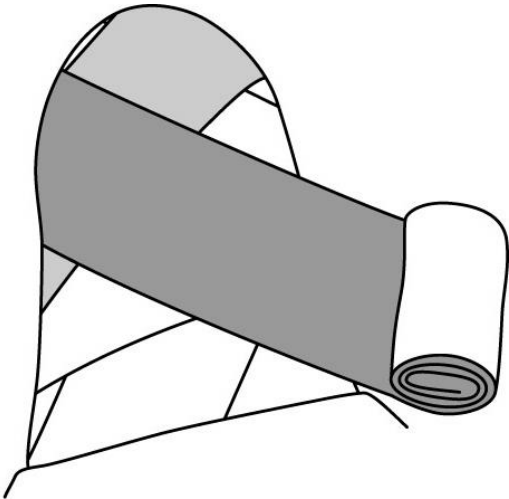




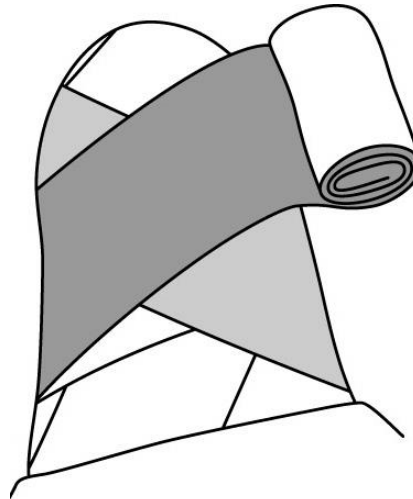
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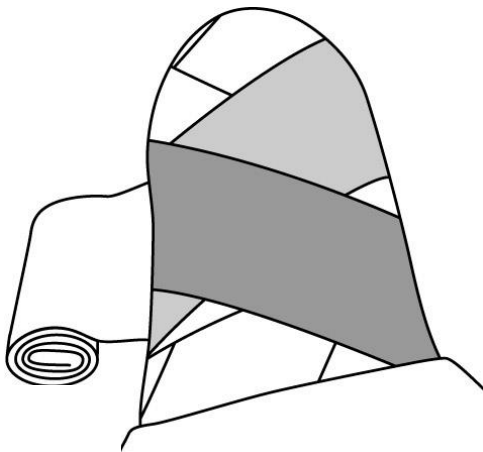
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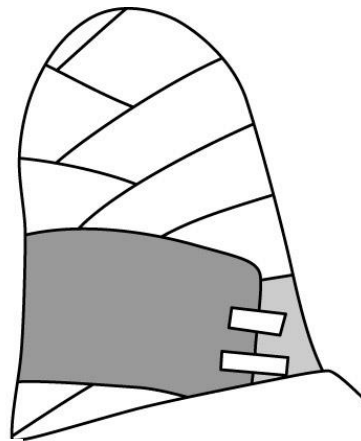
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12.

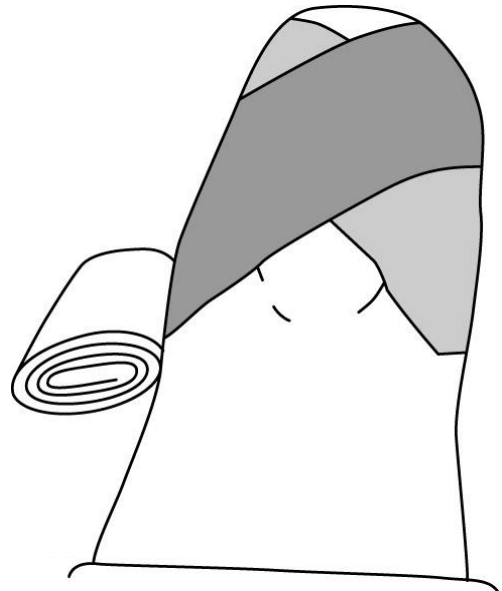
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Below-knee bandaging

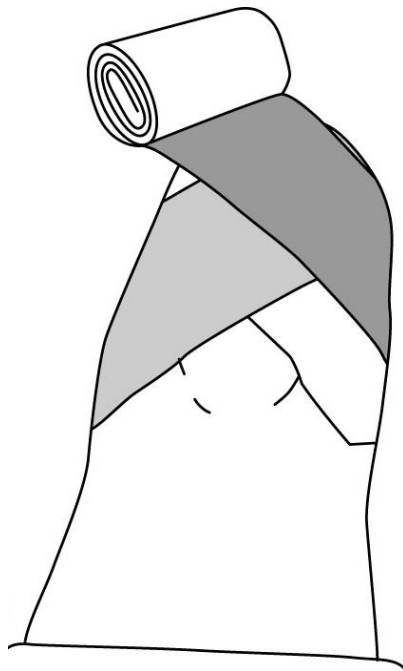
- ❑ **For Method 1 of below-knee bandaging, follow these diagrams.**



