



Saskatchewan
Health Authority

Recovery After a Leg Amputation



CS-PIER-0237
OCTOBER 2025



saskhealthauthority.ca

Table of Contents

Your Healthcare Team	3
Healthcare Providers	4
Before Your Surgery	5
After Your Surgery	6
Pain Control	6
Phantom Sensation and Phantom Pain	6
Your Recovery	7
Incision Healing	7
Controlling Swelling	8
Desensitization	8
Exercises for After Surgery	9
Breathing Exercises	9
Circulation Exercises	9
Preventing Stiffness and Loss of Movement	10/11
Activities of Daily Living	12
Wheelchair safety and walker use	13
Driving	14
Planning to Go Home	15
Community Services	15
Skin Care at Home	15
Care for your Other Leg	16
Home Accessibility and Safety	17
Ramps, Lifts, and Stairs	17
Home Safety and Preventing Falls	17
Taking care of your Health	18
Getting Ready for a Prosthesis	19
Scar Massage	19
Wearing Shrinker Socks	20
About your Potential Prosthesis	21
Relationship and Body Image	22
Additional Resources	23/24
Notes	25/27

Your Healthcare Team

This book helps you learn how to take care of your amputation. It teaches you how to take care of yourself now that you have an amputation. There is a whole team of people to help you, but *you* are the most important part of the team!

Other people on the team are:

- Your support people (friends and family)
- Surgeon (the doctor who does the amputation)
- Nurses
- Physical therapist (PT)
- Occupational therapist (OT)
- Social worker
- Dietitian
- Clinical coordinator (the nurse who looks after the hospital unit)
- Physiatrist (a doctor who helps decide when you are ready for an artificial leg)
- Prosthetist (a person who makes artificial legs)

After your surgery, a physical therapist and occupational therapist meet with you in hospital. The physical therapist works with you to show you how to move. They teach you exercises and stretches to keep both your legs strong and flexible. They also teach you how to care for your amputation. The occupational therapist teaches you new ways to look after yourself (doing things like dressing, bathing, and toileting). The therapists help you get the equipment you need to go home safely.

My Healthcare Providers

Name:

Contact Information:

Name:

Contact Information:

Name:

Contact Information:

Name:

Contact Information:

Name:

Contact Information:

Before your Surgery

Amputations can be caused by a sudden accident or by diseases like diabetes or poor blood flow (vascular disease). It changes your body, how you move, and how you live. Many people find these changes affect their mood and feelings.

It is normal to feel nervous about your surgery. Before and after surgery, it is common to feel a sense of loss, grief, anger and/or depression. You may wonder what it will be like to lose your leg, and how this will affect your lifestyle, work, relationships and the activities you enjoy. These feelings are normal. It is very important that you share these feelings with your healthcare team. Your team is available to address questions and concerns you may have but also to assist you with these changes in your life. Talk to your team about referral to someone who can provide you with emotional support.

You might find it helpful to talk with someone who has already had an amputation. If you think this would help you, call the Amputee Coalition of Canada. They run a visitor program and can put you in touch with a person who has had an amputation.

Amputee Coalition of Canada

1 855-456-0267

Email: info@amputees-amputee.org

After your Surgery

After your surgery, there is a large dressing (bandage) wrapped around your amputated leg. Under your dressing the incision (cut from the surgery) is closed with staples or stitches. You may also have a small tube to drain away old blood from the surgery. You may have a splint to keep the knee straight and help protect it. Your doctor decides when this can all be removed and when you are ready to start moving. Physical and occupational therapy work with you towards achieving your goals.

Pain Control

You will have some pain after surgery and while your leg is healing. It takes about 4 to 6 weeks for your incision to heal and the pain gets better as it heals. In hospital, you are given medication, either by mouth or injection (needle), to help you with your pain. Let your nurse know as soon as you feel pain after surgery, as it is easier to control the pain if you take the medication when it is just starting to hurt. **Do not** wait until the pain is really bad. Tell your nurse if the pain medication is not working. When you leave the hospital, you are given a prescription for pain medication to have at home. Follow the instructions from your pharmacist or doctor on how to safely use this medication.

