



Limb Amputation

Associated Terms:

Amputation



The term "ACVS Diplomate" refers to a veterinarian who has been board certified in veterinary surgery. Only veterinarians who have successfully completed the certification requirements of the ACVS are Diplomates of the American College of Veterinary Surgeons and have earned the right to be called specialists in veterinary surgery.

Your ACVS board-certified veterinary surgeon completed a three-year residency program, met specific training and caseload requirements, performed research and had research published. This process was supervised by ACVS Diplomates, ensuring consistency in training and adherence to high standards. After completing the residency program, the individual passed a rigorous examination. Only then did your veterinary surgeon earn the title of ACVS Diplomate.

Overview:

The most common location for removing a damaged or diseased limb in dogs and cats is up high where the limb meets the body. This is so that any remaining portion of the leg does not become a problem for the pet. Any portion of a limb that remains may become traumatized during daily activities or interfere with movement.

Signs and Symptoms:

Amputation may be recommended because of cancer, severe trauma, or a birth defect may have created a useless leg. A painful leg, one that is not being used, a wound or fracture that cannot be fixed due to any of innumerable reasons, may indicate an amputation.

Diagnostics:

Your primary care veterinarian and/or an ACVS board-certified surgeon It will depend on the reason for the amputation and the overall health condition of your pet.

- Blood work—complete blood count, chemistry, and urinalysis. Evaluate the overall health of your pet.
- X-rays—of the limb to be removed, the one on the other side to make sure it can support the extra

weight, chest or abdominal films to make sure there are no signs of cancer.

Treatment:

Further consultation with your veterinarian may result in a referral to a veterinary surgeon to fully explore your options.

For the front leg, the most successful and cosmetic amputation is by “scapular disarticulation”—the entire limb is removed from the toes to the scapula (shoulder blade). Since the normal anatomy of the front leg only has muscles that attach the front leg to the chest wall, it is straightforward to remove the limb by cutting these muscles and sewing the area closed. This complete removal creates a smooth, well-padded amputation site on the side of the chest that will not get pressure sores or interfere with movement in anyway.

For the rear leg, there are two techniques that are commonly used. The first is a “high femur” amputation that results in a short, well-padded stump at the level of the rump/thigh. The muscles of the mid-thigh are cut and the femur (thighbone) is cut close to the hip. When the tissues are sewn together, this provides good padding for the pelvis when the pet is lying down and offers a cosmetic appearance by maintaining symmetry of the rump area. The **second technique is often used when the disease of the rear leg is in the thigh area**; the leg is removed at the hip joint, only the pelvis and the surrounding muscles remain. This amputation technique is very successful as well, with slightly less padding over the amputation site and a less symmetrical appearance.

Aftercare and Outcome:

Most pets are **discharged in 3-7 days after amputation**, depending on their comfort and ability to walk after surgery.

Restrictions following surgery usually include:

- Keep your pet in a comfortable, safe indoor location for 24-48 hours until he/she is very steady on his/her feet. Do not allow free access to stairs or slippery floors.
- For front leg, amputees may use a sling under the chest and for back leg; amputees use a sling under the belly during the first 7-10 days to assist when walking or going down the occasional stair and to prevent falling on slippery surfaces.
- Avoid any rigorous activity for 4 weeks. Short, leashed walks are fine.

Post-operative complications can include:

- Incisional bruising is common but should improve after several days
- Seroma, or fluid under the skin, may develop near the bottom of the incision for a front leg amputation in the first 2 weeks
- Infection

The functional prognosis for dogs treated surgically with amputation is considered very good. The **majority of dogs return to a high level of activity** and endurance for their age. Following the four-week recovery period, there are no recommended limitations to their lifestyle.

Rear limb amputees tend to return to near normal mobility; forelimb amputees need to adjust their gait more significantly. For the older pet, learning to move after an amputation may take more time.

Ideally, keep your pet on the thin side of normal his/her whole life. Any minor orthopedic condition can progress with arthritis over time with excessive, wear & tear; carrying less body weight will reduce the energy they must use and will relieve some of this stress on the joints of the remaining three limbs.

This Animal Health Topic was written by and reviewed by Diplomates of the American College of Veterinary Surgeons. Any opinions stated in this article are not necessarily the official position of the American College of Veterinary Surgeons.

The American College of Veterinary Surgeons recommends contacting an ACVS board-certified veterinary surgeon or your general veterinarian for more information about this topic.

To find an ACVS Diplomate, visit www.acvs.org/find-a-surgeon.

Small Animal Health Topic Feedback Form

For questions about your animal's specific condition, please contact an [ACVS board-certified surgeon in your area](#).

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