

## Where Are My Shoes?

Yusof, Ahmad Firdaus;  
Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang

### INTRODUCTION:

Below knee amputation (BKA) has been performed globally specifically by orthopaedic surgeons with nearly 1 million amputations performed on diabetic patients each year. There a lot of complications that can happen to the amputated stump. Mostly it was recorded that almost 50% are wound related complications which include skin necrosis, infection, hematoma, contractures and pain. To assume that rigid dressing provides the superior outcome in terms of faster wound healing, faster oedema control, and prevention of knee flexion contracture and therefore reduce time to get into prosthesis, we study the approach of it by immobilizing the knee by using the U-slab and compare it with earlier mobilization of the amputated stump.

### MATERIALS & METHODS:

Study design: A randomized controlled trial design

Study duration: 1 year

Total number of patients: 80

Patients were selected randomly by turn of surgery and post-operatively either in the U-slab group or by early mobilization (without U-slab). The degree of affected knee contracture is measured using a goniometer preoperatively, on day 2, on day 14, and on day 60 postoperatively. U-slab has been applied for a period of 2 months.

### RESULTS:

	Day 0			Day 60		
	Mean(±SD)	difference Mean(±SE)	p	Mean(±SD)	difference Mean(±SE)	p
With U-slab	2.17 (2.77)	2.05 (0.46)	<0.001	4.93 (4.04)	-3.23 (0.97)	0.001
Without U-slab	0.13 (0.79)			8.15 (4.57)		

The study showed a significant difference in the degree of knee flexion contracture between pre-operation and post-operation with a p-value less

than 0.05 while performing the unpaired T-test for both comparison group.

### DISCUSSIONS:

BKA has been commonly performed to save a patient's life, as life is very precious to a human being. Dangerous, dying, and damn nuisance limbs remain a common indication for BKA. Several post-BKA problems caused late referral to amputee rehabilitation, so patients were unable to fit the prosthesis as quickly as possible. This study hopes to enhance rigid dressing by using the U-slab post-BKA by comparing the degree of knee flexion contracture with a patient without a U-slab, therefore reducing time to prosthesis.

### CONCLUSION:

The immobilisation of the affected stump with the U-slab tends to be preferable. However, due to further problems following the use of U-slab, such as pressure ulcers, extended bed rest, etc., the early mobilisation procedure is still advisable as an option of therapy for the patient to be able to wear shoes (a prosthesis).

### REFERENCES:

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