Phantom Sensation and Phantom Pain

After your surgery, it may feel like the part of your leg that was removed is still there. This feeling is normal and is called *phantom limb sensation*. Phantom limb sensation is painless, but you may feel itching, tingling or even movement of the leg you no longer have. If you feel like your leg is still there, you may try to step on it. This is dangerous and you could fall. Phantom limb sensation may actually be helpful in learning to use an artificial leg (prosthesis). Phantom limb sensation lasts and feels different for everyone.

For some people, the sensation mentioned above becomes painful. This is called *phantom pain*. You may feel cramping, shooting, burning, or crushing pain. Stress, anxiety and not getting enough sleep can make phantom pain worse. There are many ways to help control this pain. Relaxation exercises, visualization, massaging your leg, distracting yourself, or medication can help. Your therapist may have other ways to help with your phantom pain, so be sure to ask questions.

Your Recovery

During your recovery after surgery, it is important to:

- help with incision healing
- control swelling in the amputated leg
- prevent stiffness and loss of movement
- build muscle strength
- learn new ways of doing normal daily activities

Incision Healing

Incision healing is important after surgery and varies from person to person. It may take weeks to months for your incision to fully heal. Some things that slow healing are:

- smoking
- diabetes
- infections
- poor blood flow in the leg
- not eating enough or eating unhealthy foods
- hurting the incision by scratching, picking, bumping, or falling on it

Your incision needs to be fully healed before you can get a prosthesis. There are things you can do to help the incision heal:

- Do not pick or touch your incision until all the scabs are gone and there are no more open areas.
- Stop or cut back on smoking.
- Eat a healthy diet, which includes fruits and vegetables.
- Control your blood sugars if you have diabetes.
- Do the exercises your therapist gives you to help with blood flow and to control swelling.
- Be careful not to bump or fall on your amputated leg.
- To help with desensitization

Controlling Swelling

After surgery, it is normal for your amputated leg to be swollen. It is important to control and manage the swelling in the amputated leg and get rid of it as soon as possible. Too much swelling will slow down healing, cause pain, and make it hard to fit an artificial leg. Swelling is managed by a compression garment (soft dressing) which your surgeon or therapist will select for you, such as elastic tubular stocking, a tensor (elastic) bandage, and/or a shrinker sock. The therapist teaches you how to wear your compression garment.

The purpose of the compression garment is to:

- control swelling and help healing
- shape the leg for prosthetic wear
- decrease pain, including phantom pain
- help with desensitization

Desensitization

Desensitization is a way to help make your amputated leg less sensitive. After your surgery you may find your amputated leg more sensitive to touch, temperature (hot or cold), vibration, and pressure. You can help desensitize your leg by touching and massaging it many times each day. You can even do this overtop of your surgical bandages. You can also brush your leg with different textured materials and tap it with your fingers and hands to decrease the sensitivity of the leg.

Exercises for after surgery

It is important to start breathing and circulation (blood flow) exercises as soon as you wake from your surgery. You should keep doing these exercises until you are spending most of your day sitting up and moving around.

Breathing Exercises

Staying in bed after surgery allows phlegm (mucus) to build up in your lungs. Germs can grow in this phlegm and cause an infection like pneumonia. Deep breathing and keeping your lungs clear by coughing can help you stay healthy.

Deep Breathing Exercise: In a lying or sitting position, take a slow deep breath in until your lungs feel about half full. Without breathing out, “top up” your lungs with three sniffs through your nose. Hold your breath for 3 to 5 seconds, and then breathe out. Repeat this 10 times every hour that you are awake.

Circulation Exercises

When you stop moving or spend a lot of time in bed, the flow of your blood slows down. When this happens, you can get blood clots or more swelling in your legs. Moving your muscles lots after surgery can help prevent swelling and blood clots. These are some exercises to do that will help keep your blood moving while lying in bed.

Ankle Pumps: Lie on your back and keep your leg(s) straight. Point your toes as far down as you can. Then pull them all the way back up. This movement is much like pressing on and off of a gas pedal. Do this slow, steady motion 10 times every hour that you are awake.

