



DECISION-MAKING ON LIMB AMPUTATION: THE PATIENT'S POINT OF VIEW

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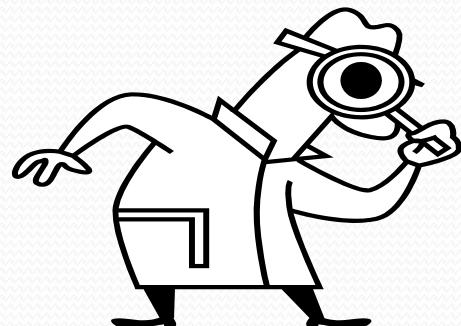
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BACKGROUND

- ❖ Our lives are punctuated by the need to make decisions of various kinds.
- ❖ The greater the risk entailed in the decision the more complex the decision-making process.
- ❖ Some decisions can be revised, others such as the amputation of a limb, are irreversible.
- ❖ The decision to amputate is one of the hardest to take and is taken only as a last resort.

Objectives

- To examine the decision-making process of limb Amputation from the patient's point of view.
- To identifying the factors influencing their decision.



Method

- ❖ **Participants: N=30**
- ❖ **Gender: 9 women, 21 men.**
- ❖ **Average age : 60 years (ranged : 34 - 82 years).**
- ❖ **Clinical Characteristics:**
 - **Cardiovascular disease + diabetes 37%**
 - **Cardiovascular disease 24%**
 - **Diabetes 20%**
 - **Berger's disease 6%**
 - **Raynaud's disease 3%**

Clinical Characteristics

Pre-amputation treatment:

- ❖ **Conservative treatment 34%**
- ❖ **Catheterization 57%**
- ❖ **Embolization 17%**
- ❖ **vessels Surgery 67%**

Height of amputation

- **BK 57%**
- **AK 43%**

Qualitative Method

- ❖ In-depth interviews .
- ❖ Content analysis.
- ❖ Thematic categories.
- ❖ Chronologically order.

Trustworthiness:

- ✓ Peer- debriefing .
- ✓ Rapport.



RESULTS



The Trail of Torment leading to The Decision to Amputate

I had so many catheterizations I can't remember exactly how many. That's how things went for several years until an infection appeared in one of my toes. That toe they cut off almost at once. But it didn't stop the infection spreading to other toes. So I had to have all of them cut off too. But it was just my bad luck that the infection kept on spreading and getting worse until it climbed right up my leg. They just couldn't get control of it...



The Turning Point : Taking The Decision To Amputate

I had the second operation too but it didn't work and I was faced with the fact that there was no other course but amputation. By that time I had got to such a point that I was already considering that that was what might happen, so I was already mentally prepared."



Pain and suffering – "I just couldn't take any more pain"

All of a sudden it was all as clear as day, cutting off the leg would at least put an end to the pains I'd been suffering for all those months, all the hospital admissions, and all the disappointments at treatments that failed one after the other." The day I was set to have the amputation I was quite clear in my mind, fully conscious, and I knew and I understood what I was going to do. I signed the consent form for the operation without any hesitation or a shadow of doubt. I just wanted the suffering to stop...."



"There were no choices left: We opt for life, we don't want to die"

I was the one who took the final decision because I suddenly realized that I was very afraid of dying. I wanted to live at any price, I didn't want to die.

There were many moments when I thought why do I have to make any decision, what will be will be. Perhaps it's better to die sick but whole, with your leg. That's also a sort of decision, although not a very acceptable one because it's not done in this society to choose to die, people see it as a form of suicide. But in theory I could have done, that possibility was open to me.

The doctors' role in the decision-making

Came the day when the doctor said to me: 'Your leg or your life'. What a shock that was. The truth is that it's a horrible thought, to lose your independence, be dependent on others, but dying is also a horrible thought. You have the choice between life and death. I said to myself, I want to live, I want to live. And so I opted for life.



The family's role in the decision-making

I called in all my children and my wife and I asked them to decide for me. They refused and said that the leg was mine and nobody else's and so only I could decide. ~~I'm lucky that I have friends and a supportive family and they all help me all the time.~~

The doctors wanted to put the amputation off a bit but then my husband helped me understand that it wasn't the end of life. After that, I myself took the decision that I had to return to life.

Looking back on the decision

Man, aged 82: "I have to admit that I don't regret my decision for a second. My suffering has come to an end. I understand everything. I know that the process of rehabilitation and recovery will take a long time but I'm prepared to go through with it."

My left leg was amputated six years ago after I had been through seven bypass operations in an attempt to save it, so it can fairly be said that I'd done everything to keep the leg before I reached the 'end of the line' which is amputation, and by which time I was very fed up with the whole process. I can tell myself that though I have one leg less I tried and did all I could have done. So I am reconciled to the situation and accept it with love..."

DISCUSSION

Most of the participants in these study thought in retrospect that they had made the right choice.

The amputation option was the culmination of a procession of torment, suffering and pain they could bear no more.

Patients' decisions were influenced by cultural and religious norms which exalt the sanctity of life .

DISCUSSION

The doctors and family have a strong influence on the decision making.

The longer patients have been in treatment and the more pain and suffering they have experienced the more mentally prepared they are for amputation.

The patients saw the decision-making process about amputation as a process of achieving consensus between themselves, their doctors and their family.

Limitations of the study

- * participants were drawn from one hospital
- * Not included participant who decided against amputation.
- * Small and convenience sample size.



Advantage

The authenticity of the voice of its interviewees who, it may be assumed, do not differ substantially from others elsewhere faced with the same choice.

RECOMMENDATIONS

- Communicate openly with patients, giving them time to voice their fears.
- patients and family prepared for the amputation and appreciate its necessity and its outcomes.
- The amputation not be regarded as the failure of the preceding medical treatments but as the most effective means of releasing the patient from years of pain and suffering.

RECOMMENDATIONS

- Making an appreciation of their own values and helping them grasp which of these values are standing in the way of their decision.
- Describe and explain to patients in general terms how and why other patients had arrived at their various decisions.

Thank you