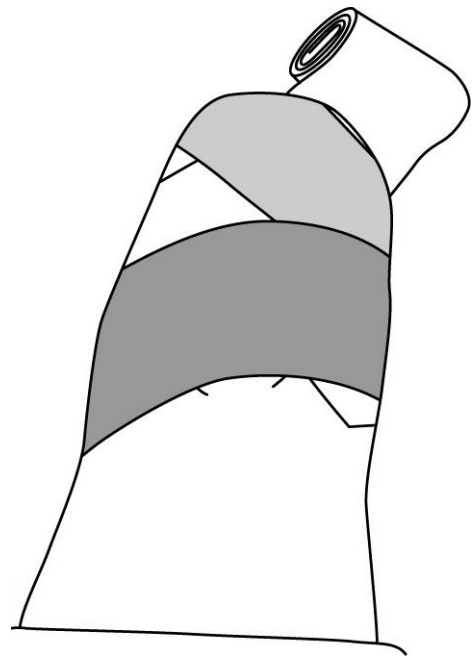
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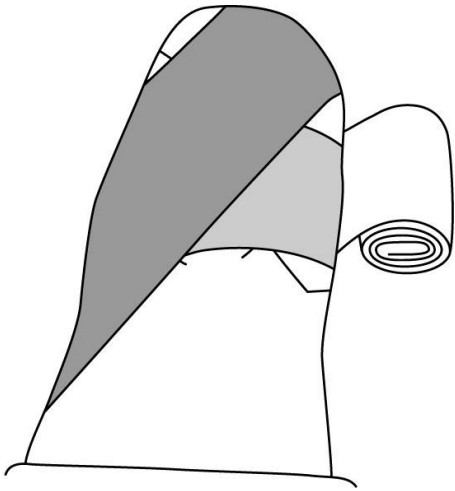
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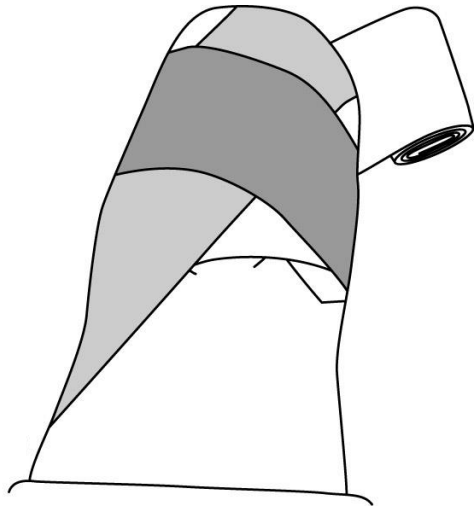
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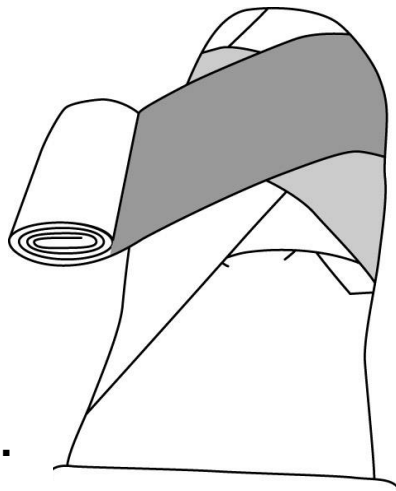
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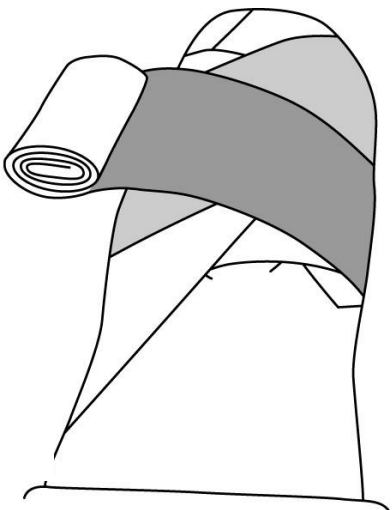
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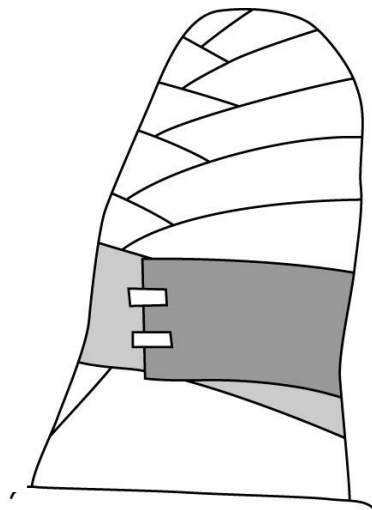
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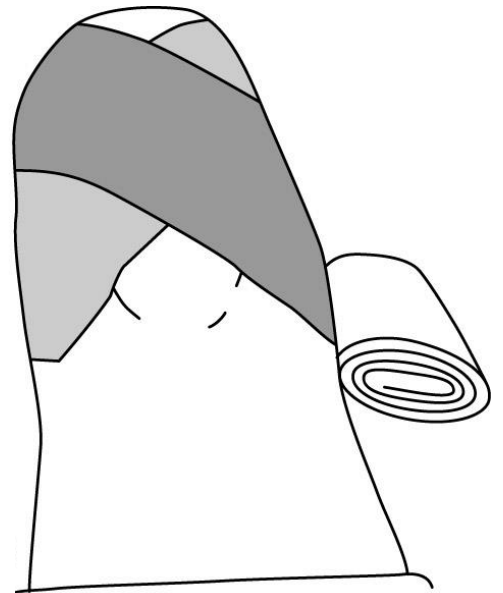
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Below-knee bandaging

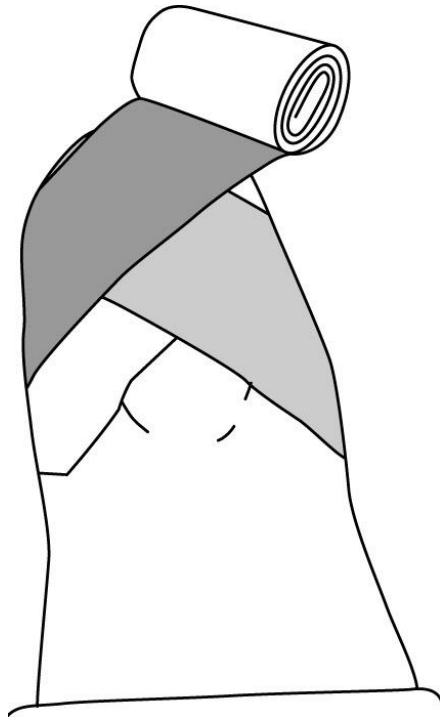
- ❑ **For Method 2 of below-knee bandaging, follow these diagrams.**