Thigh Squeeze: Lie on your back, with leg(s) relaxed. Straighten your knee(s) as much as possible. Think about pushing the back of your knee into the bed by tightening the muscles on the front of your thigh. Hold your knee straight for 5 seconds, and then relax. Do this 10 times every hour you are awake.

Bum squeeze: Lie on your back, squeeze your buttocks (bum cheeks) together. Hold this squeeze for 5 seconds, and then relax. Do this 10 times every hour that you are awake.

Preventing Stiffness and Loss of Movement in your leg

It is important to move your leg after surgery. If you spend too much time with your knee or hip bent, they can get stuck like that. If your leg is stuck in a bent position (a contracture), it will be hard to get a prosthetic. Your therapists shows you how to position your leg and give you exercises to help prevent stiffness. Once you start using a wheelchair after surgery, it is important to return to bed to complete your exercises 3 times a day. The following are some positioning tips to prevent stiffness and the loss of movement.

- Do not put a pillow under your knee when in bed as it bends your knee and over time can make it harder for you to fully straighten your leg.
- Sit in a chair with a firm back and seat to help you keep good posture.
- If you have a below knee amputation, rest with your knee straight.
- Do not sit with your legs crossed.
- Use your amp board and cushion when sitting in your wheelchair.

To keep your muscles from getting too tight, your therapist shows you how to do the following stretches.



Lay on your stomach with your legs straight

This exercise helps stretch your hips. Do this for 15 to 20 minutes two times a day. Do not place a pillow under your head or shoulders. You may place a pillow under your hips if lying flat is too uncomfortable. It is important to have straight hips if you want to use an artificial leg in the future.



Lay on your back with your legs straight

Practice keeping your legs in line with your hips when you are in this position. Make sure the bed is flat. This exercise helps stretch your hips and can help the prosthesis fit better in the future. Lie in this position for 10 minutes 3 times daily.



When sitting in a chair or your wheelchair

Keep your amputated leg supported when you are sitting. This exercise helps control swelling and prevent stiffness. Position your amputated leg on another chair of equal height or on the bed. Your therapist may give you a special 'amp board' to sit on while you are in the wheelchair.

Other exercises

Your physical and occupational therapists teach you exercises to build and maintain strength. It is important to begin your exercise program soon after surgery.

The exercises will help:

- your balance
- to exercise for longer
- prevent joints from getting stiff
- use all your muscles

A copy of your exercise program can be found on the attached handout from your therapist or at the back of this book.

Activities of Daily Living

You have to learn new ways to do activities following your surgery. Your physical and occupational therapists help you with:

Transfers

A transfer is when you move safely from one surface to another. Your therapists teach you the safest way to get in and out of a wheelchair, toilet/commode chair, bed, and tub. There are lots of ways to transfer. Some people use a walker, and some use a board to move from one surface to another. While in the hospital your Occupational Therapist give you a wheelchair and a seat cushion. They may also give you an amp board and amp cushion, if needed. This equipment helps you practice transfers.

When you transfer it is important to remember:



- Always put on your brakes before getting in and out of your wheelchair.
- Remove any equipment that may get in the way when you transfer (foot pedal, amp board, armrest)
- Wear a shoe or grip sock during transfers to make sure your foot does not slip when you try and stand up.

Dressing

Bring in your own clothing to practice dressing, if possible. These clothes should be comfortable to wear, are easy to get on and off, and allow the nurses to check the bandages. If needed, your occupational therapist may recommend a dressing aid or show you other ways to dress.

Bathing

After your surgery, you may need special equipment, such as a bath bench or grab bars to bathe or shower. Your occupational therapist helps you practice transfers with this equipment before you leave the hospital to see what works best for you.

Getting Around

Your occupational therapist helps to arrange a wheelchair for when you go home. You learn how to use a wheelchair to get around while in hospital. Wheeling yourself around in a wheelchair can be hard work, but it is great exercise for your arms, heart, and lungs. If appropriate, you may learn to use a walker or crutches to go short distances. Your physical and occupational therapist determine if this equipment is right for you.

Wheelchair Safety and Use

It is important to practice wheelchair safety to prevent a fall. If you fall, you could injure your amputated leg or incision and delay healing. Hurting yourself as a result of a fall could delay getting a prosthesis.

