Wounds Canada: Limb Preservation Symposium

The Wrong Side of the Knife

Speaker: Neil Hopper, BSc MB BCh MD FRCS

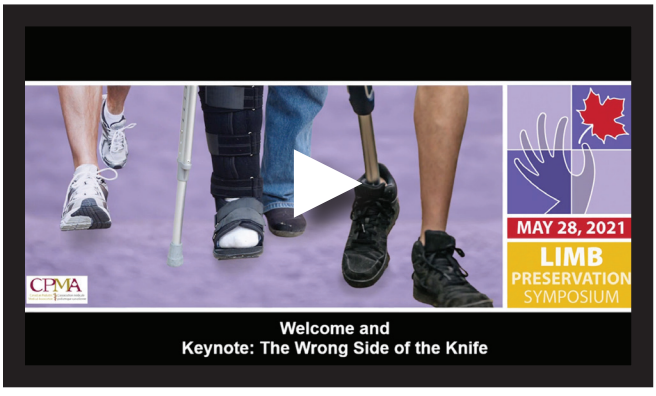
A session summary from Wounds Canada's 2021 Limb Preservation Symposium

Neil Hopper is a 44-year-old Welsh consultant vascular surgeon. Prior to April 2019, his engagement with his patients ended the moment they were discharged; he never thought about impact of his work after the patients returned home. This all changed when he experienced an amputation as the patient, not the surgeon.

In April 2019, Hopper took a camping trip with his son and daughter, and all three of them became ill with diarrhea and vomiting. While his children got better quickly, Hopper's symptoms continued, and he developed additional flu-like symptoms such as aching joints and fever. After returning home, he took brufen and paracetamol with a glass of whisky and went to bed.

Twelve hours later, Hopper woke up in the emergency department of his own hospital. He was hypotensive, tachycardic and febrile. With fluids and antibiotics, he began to improve but was transferred to the intensive care unit. At this point, Hopper had intense pain in his feet. His doctors suggested he be transferred for hyperbaric oxygen therapy. At first he refused to go, citing a lack of evidence that it would improve his condition, but he was eventually convinced to try it. He found the sessions painful and, because he was unable to take books, electronic devices or glasses/contacts into the room, also extremely boring.

After about 16 of the 40 sessions, Hopper became septic and underwent bilateral forefoot amputation. Since he finds the wounds from this type of surgery hard to heal with his own patients, waking up to see he had undergone the



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Revelation

Hopper learned that assistant nurses are the main point of day-to-day care on the ward. He spent more time speaking with the ward caterer than the doctors providing his care. Now, in his own practice, he always asks the opinion of the staff who spend more time with the patients than anyone else on the team.

surgery was difficult to deal with. Several plastic surgeons he consulted believed they could save the remaining skin on his feet with skin grafts and multiple operations, but they were unable to predict the functionality. A prosthetics team explained that it would be very difficult to fit his feet with functional prosthetics. Below-the-knee prostheses were considered a more viable option in Hopper's case.

At this point, Hopper was fed up and wanted to go home. The thought of having multiple surgeries without a guarantee of function was depressing. He decided to go ahead with bilateral below-knee amputations. After the surgery, Hopper was glad he had made that decision. He felt much better, he felt safe and he began to improve quickly. He was discharged after only a few days.

When he got home and the constant visitors and attention ceased, Hopper had time to reflect on the massive change that had come over his life. He realized he might never work again; his mental health and mood took a turn for the worse. At this point, Hopper received what he calls a "directed motivational speech" from his wife. He set several goals: to walk ASAP, to return to work ASAP, to get off medications ASAP and to work toward acceptance of his new reality.

Revelation

Hopper was surprised that what might be called a surgical success could still be a prosthetist's nightmare. He is now much more likely to involve prosthetists at an earlier stage when working with his surgical patients.