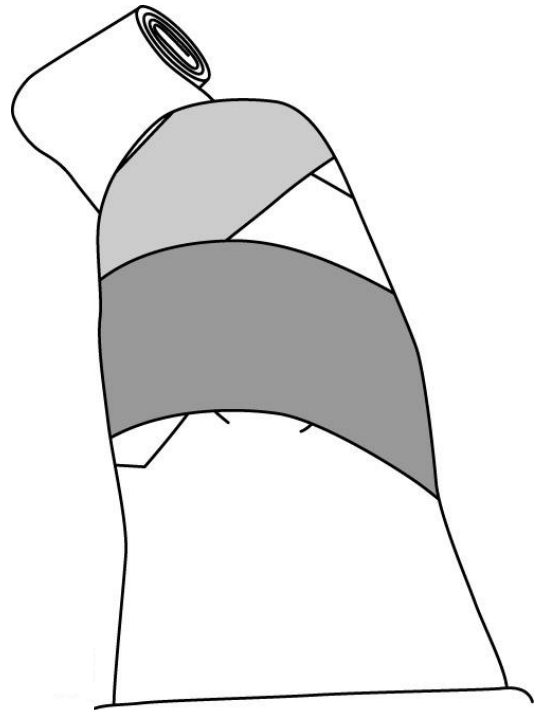
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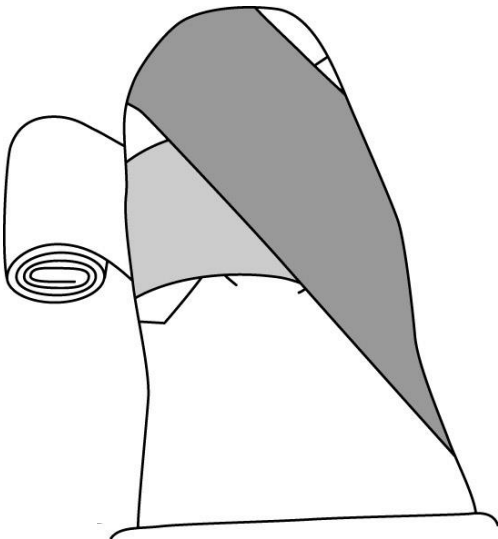
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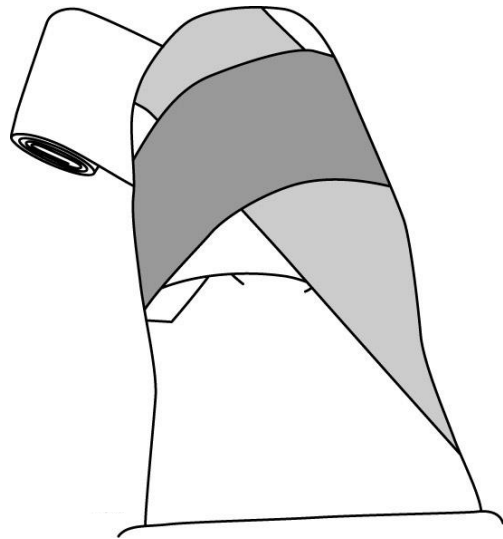
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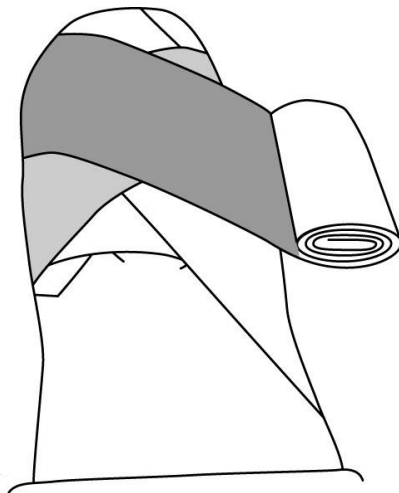
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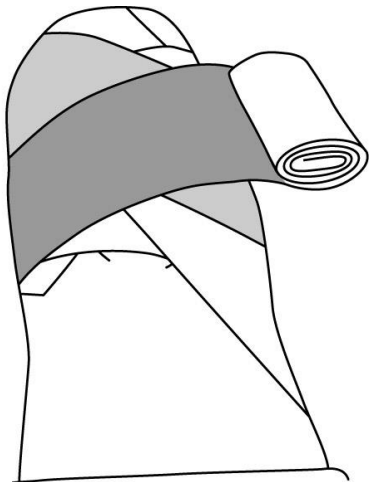
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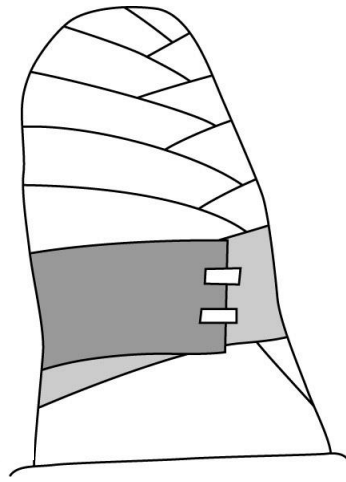
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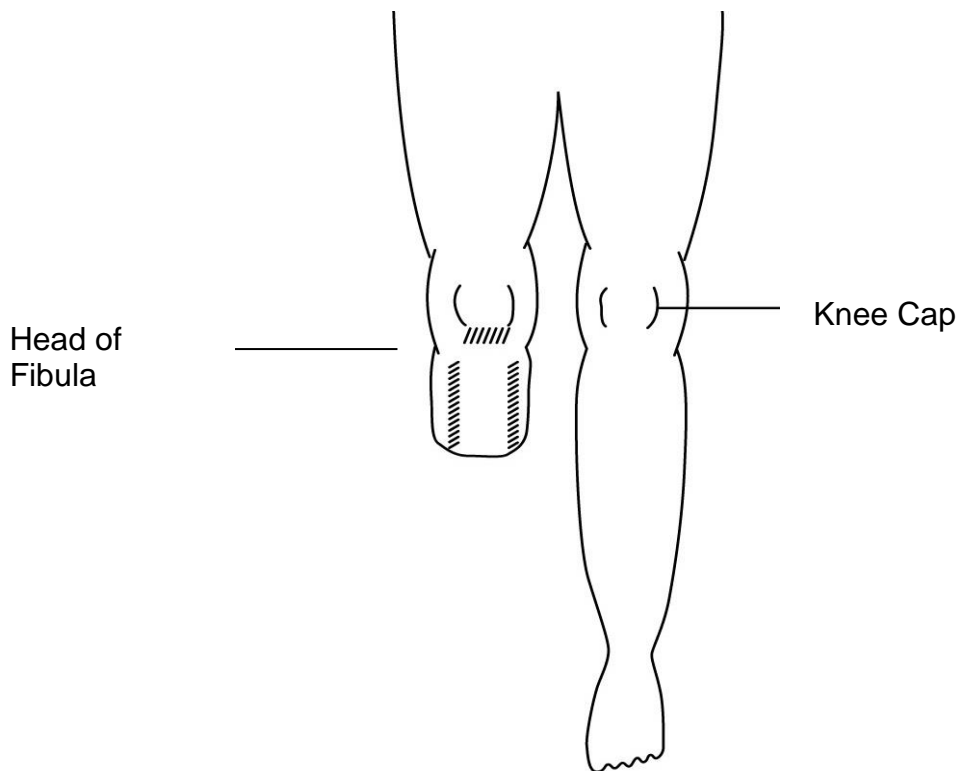
Checking your amputated leg

Every day you need to check your amputated leg for signs of pressure. Pressure is seen as red areas on your skin.

The drawings on this page will help you learn the proper areas to see pressure on your amputated leg.

Pressure areas are shown by these marks 

Proper areas to see pressure



Changing the thickness of your socks

You will learn to recognize when you need to adjust the thickness of socks you wear. The wrong number or thickness of sock, either too few or too many, can make your prosthesis fit poorly. A poor fit can cause skin breakdown and may cause discomfort or pain.

Check your leg a few times each day for signs of pressure. Pressure is seen as a red area on your skin. If you have signs of pressure in an improper area that you cannot fix by changing the thickness of your socks, please contact your prosthetist.