1. Put the wheelchair brakes on when you:

- are stopped
- plan to get in or out of your wheelchair
- want to pick something up off the ground
- want to reach for something
- are in a wheelchair taxi, bus or vehicle

2. Move your footrests and amp board out of the way when you:

- get in and out of your wheelchair
- want to pick something up off the ground
- want to reach for something

Other safety tips

- go slow and be aware of what is going on around you
- use your hands on your rims to slow your speed when going down hill
- never use the brakes to slow down
- wear bike gloves to protect your hands
- go up and down the middle of a ramp, not along the sides close to the edge

Walker use

Some amputees use a walker or crutches to get around before they get an artificial leg. They do this by hopping on their one remaining leg. If you have poor blood flow or diabetes, hopping around the house on one foot with crutches or a walker can be harmful. Your healthcare team helps you find the best way of getting around.

In many cases, the healthcare team recommends using a wheelchair for most of your mobility. If using crutches or a walker for short distances, your physical therapist will tell you what equipment is needed.

Driving

If you drive, your insurance company (SGI) expects you to inform them if you have had a change in your health that could make it more difficult for you to drive safely. An amputation is a big change in your health. It can affect your ability to drive safely.



You need to inform SGI that you have had an amputation. If you do not tell them, and you got into a driving accident, they might not cover you. **Failure to report could result in no insurance coverage.**

The occupational therapist gives you a *Supplementary Medical Application* form. Fill out this form and send it to SGI so they know you have had an amputation. Once they get your form, the SGI Medical Review Unit sends you a letter. **Do not drive until you receive this letter.** This letter tells you what you have to do if you want to keep driving. Many people are able to drive again after an amputation. Sometimes they need to make changes to their car. They may also have to take a driving test to make sure they are safe.

In the province of Saskatchewan, occupational therapists (as well as doctors and nurse practitioners) are legally required to report drivers who experience a change in medical conditions that makes it more difficult to drive.

Planning to go home

You, your family, and your healthcare team work together to plan for you to go home from the hospital. Leaving the hospital can be a big change. You may have to make changes to your home so you can live safely. Your team helps you plan for these changes.

Community Services

While in hospital, your healthcare team may set-up extra help for home, this may include homecare, community physical and occupational therapy. The physical therapist may give you exercises and practice moving around your home. The occupational therapist makes sure the equipment you need is set up in your home and you are safe when you do everyday tasks. Not every community has community therapy. The healthcare team makes sure you have what you need before you leave the hospital.

Once you are home, if you need more help, you can call your local homecare provider. They will help set up the help you need.

Skin Care at Home

It is important to keep your amputated leg healthy. Below are some tips to help you.

- If you go home with staples or stitches in your incision:
 - Follow the instructions given by your nurse when you go home, including if it is okay to bath or shower.
 - Look at your skin daily. Use a hand mirror to look for signs of skin problems at the end of your limb. This could be new areas of redness, blisters, rashes, bruises, bleeding, pus or the incision opening up. If you see any of these, talk to your doctor or team.
 - Make sure you wear a clean tensor bandage or shrinker sock. Follow the instructions given by your therapist.
- Once your incision is healed:
 - Wash your leg each day using a soft facecloth, warm water and gentle, non-scented soap. Once washed, rinse and pat dry. Apply non-scented lotion after to prevent dry and itchy skin.
 - Look at your skin daily. Use a hand mirror to look for signs of skin problems at the end of your limb. This may include new areas of redness, blisters, rashes bruises, bleeding, pus, or the incision opening up. If you see any of these, talk to your doctor or team.
 - Do not shave your amputated leg as you may develop ingrown hairs or an infection.
 - Put on a clean shrinker sock daily. Hand-wash your shrinkers with a mild, non-scented soap, rinse them well and lay flat to dry.

Care for your Other Leg

After one amputation, your other foot may be more likely to have problems. This is especially true if you have diabetes or poor blood flow. These diseases make it easier for you to get a wound and harder for your body to heal it. It is important to take care of your remaining foot so it does not need an amputation. Here is what you can do to help stop your foot from getting a wound.

