INTRODUCTION
Amputation surgery is a life changing event in the life of a patient. Only a small number of patients are referred prior to amputation and the vast majority are those who have had many unsuccessful attempts at limb salvage and contemplate this ablative surgery as an option to return to an active life style. The other group are complex vascular cases or patients with neurological or developmental anomalies. This service provides an opportunity to the patients and their families to gather information from the medical rehabilitation team regarding various aspects of amputation so that they can make an informed choice. It also helps them prepare for their physical and social environment post amputation.

METHOD
The data was collected from medical records and patients who attended between Jan 2008 and Feb 2010 were included. In total 45 patients selected. A questionnaire was designed and sent to 40 patients. The questionnaire gave a quantitative data and a qualitative analysis from this survey replies as well as patients’ medical notes was taken for triangulation with the quantitative data. Number of patients returning their completed questionnaire was 23 out of 40. In this study 78% of the patients were males and 22% were females. Patients’ age ranged from 20-60 years. Causes of amputation were: 24% had chronic osteomyelitis following long standing trauma, 27%, vascular, 31% due to chronic severe pain. 60% of the total patients had transtibial amputation, 30% had transfemoral and 10% were in other categories.

The data was analysed by a simple calculation and no statistical tests were employed.

RESULTS
81% of the patients replied that the consultation met with their expectations. 75% of the patients expressed that their concerns were addressed during the consultation. Only 50% of the patients reported that they were made aware of the process of rehabilitation including the time scales. Only 44% of the patients were provided with the information about the team members who would be involved in their rehabilitation programme. 88% of the patients replied that they had made an informed decision about the treatment i.e. amputation after the consultation. Only 69% of the patients claimed that they understood the complications associated with amputation.

DISCUSSION
In this cohort it was interesting to see that 60% of the patients referred by various Consultants, like Orthopaedic and Plastic Surgeons were having chronic severe pain following major trauma. This indicates that patients suffer for a long time with pain before offering themselves or making up their mind to have an amputation. Another interesting and unexpected observation was that 59% of patients were advised that amputation would not be beneficial with regard to their symptom and mobility management. There is very little in the literature regarding the effectiveness or indeed practice of pre-amputation consultation.

CONCLUSION
This survey shows that pre-amputation consultation is a useful and effective service although it is relatively time consuming. The consultation affected decision making in 62% of patients. The majority of patients were satisfied with the consultation.

CLINICAL APPLICATIONS
The survey highlights the following points: pre-amputation consultation should be offered to most patients undergoing planned amputation and also to emergency operations wherever possible. Pre-amputation consultation has a positive impact on the patients rehabilitation programme and in the adjustment to their new environment.

REFERENCES
A patient’s guide to amputation of the lower limb www.rnoh.nhs.uk
Reactions to amputation, recognition and treatment Primary care companion J Clin Psych 2007, 9(4), 303-308