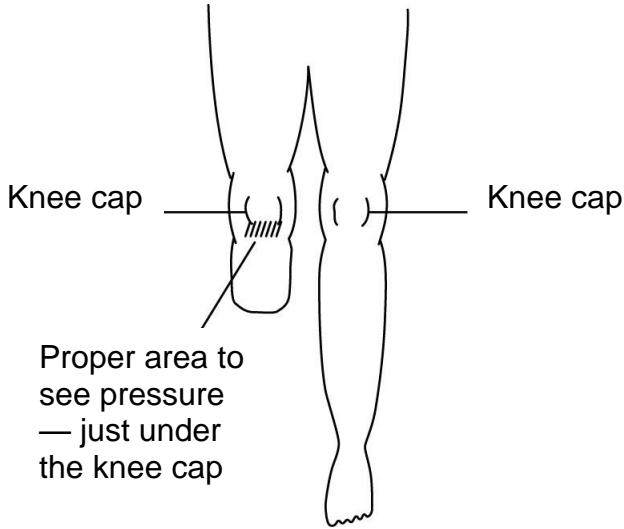
Signs to add ply with a below knee prosthesis

- Pressure too close to the bottom of your knee cap or marking on your knee cap.
- Your leg moving in the socket while you are walking.
- Increased pressure behind your knee.
- Feeling short on your prosthetic side.
- Socket goes on too easily.

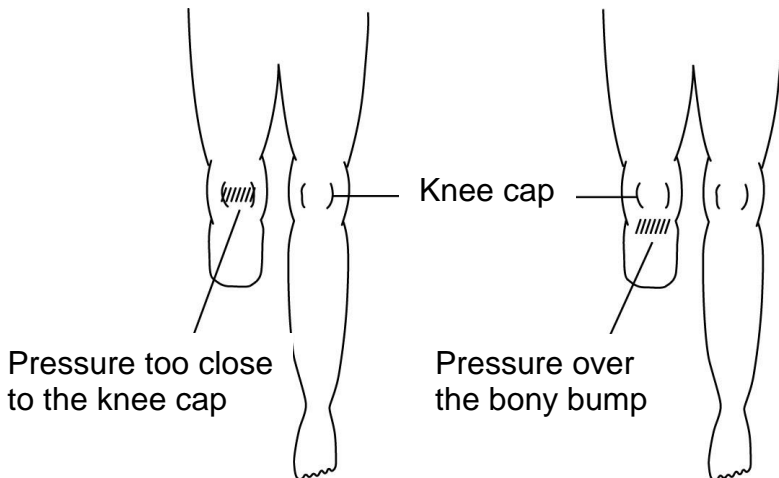
Signs to decrease ply with a below knee prosthesis

- Pressure on the bony bump below your knee cap (see hint on page 23).
- Socket too tight.
- Prosthesis feels too long.
- Increased pressure on the bony sides of your knee.
- Not able to get socket on.

This drawing shows the **proper** area to see pressure.



These drawings show the **wrong** areas to see pressure. This means your prosthetic socks need to be adjusted.



Signs to add ply with an above knee prosthesis

- Increased pressure in your groin.
- Increased pressure on the bone in your buttock.
- Looseness in socket when you are walking (make sure your waist belt is tight first).
- No more holes left in your waist strap.
- Feeling shorter on your prosthetic side.

Signs to decrease ply with an above knee prosthesis

- Socket too tight.
- No pressure on the bone in your buttock.
- Looseness that gets worse when you add a sock.
- Prosthesis feels too long.

Always adjust your socks by using the chart on page 27.

If you cannot tolerate the change from one thickness to the next, talk with your amputee team or prosthetist.

A cut or blister may mean that your prosthesis does not fit properly. If you notice a cut or blister on your leg, please call your family doctor, rehabilitation doctor and/or prosthetist. Important telephone numbers are listed on the last page of this book.

If you have a cut or blister, wipe the area with a providine swab. Cover it with a small, clean, dry dressing. When a scab forms, leave it alone until it falls off. The scab protects your skin as it heals. Removing the scab can delay healing.

Using socks to make your prosthesis fit well

Your first prosthesis is called a training unit. The shape of this unit was molded from your amputated leg, when it was still swollen. As your leg begins to shrink, you will have to adjust for the smaller size by adding socks.

There are different kinds of socks. Your prosthetist will give you a supply of socks of different thicknesses.

Sheath

A thin nylon sheath that you wear next to your skin. The sheath does not count as a layer of sock. If you have an amputation above the knee, you will not receive a sheath.

One ply cotton

A thin cotton sock about the thickness of a t-shirt. You wear this next to the sheath.

Three ply wool

A wool sock that has colour stitching around the top._____

Five ply wool

A wool sock that has colour stitching around the top._____

Sock adjustment


If you have signs of pressure in an improper area, please contact your prosthetist.

If you notice pressure too close to the bottom of your knee cap or on the top of the knee cap, your leg is going too far into the prosthesis. You need to add an extra ply of socks.

If you notice pressure on the bony bump below your knee cap (the tibial tubercle), you have on too thick a sock or socks. You need to remove a ply of socks. See pages 22 to 24 to learn when to adjust your socks. See page 27 to learn how to adjust your socks.

If your leg does not feel the way it usually does, this may also be a sign that you need to adjust your socks.

Always adjust your socks by adding or removing one ply at a time.

| | |
|--|--|
| <p>Thinnest Socks</p>  <p>Thickest Socks</p> | 1 ply = 1 ply cotton |
| | 2 ply = 1 ply cotton + 1 ply cotton |
| | 3 ply = 1 cotton + 1 cotton + 1 cotton 3 ply wool |
| | 4 ply = 3 ply wool + 1 ply cotton |
| | 5 ply = 3 ply wool + 1 cotton + 1 cotton 5 ply wool |
| | 6 ply = 5 ply wool + 1 ply cotton 5 ply wool + 1 ply cotton + 1 ply cotton 3 ply wool + 3 ply wool |
| | 7 ply = 3 ply wool + 3 ply wool + 1 ply cotton |
| | 8 ply = 5 ply wool + 3 ply wool |
| | 9 ply = 5 ply wool + 3 ply wool + 1 ply cotton |
| | 10 ply = 5 ply wool + 5 ply wool |
| | 11 ply = 5 ply wool + 5 ply wool + 1 ply cotton 3 ply wool + 3 ply wool + 5 ply wool |
| | 12 ply = 3 ply wool + 3 ply wool + 5 ply wool + 1 cotton |
| | 13 ply = 3 ply wool + 5 ply wool + 5 ply wool |

Notes:

Tips to remember

Caring for your amputated leg

- Wash your leg every evening with warm water and mild soap. Rinse soap off well. Pat dry with a towel.
- Use cotton swabs to clean any skin folds.
- If your skin is dry and flaky, rub in a little mild, non-greasy skin lotion at night. Do not put lotion in open areas.
- Check the skin of this leg several times a day. Use a hand mirror to check the skin on the back of your leg.
- Remove your prosthesis several times in a day to check your skin.
- Check leg for:
 - S**ize – normal or swollen
 - C**olour – reddened, bruised or normal
 - O**pen areas – cuts, scrapes
 - T**emperature – normal or hot spots
 - S**oreness – is there a tender or sore spot
- When wearing the prosthesis make sure the prosthetic foot is supported (the foot is on the ground or on a foot pedal).
- Remove your prosthesis when lying down.
- Use your bandage or shrinker before going to bed AND when you are not wearing your prosthesis.