- Look at your foot daily to make sure it is healthy. Look for cracks, cuts, blisters, scrapes and areas of redness. If you have difficulty seeing all areas of your foot, use a hand held mirror or ask someone to help you to look at your foot. Be sure to check between your toes.
- Wash your foot every day. Use warm water with mild soap. After washing the foot, use a soft towel to gently pat it dry. Be sure to wash and dry between your toes. Do not soak your foot more than 10 minutes. This can make the skin fragile and you could get a wound.
- Take good care of your toenails. Cut your toenails straight across. They should be about 2 to 3mm (1/16 to 1/8") long. If you cut them too short, you might cut your skin which could cause a wound that is hard to heal. Never cut your toenails when they are wet. If you cannot safely cut your toenails yourself, ask someone else to do it for you. If you have very hard or thick nails, you may want to see a foot doctor (podiatrist) or foot care nurse. You can ask your therapist for a list of doctors or nurses who look after nails.
- Wear good shoes at all times even when in the house. Shoes should have a flexible sole with a closed toe and heel. They should be comfortable, and fit well. Pick a shoe that has Velcro or lace closure as they are easier to put on. These can be adjusted throughout the day, especially if your foot swells. Avoid shoes with rough stitching or stiff materials that can rub the skin.
- Before you put on your shoe or slipper, make sure there is nothing in it. Many people with amputations have lost sensation in your foot. Your foot may not be able to feel that there is something (like a rock or a wrinkle) in the shoe. This can hurt your skin and cause a wound or infection.

Home Accessibility and Safety

Ramps, lifts and stairs

When you return home you may require a ramp or a lift into your home to make it more accessible. Your occupational therapist provides you with resources for how to get equipment installed prior to returning home. If appropriate your physical therapist teaches you how to get up and down stairs. You may choose to move to a new place that you can safely use your wheelchair.

Home safety and avoiding falls

It is easier to fall when you have an amputation. It is also easier to trip and fall when you are first learning to use an artificial leg. Here is what you can do at home so you do not fall.

- Many people fall at night when they wake up and forget their foot is gone. Use a night light by your bed. Put something like a walker or a chair by the bed to help you remember that you cannot move like you did before.
- Floors should not be slippery.
- Remove area rugs.
- Do not walk on wet floors.
- Make sure your stairs have railings that are strong enough to hold you.
- Keep walking areas, especially stairways, well lit.
- Keep the floor clean and tidy so you do not trip.
- Make sure your furniture will not slide away from you when you go to sit down.
- Chairs should not be too low or too soft as this can make it harder to stand.
- Bars or handles by your toilet and bathtub can help you keep your balance. Your occupational therapist can show you many ways to make your bathroom safer to use.
- Be careful when reaching because your balance may be different than before.
- *Remember* the safety tips for transferring out of your wheelchair. Follow the list of safety tips for wheelchairs from page 13.

Hopefully, you never have a fall. But just in case you do, you should plan how you would get help if you did fall. Know who to call if you need help. Carry a cell phone with you so you can call for help. Some people get an “emergency response system”. This system is a button that you carry with you, usually as a bracelet or necklace. If you press it, or it feels you falling, it calls for help. Your team can help you get an emergency response system to use at home.

If you are strong enough before you leave the hospital, your therapists can teach you how to get up off the floor. They might help you practice how to get up without hurting your amputated leg.

Taking care of your health

Try to quit smoking

Get help to quit smoking. Smoking can cause poor blood flow and slow down healing. Talk to your doctor or join a program to help you quit smoking. Here are some programs to help:

- Smokers hotline- Call 1-877-513-5333 or visit them online at <https://smokershelpline.ca/Breathe>
- The Lung Association- Call 1-866-717-2673 or visit them online at <https://www.lung.ca>

Eat a healthy diet

Good nutrition helps your incision heal and your energy levels. Managing your blood sugars, if you are diabetic, is important to help lower the risk of problems from diabetes. Reducing salt in your diet may help decrease swelling, phantom limb pain, and help with prosthesis fit. Eating high protein foods may also help to promote healing. If you have any questions or concerns about your nutrition, or are losing weight without trying, ask to speak to a dietitian.

