Surrey amputee speaks candidly about losing her leg to diabetes

Thursday 19 November, 2015

Claire de Havilland's (63) from Banstead told the story of losing her limb at the Diabetes UK's foot care workshop that took place Thursday 12 November in Leatherhead.

Claire was was diagnosed 20 years ago with Type 2 diabetes.

She lost her leg seven years and the stump is now swollen and is having a new socket fitted however she is also having trouble with the other leg.

She says : “Nine years ago, I suffered from a lot of hard skin on my feet, I picked and pulled a strip of skin off the bottom of my right foot. Yes it bled, then stopped, then bled again, etc.

I was shocked and cried when I was told I had to go straight to A&E because it needed serious attention - it had developed into gangrene. Then started a year of trying to save my foot. That first stint resulted in more than 3 weeks in hospital. Then followed many podiatry sessions, dressings and redressing's, antibiotics and the wearing of a medical boot.

“I was patched up and sent home after a few wks. But when they had to do it a second time, I was hospitalised for 3 months and on the strongest antibiotics they could give me, plus I was put on a constant insulin pump. Eventually it seemed to be responding and I went home. However when I went back a week later, for a check-up with the consultant, I was told that if this treatment did not hold, I would have to have the limb amputated and it was showing signs of breaking down again. I had already been told that it may be a possibility but the consultant was definitely more 'serious' about it – I cried so much I could hardly take a breath.

“I already had been told it had developed into a Charcot foot. The doctor said that diabetic Charcot foot syndrome is a serious and potentially limb-threatening lower-extremity complication of diabetes, commonly referred to as Charcot foot. It is a condition affecting the bones, joints and soft tissues of the foot and ankle, characterized by inflammation in the earliest phase.

He also said that as the infection had gone on for so long, he predicted that I would lose the other leg in 4 – 5 yrs., as the infection would have travelled down into the other leg and foot.

“So I hobbled home to think things over. I was scared; I really did not want to have my leg amputated. He said he would need to take it off to below the knee to stop the infection. Though I tried everywhere, before the surgery, you couldn't get any information about what was going to happen, to prepare yourself – after the surgery you were given leaflets which answered all the questions – why not before?!!!!

“Within a couple of weeks however, I was in real trouble again, so sick I eventually gave in and called an ambulance. I had developed septicaemia (blood poisoning) and was kept in, treated for that and scheduled for an emergency amputation as that was where the septicaemia was stemming from.

I have to admit that when I came round, I was on morphine so I didn't have any pain as such but I couldn't bear to look at it. After a few days, I physically felt better and was able to keep food down but I still couldn't look at it when they changed the dressings as much as they tried to get me to do so.

1) “ I can still recall the elation of standing upright for the first time and taking the first steps, after so long, albeit with an inflatable, plastic and metal practice leg, called a PPAM aide.

2) The difference it made being with other amputees – the comradery – we actually could laugh about our problems and hiccups, support and encourage each other.

I was there for almost two months and an outpatient, attending the unit every weekday at first then winding down to nothing after I had been tested and passed 'walking fit' with a prosthetic leg after another few weeks.

“I learnt to drive an adapted car and obtained an adapted mobility car. I felt stronger and was even thinking of looking for some sort of work, even if only part time or voluntary. Then in 2009, I suffered a stroke which left me blind across the top portion of my eyes and they withdrew my licence.

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“There are times I recall with great fondness and they always make me smile but they are just memories now - once I lost my leg through diabetes, I couldn't do them anymore.

I am lucky to walk at all but I have to wear a thick, hot and sweaty rubber sleeve on the majority of my leg which holds the prosthetic limb on to the missing part of my leg and therefore on to my body. The shoes I have to wear are not the dainty, cool flip flops I used to wear but specially made boot like ones because I need the support and anyway you need uncompromising certain height in both shoes because you cannot change the length of your prosthesis.”

Jill Steaton, South East Regional Manager of Diabetes UK and an advisor at the event, said:

“A single preventable amputation is one too many. This workshop not only gives people with diabetes the necessary practical advice and information about how to look after their feet, but also helps them understand what healthcare they should be gettingin their area.”

The free workshop took place from 11am to 3.30pm 12 November at the Leatherhead Leisure Centre.

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