Caring for your other leg

- Check the skin of your other leg twice a day. Use a mirror in good light.
- Call your family doctor if you notice any cuts, changes in your skin colour or temperature.
- Wash your leg every night. Rinse well. Pay dry, even between your toes.
- Apply lotion to dry skin at night. **Do not** put lotion between your toes.
- Keep your toenails short. We suggest you ask someone else to cut your toenails, such as a chiropodist or podiatrist. Make sure you tell them you have poor circulation or sensation. Toenails should be cut straight across.
- **Do not** try to remove corns or calluses.
- Avoid activities that could bump, cut or scratch your skin.
- Wear cotton socks. These socks absorb perspiration.
- **Do not** wear socks that have tight elastic bands around the top.
- Wear a shoe that fits well and supports your foot. rubber-soled, laced shoes are best. See “When the shoe fits!” on pages 35 to 37 for information about choosing the right shoes.
- Take off your shoe every 4 to 5 hours. Check your foot for signs of pressure from your sock or shoe.

Do not expose your legs to extreme temperatures. We do not recommend you use a heating pad or ice.

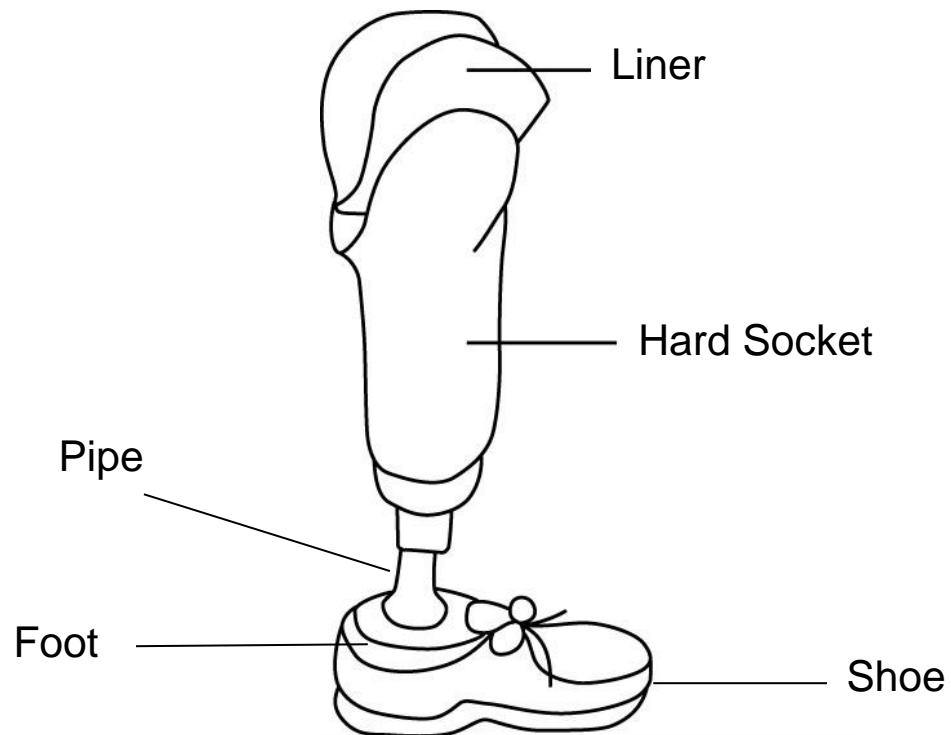
Do not apply any chemical or strong ointments to your legs.

Care for your prosthesis

- If your prosthesis has a liner, wipe the liner out each night with a damp cloth and mild soap.
- If your prosthesis does not have a liner, wipe out the socket each night with a damp cloth and mild soap.
- Check each night that your prosthetic foot (and prosthetic knee if present) is not loose. You can check by holding the pipe and try to move the foot and then the socket. A clicking sound when walking may also indicate a looseness.
- If there is looseness, **do not** put the prosthesis on and contact your prosthetist.
- Do not grind, cut or change the prosthesis yourself. See your prosthetist for all adjustments to the prosthesis.

You will be seen regularly after you leave the hospital, to check your progress. Usually 9 to 12 months after you have received your training prosthesis, you will be assessed for your final prosthesis.

This picture shows a prosthesis with a liner.



Your personal hygiene

After an amputation you may perspire more because:

- you have lost some skin surface
- exercise and walking takes more effort

Showering or bathing increases your blood circulation. This can slightly change the size of your amputated leg. If you shower or bathe in the morning, you may find it hard to put on your prosthesis. Showering or bathing in the evening is better.

If you cannot avoid morning bathing, use your bandage or shrinker for 1 hour to reduce swelling of your leg before putting on your prosthesis.

Care of your socks, bandage or shrinker sock

- Hand wash your bandage, shrinker, or socks in warm water with a mild soap. Wash once a week or more often if soiled. You can also machine wash on a delicate cycle.
- Hand wash the sock that is closest to your skin daily.
- Rinse them well, until the water is clear.
- Dry them flat, away from direct heat.

Notes:

When the shoe fits!

Most people only think about their feet when a problem arises.

Too often, we cram our feet into shoes that look better than they fit or feel.

