

Knee Disarticulation Amputation

Pre-Op:

64 year old man, previous spinal cord injury, diabetes, renal failure, and a history of spasticity with dynamic knee flexion contracture. He had an open left ankle disarticulation for sepsis and severe foot infection 5 days previously.

Patient positioning

- Left hip towel bump to roll the patient slightly and keep the leg from externally rotating
- Black foam ramp pad to elevate the operative site above heart level and to minimize venous bleeding
- Padded thigh level tourniquet, or plan for the use of a sterile tourniquet
- TED hose and sequential compression device on the non-operative leg to minimize the chance of deep venous thrombosis (DVT)
- Foam pad under the non-operative leg to minimize pressure on the heel, malleolus, and proximally where the peroneal nerve is near the fibular head

©Prosthetics Research Study