Regular Physical Activity

Exercise will be different after your amputation. Wheeling yourself in a wheelchair or lifting weights while sitting are both exercises you can still do. If you want help with other exercises, talk with your physical therapist. Regular exercise has many benefits. It helps you:

- control your blood sugar
- lower your cholesterol levels
- control your blood pressure
- stay at a healthy body weight
- keep your heart healthy
- avoid having a stroke
- stay flexible and strong
- have more energy
- cope with stress in a good way
- sleep better

Getting ready for a prosthesis (artificial leg)

You need to get the skin on your amputated leg ready to wear an artificial leg. Getting ready helps you have less pain or skin problems once you start wearing a prosthesis.

Scar massage

You should start massaging your scar once the incision is well healed and the scabs are gone. Massaging the scar makes it stronger and less sensitive. It also helps the skin and scar to move freely. This is important because the skin has to move a lot when you are wearing a prosthesis. If the skin is stuck down, it might tear or get hurt by the prosthesis.

To massage the scar:

- Place one fingertip below the surgical scar and one fingertip above it.
- When massaging, your fingertips should stay in place on your skin while the skin/scar move over the bone.
- Move both fingertips together, up and down, then side to side, then together in a circle.
- Move along the whole length of the scar.
- Try to do this type of massage for 5 minutes, 3 to 5 times per day.
- Do not use lotion during this massage. You may apply lotion after you have completed the scar massage .



Gentle Circle



Gentle up and down



Gentle side to side

Wearing shrinker socks

A shrinker is an elastic sock that is worn on the end of an amputated leg. It is commonly used after an amputation to:

- control swelling
- help you have less pain and phantom pain
- make your leg less sensitive
- shape your leg so it will fit a prosthesis
- keep your leg at the right size when you are not wearing your artificial leg

Shrinkers come in different sizes. If you need a shrinker, your physical therapist measures your leg and order the right size for you. You need to wear a clean shrinker every day. You are given two shrinkers. With two shrinkers, you can wear one shrinker while the other one is being washed. Wash your shrinker by hand. Use a gentle, scent free, soap. Rinse it well and lie it flat to dry. If you need a new shrinker after you have left the hospital, you can call or go to the Saskatchewan Abilities Council.

Your therapist teaches you how to safely wear the shrinker and show you how to put it on and take it off. At first, you may need help to put the shrinker on. With practice you will learn how put it on by yourself. The shrinker should fit snug on your leg. It should not have wrinkles or creases. It should feel comfortable once it is on. **If your leg starts to hurt or gets numb or tingly, you should take the shrinker off.** Give your leg a short rest from the shrinker and then try wearing it again.

The goal is to wear your shrinker all day and all night long. Every 12 hours, take your shrinker off for a few minutes. When the shrinker is off, check your leg to make sure the shrinker is not hurting you. If you see skin that is really red, warm, or hurt (blisters, scrapes, tears, bleeding, or leaking), do not put the shrinker back on. As soon as you can, ask your nurse or physical therapist to check your leg and shrinker. If you have problems with your shrinker when you are at home, stop wearing it and go see your family doctor. If your leg looks good when you check it, you can put the shrinker back on for another 12 hours. It might take time to get used to wearing a shrinker for this long. Be sure to wash your shrinker after you have worn it for a full day and night (24 hours).

Your therapist will give you a separate handout on how to put your shrinker on and take it off.

About your potential prosthesis

Getting a Prosthetic

Not everyone gets an artificial leg after an amputation. To walk on an artificial leg, you need to be strong and have lots of energy. You also need to have good balance and movement in your own legs. Learning how to use an artificial leg is hard work. Some people decide they do not want a prosthesis. Some people do not want to walk on an artificial leg, but still want one for transferring or so it looks like they have two legs.

If you want an artificial leg, your team helps you get the strength, movement, and balance you need. Your leg must be fully healed before you can be fit with a prosthesis. All this takes time, so most people go home for months before they are ready to get an artificial leg. The physiatrist (therapy doctor) on your team decides when you are ready to get a prosthesis.