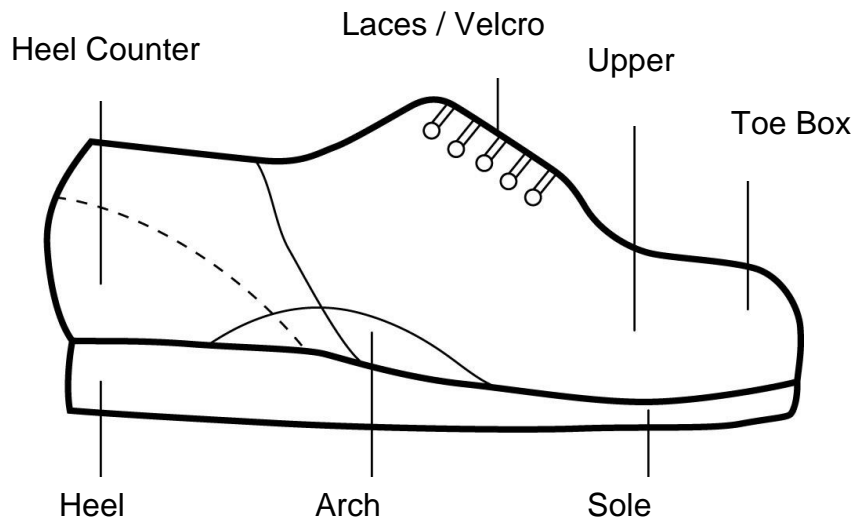
Podiatrists and orthopedic surgeons agree that as much as 75% of foot trouble is caused by wearing incorrect shoes. The correct pair of shoes will make it easier to learn to walk with your prosthesis. They are also an important part of caring for your remaining foot.

Hints for buying shoes

- Good quality running shoes or walking shoes have a lot of good features and are a good place to start looking.
- Have your foot measured and properly fit. Make sure the shoe fits your foot properly. If the other shoe does not fit your prosthesis, it can be adjusted.
- Be sure to stand and walk in the shoes before buying them.
- Keep the receipt for your shoes in case they need to be returned or exchanged for another pair.
- After purchasing new shoes take them to your prosthetist to have your prosthesis adjusted to fit properly.

What to look for in a shoe

The parts checked by the therapist are the ones most important for you.



Laces / Velcro

Lace-up or Velcro shoes prevent the prosthetic foot from sliding around. They also provide support for the other foot and allow for changes in foot size due to swelling.

Firm heel counter

The heel counter is a hidden piece of stiff material that grips your heel. This is necessary to hold the prosthetic foot in the shoe. On the other foot, the heel counter helps to stabilize the ankle.

Broad, low heel

A broad or wide heel provides a stable base as you step onto the prosthesis. The maximum height of the heel should be 1 inch.

Leather upper

- Leather gives your foot support, but is soft enough for comfort, and “breathes”.
- Suede stretches and gives little support.
- Vinyl uppers do not stretch or breathe causing feet to perspire.

Feel the inside of the shoe. Avoid shoes with any rough seams or stitching which can damage your skin.

Toe box

This part of the shoe is important for your remaining foot. It should be as **wide** as your foot. It should also be **deep** enough so that there is no rubbing on the top of your toes.

Lightweight, cushioned sole

A lightweight sole will keep the prosthetic leg as light as possible. This will make it less tiring to walk.

Avoid leather soles which are not cushioned and can slip.

Important:

When changing shoes, heel heights must be similar to keep the prosthesis in the correct position. If heel height on shoes is different, see your prosthetist.

Notes:

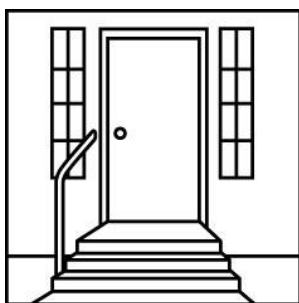
Fall prevention and safety

Learning to use a prosthesis in your daily life comes with new challenges. A large number of accidents in the home are a result of falls. A safe environment is important for everyone.

Reading this information can help you.

- recognize potential dangers, and
- take action to prevent accidents in your home, environment and community

Entrances



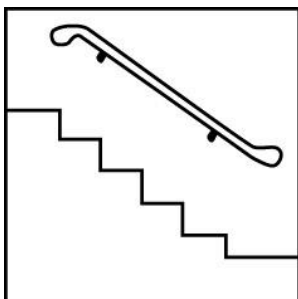
- Install at least one railing if there are several steps.
- Keep the steps and landing free from dirt, snow and ice.
- Keep outside walkways clear and in good repair.
- New environment? Call ahead to find out about accessibility.

Floors



- Remove all loose scatter rugs. If covering your floors, choose a hard surface, or dense, short pile carpet without thick under padding.
- All floors can be slippery when wet, especially ceramic tile.
- Wear shoes at all times when up.
- Consider overshoes, or boots in wet weather; check with your prosthetist before changing footwear.

Stairs



- Install at least one handrail that extends beyond the top and bottom steps.
- When installing a railing, follow CMHC* guidelines.
- Keep stairs free of clutter.
- Use non-slip treads if the stairways are slippery.
- Have light switches at top and bottom of stairs.

Living space



- Select stable chairs that are a good height to get up from. Avoid rockers, chairs with wheels, and low, soft couches.
- Consider furniture blocks if still having trouble getting up from couch.
- Arrange furniture for clear, safe access.
- Keep things you use often within reach.

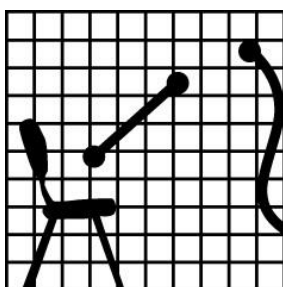
*CMHC - Canada Mortgage and Housing Corporation
<http://cmhc.ca/>

A safe kitchen



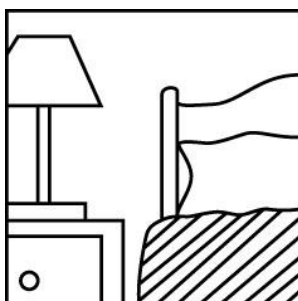
- Store items used most often within easy reach, preferably between knee and shoulder height.
- If using a walking aid, look for a safe way to lift and carry items.
- Keep a fire extinguisher in the kitchen.
- Do not stand on a chair to reach things.

Bathroom



- Use a non-slip bathtub mat or non-slip strips in the tub or shower.
- Do not stand in the shower on one leg.
- A towel rack, soap dish or faucet is not designed to be a grab bar.
- Use bath seats, shower hose extensions and grab bars for safety. Your Occupational Therapist can help you choose the right equipment

Bedroom



- Do not put prosthesis on during the night to go to the bathroom. Use a wheelchair, a commode chair or a urinal beside your bed.
- Keep a light handy beside your bed.

Fall prevention tips

- Make sure there is enough light in your home, especially at stairways.
- Keep electrical and long telephone cords well away from walking areas.
- Use smoke and carbon monoxide detectors. Contact your local fire department for help in maintaining detectors.
- Consider using a cell or cordless phone in case of emergency.
- Plan ahead and conserve your energy. Never try to do an activity when you are tired. More accidents happen when tired.
- If using a cane, consider an ice-grip attachment for winter walking.
- If living alone, plan in advance for emergency situations. Consider a personal alarm system.