The biggest step forward was being fitted with prosthetic limbs. It wasn't as weird as he thought it would be; they were reasonably comfortable and his balance was acceptable. Six months after his amputation, he returned to work part-time before eventually moving back to full-time about a year following his amputations. Hopper also began going to the gym and enjoying exercise for the first time. He tried paddle boarding and learned how to lift a weight in front of his head, which is very difficult without ankles. He was unable to ride a bike without his feet sliding off the pedals, so he purchased a recumbent bike to enjoy riding with his children.

Hopper's experience has given him insight and knowledge about amputation that many clinicians do not have. He found that losing a limb isn't only physical; it changes how you see yourself, how others see you and your place in society. For him, the mental challenges were greater than the physical challenges.

Revelation

Hopper is now much more tuned in to his patients' experiences during the time between discharge from hospital and the beginning of rehabilitation, about six to eight weeks later. This was the darkest time in his own recovery journey, and he often sees his patients deteriorate during this period.

Hopper found that time passes extremely slowly when you are unoccupied at home. When he was discharged, he was told it would be four weeks until his first prosthetics appointment, but after four weeks he inquired and was told it would likely be another four weeks. This was devastating, as he had been counting down the time. He realized that it can be very dangerous to overpromise on timeframes.

Hopper's experience made him aware of internet forums and blogs related to amputation. Generally, these were a force for good, with sound

advice and connection with others in similar situations. However, he also found that the internet tends to attract people having either an amazing experience or a terrible time. In these spaces, there are strong opinions and lots of conflicting information and experience, which can be confusing and scary. Online forums can also highlight inequality in funding or availability of prosthetics, which can be disheartening. Another concern is "achievement pornography," which shows amputees successfully and enjoyably engaging in intense physical activity. This standard can be misleading: you don't see the blisters these individuals develop or the days off they take to heal in a wheelchair. It is important to be aware that the most noise online is made by those at the far ends of the spectrum.

One of the best things for Hopper was social media: Facebook, Twitter and Instagram. He has learned so much from other amputees and surgeons on these platforms and has made international friends.

Join the Community
Follow Neil Hopper on Social Media
Twitter: @neilhop76
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Upon reflecting, Hopper knows he doesn't have all of the answers and can only speak to his own experience. There are still good days and bad days, physical setbacks (especially blisters and phantom limb sensation) and occasional moments of realization when he wakes up in the morning thinking it was all a bad dream. Through all of it, Hopper learned that losing a limb is not just about the physical change, it is also about how the physical change impacts every other facet of life. Amputation isn't a failure and the end of treatment; it is an opportunity for safety, learning and growth. Now, Hopper sees amputation as something to embrace, both as a challenge and the chance for a fresh start.

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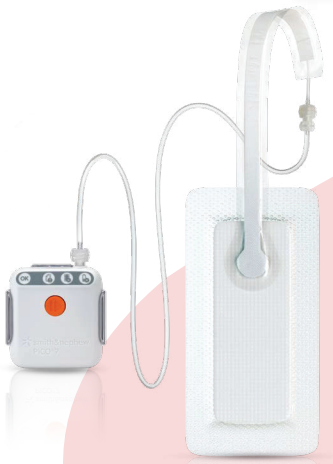

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References: 1. Kirsner R, Dove C, Reyzelman A, Vayser D, Jaimes H. A prospective, randomized, controlled clinical trial on the efficacy of a single-use negative pressure wound therapy system, compared to traditional negative pressure wound therapy in the treatment of chronic ulcers of the lower extremities. *Wound Rep Regen*. 2019. May 14 https://doi.org/10.1111/wrr.12727. **2.** Dowsett C, *et al.* Use of PICO◊ to improve clinical and economic outcomes in hard-to-heal wounds. *Wounds International*. 2017;8, p53–58. *45 vs 22%; p=0.002; ITT population. † Single Use Negative Pressure Wound Therapy (sNPWT). ‡ Traditional Negative Pressure Wound Therapy (tNPWT).

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