If the physiatrist thinks you could get an artificial leg, you are followed by the Amputee Clinic. At the Amputee Clinic, you will be seen by a:

- physiatrist (doctor)
- prosthetist (the person who makes and fits artificial legs)
- physical therapist
- occupational therapist
- nurse

These people help you get ready to have an artificial leg. When you are ready, the prosthetist makes you an artificial leg that meets your needs. Once you have a prosthesis, the team at the Amputee Clinic teach you how to use it.

Relationships and Body Image

Sexuality is much more than just sex—it is also how we see ourselves as sensual beings and express our feelings and emotions. How you think of yourself and how you see your body after your amputation may change, so it is important to remember the following:

- It is normal to feel sad, angry and depressed. It takes time to accept changes to your body.
- You are still the same person as you were before your amputation.
- You may be able to do many of your favorite activities but need to learn new ways to do them.
- You may feel you want to avoid relationships because you are worried about what others may think of your body. But this can lead to loneliness, isolation and cause more problems in the future.
- Dealing with how you feel about the changes to your body will affect how you feel about your sexuality.

You may find it helpful to:

- Stay involved with people you already know.
- Join an amputee support group or talk to another amputee about how they have dealt with changes to their body. Talk to your therapist about local support groups or contact Amputee Coalition of Canada.
- Share your feelings about being an amputee with important people in your life.
- Talk to a professional counselor about how to deal with negative feelings.

You can express your sexuality by touching, kissing, cuddling, as well as sexual intercourse. Losing a limb does not need to limit your sexuality. It is important to talk to your partner about your feelings and how the amputation may have changed how your body feels, looks and works.

The following are tips to help with intimacy and sexuality:

- Focus on the moment. Do not think too much about how you would like to perform.
- Focus on what both you and your partner like.
- Tell yourself that it is okay to try new ways of being sexual. For example, you can use pillows to help with your balance, or explore new positions and ways of being intimate. Be creative and have fun.
- Take time to enjoy finding out what works best for you and your partner. You can still have the loving, sexual relationship that you had before the amputation.
- Try a relaxing massage as foreplay to lessen pain, spasms, and anxiety. Pick a time of day that you feel your best, such as the morning or after a warm shower or bath to help set the mood.
- The hard work you put into your rehabilitation program to get stronger can also help you during sex.

Having a satisfying sex life can lead to better quality of life. If you want to talk to someone about intimacy, contact your healthcare team. It is important to know that when an amputation is due to problems with blood flow, such as with diabetes, that blood flow problems can also cause sexual problems such as erectile problems in men and less lubrication in women. Talk to your doctor about how to manage sexual problems related to problems with blood flow.

Resources

Health line (Mental and physical health support)
811



Saskabilities Program

<https://www.saskabilities.ca/>



Accessible Parking Program

<https://www.saskabilities.ca/services/independent-living/accessible-parking/>



War amps

Adult amputee program- 1-877-622-2472

<https://waramps.ca/home/>



Amputee Coalition of Canada

Phone: 1-855-456-0267

**Peer visits available upon request

<https://amputeecoalitioncanada.org/>



Diabetes Canada

<https://www.diabetes.ca/>

Resources Continued



Disability Credit Canada

Disability Tax Credit Eligibility for Amputees

<https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html>



Thrive Magazine-Living Well with Limb Loss

<https://thrivemag.ca/>



SHA Libguides

SHA LibGuide Amputation

<https://library.saskhealthauthority.ca/c.php?g=699716&p=4968154>



Foot Care Needs

Provincial Licensed Podiatrists

<https://scop.ca/scop-licensed-podiatrists/>

For additional foot care options in your area ask your CPAS/Homecare worker for a list of trained nurses.

Credits

The Edmonton Zone Lower Extremity Amputation Group: Health Information-Recovering after a Lower Limb Amputation, 2017.

Adapted and used with permission.

This material is for information purposes only. It should not be used in place of medical advice, instruction, and/or treatment. If you have further questions, speak with your doctor or appropriate healthcare provider.

NOTES:

NOTES:

NOTES:

Images by SimpleSet — <https://simpleset.net>



CS-PIER-0237

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

PIER—Patient Information and Education Resource

OCTOBER 2025