If you have any questions about fall prevention and safety, please talk with your Occupational Therapist.

Healthy living guidelines

- Stop or reduce smoking if you smoke. Talk to your family doctor if you want to quit and need help.
- Eat a balanced diet. See 'Healthy eating for you' beginning on page 44.
- Exercise daily. Talk with your physiotherapist.
- Clean and dry your skin every day.
- Check your skin for changes every day.
- Keep regular prosthetic check ups.
- Keep regular appointments with the Amputee Clinic.
- Manage diabetes, if present, so blood sugars are kept within range as prescribed by your family doctor.
- Manage other medical conditions such as high blood pressure or seizures as prescribed by your family doctor.
- Have regular follow-up visits with your family doctor.

Healthy eating for you!

Healthy eating is important for good health. After an amputation, your nutrition and eating is even more important to improve your wellness and strength, achieve and maintain a healthy weight and to keep your skin healthy.

Eating Well with Canada's Food Guide

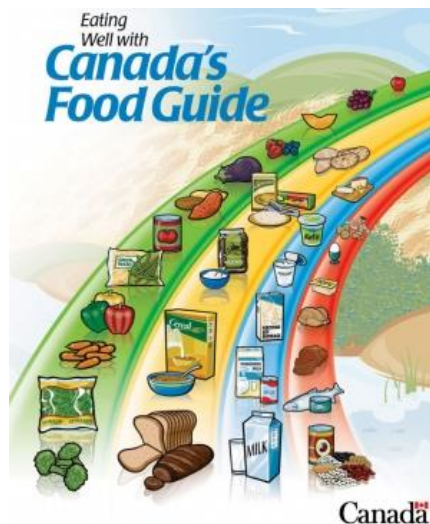
Use Eating Well with Canada's Food Guide to help you choose what types of food and how much to eat. There are 4 food groups. Every day enjoy a variety of foods from each food group.

Well-balanced and healthy eating means:

- Eating the recommended amount and type of food each day.
- Including foods from at least 3 of the 4 food groups for a balanced meal. This will help you to get all the vitamins, minerals and other nutrients you need.
- Including foods with fibre and lean protein in your meals and snacks to help you feel full longer (see pages 47 to 50).
- Limiting foods and beverages high in calories, fat, sugar or salt such as pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream frozen desserts, french fries, potato chips, salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened drinks.

The food groups

| | |
|--|---|
| <p>Vegetables and Fruit (7 to 10 servings a day)</p> <p>One serving equals:</p> <ul style="list-style-type: none">1 piece of medium-sized fruit½ cup sliced fruit½ cup cooked vegetables1 cup leafy vegetables½ cup 100% fruit juice | <p>Grain Products (6 to 8 servings a day)</p> <p>One serving equals:</p> <ul style="list-style-type: none">½ cup cooked whole grain pasta or rice1 slice of whole grain bread¾ cup hot cereal½ bagel |
| <p>Milk and Alternatives (2 to 3 servings a day)</p> <p>One serving equals:</p> <ul style="list-style-type: none">1 cup skim or 1% milk¾ cup skim or 1% yogurt1 cup soy milk1 ½ ounces of cheese (less than 20% MF) | <p>Meat and Alternatives (2 to 3 servings a day)</p> <p>One serving equals:</p> <ul style="list-style-type: none">2 eggs2 tablespoons of peanut butter¾ cup cooked beans or lentils2½ ounces or ½ cup cooked fish, chicken or lean meat¼ cup of shelled nuts or seeds |

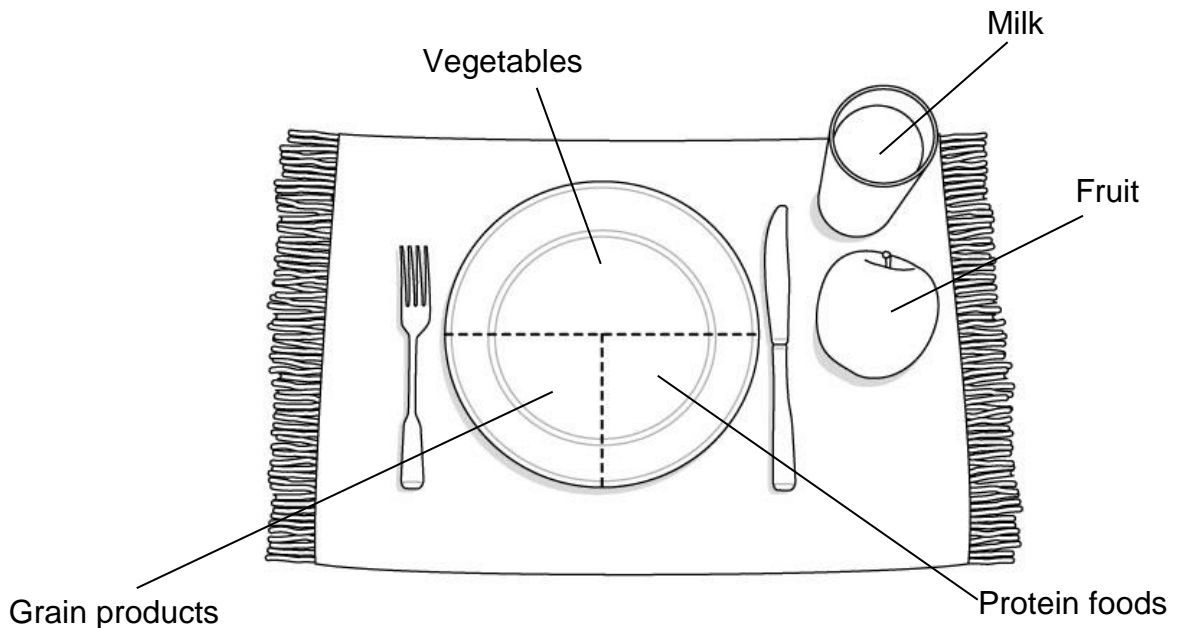


How to build a healthy meal

The key to a healthy meal is variety!

- Vegetables and Fruit – Fill $\frac{1}{2}$ of your plate with a variety of vegetables. Choose dark green, red and orange colours more often. Have a piece of fruit for dessert.
- Grain Products – Fill $\frac{1}{4}$ of your plate with whole grain products such as rice, pasta or breads.
- Meat and Alternatives – Fill $\frac{1}{4}$ of your plate with healthy, low fat meat and alternatives such as fish, legumes (peas, beans and lentils), tofu or small portions of lean meats.
- Milk and Alternatives – Have a glass of low fat milk or a small container of yogurt to complete your meal.

Building a healthy meal is simple, but does take time to figure out! Use the picture below to help you. Watch your portion sizes.



Eating more fibre

Fibre is an important part of a healthy diet for everyone. Fibre can promote regular bowel movements. It has also been shown to help prevent or treat high blood fats, cardiovascular disease, high blood pressure, obesity, certain cancers, gastrointestinal disorders and diabetes.

What is fibre?

- Fibre is part of all plant foods There are two types of fibre: insoluble and soluble.
- Some foods have more of one type of fibre than another. You may be advised to increase only one type of fibre to help improve your health condition. If not, aim to eat both types of fibre everyday. Fibre is found from 3 of the 4 food groups:
 - Grain Products – such as whole grain cereals and breads
 - Vegetables and Fruits
 - Meat Alternatives – such as legumes (lentils, peas and beans), nuts and seeds
- There is no fibre in meat or milk products.

Be careful ...

- Your body will need to adjust to more fibre in your diet. Increasing fibre too quickly or without drinking enough liquids may cause gas, bloating, cramping, diarrhea or constipation.
- Add fibre-rich foods slowly to your diet. For example, add one new high fibre food each day for one week.
- Drink 8 to 10 cups of fluids per day when increasing your fibre intake.

What is the best way to increase my fibre intake?

Breakfast

- Cereals: Choose a whole grain cereal like Bran Flakes, Raisin Bran or Oatmeal. Sprinkle natural bran, All Bran or flaxseed on other cereals like Cornflakes and Rice Krispies.
- Bread: Choose whole wheat bread or toast, or a bran muffin. Ask for our High Fibre Supplement and try spreading it on your toast.
- Fruit: Choose fresh fruit, such as a banana or berries. Add fruit to your cereal. Prunes are another high fibre choice.

Lunch and Supper

- Entrée: Pick items such as meal salads (large salad with protein) or baked beans.
- Vegetables: Have a side salad. Cooked vegetables like peas and corn are high fibre choices.
- Bread: Choose whole grain breads or muffins.

Dessert

- Pick fresh fruit. Most fibre is found in the skin of the fruit, so do not peel apples and pears.

Nutritional needs when you have an amputation

Besides following Eating Well with Canada's Food Guide, when you have an amputation you may have other nutrition needs which can include:

- weight management
- an increase in protein for wound healing

Weight management

Rehabilitation is hard work. After your amputation, if you do not eat enough food, you will feel tired, lose weight and lose muscle.

Eating poorly may make it difficult for wounds to heal and increase your risk of pressure sores.

If you have lost a lot of weight since your amputation, you may need to gain back some or all of your weight. You will need to choose more servings from each food group.

On the other hand, if you have been less active since your amputation, you may have gained unwanted weight. Maintaining a healthy weight is important for your overall health to prevent future development of Type 2 diabetes, heart disease, joint problems and immobility.

Choose the lower number of servings a day for each food group to decrease the amount of calories you are eating. Examples of one serving are listed under each food group.

Weigh yourself once a month to check weight changes and keep yourself on track.

Protein

Protein is needed in the diet to keep skin healthy. A high protein diet may be needed to help heal pressure sores and give the body back proteins which are lost from these sores.

Two food groups are the main sources of protein:

- Meat and Alternatives
- Milk Products

If you need a high protein diet, you should choose several foods from each of these groups every day. **Here are a few ideas to help increase your protein intake:**

- Eat protein foods first at meals and snacks.
- Try having a small meal or snack every few hours instead of 3 large meals.
- When you go out, bring a snack that is easy to carry such as granola bars, or cheese and crackers.
- Keep easy to prepare foods on hand, such as frozen dinners, canned foods and eggs.
- Tired of cooking everyday? Try making meals in big batches and freezing smaller portions to be used later.
- Include milk, rice beverage, soy beverage or evaporated milk with meals or snacks.
- Avoid filling up on drinks that are low in protein such as coffee, tea, pop and juice.
- Try to include a least one protein item at each meal or snack, even if it is a small portion such as 1 egg, 1 oz cheese or 1 Tbsp of peanut butter.

Contact your Registered Dietitian or Dietetic Assistant for more information or questions related to any of the nutritional information provided.

You can get a copy of Eating Well with Canada's Food Guide from Health Canada's website: www.healthcanda.gc.ca/foodguide or ask to see a Registered Dietitian or Dietetic Assistant.

Coping with an amputation

A major loss

The amputation of a limb is a major loss. It is similar to the death of a good friend or family member. When you are grieving this loss, you may feel different emotions:

- denial
- anger
- frustration
- fear
- sadness
- guilt
- depression
- hopelessness
- relief

It is very common to feel many of these emotions at the same time. Although these feelings are uncomfortable, experiencing them may help you to adjust to your amputation.

Having an amputation may need changes in how you live. Worrying about these changes places stress on you and your family. Stress can cause you to feel tense, sad or hopeless.

Common thoughts and feelings

Below are some thoughts and feeling you may have:

- Being a burden to your family
- Frustrated and angry about not being able to do as much around the house
- Lonely and not able to visit friends
- Sad or fearful about the future
- Unhappy about your self-image
- Worried that your partner is no longer attracted to you
- Feel your family does not understand your feelings
- Reluctant or do not want to ask for more help from your family
- Frustrated that your family will not let you do things yourself

Coping

Everyone has their own way of adjusting to an amputation. With time and practice, you will feel better about managing your new prosthesis. Learning new ways to do old things will help you to do the activities you did before.

You are not alone in learning to cope with your amputation. Sharing your feelings with others helps to ease the stress you are feeling. Talk to other people who have had an amputation who are in a similar situation. You may find it helpful to listen to their experiences.

Families are also affected by amputations. They may feel many of the same emotions you are feeling. Sharing your concerns and information about your progress with your family helps them to support you as you become more independent

The social worker is available to meet with you. A social worker will help you in your adjustment to amputation or with other personal problems that may be affecting your ability to cope.

If you are having some of the above feelings when you leave the hospital, please contact your family doctor.

Questions or problems

If you have any questions or problems at home, please call
905-521-2100.

- Prosthetist (P&O) _____ Ext. _____
- Physiotherapist _____ Ext. _____
- Prosthetic Clinic _____ Ext. _____
- Social Worker _____ Ext. _____
- Occupational Therapist _____ Ext. _____
- Dietitian _____ Ext. _____
- Therapeutic Recreation _____ Ext. _____

