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### **The Footrest as a Helpful Adjunct for the Below Knee Amputation**

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The below knee amputation (BKA) is one of the oldest and most effective surgical procedures. It is often a critical component in the management of diabetic foot disease to obtain source control in the setting of sepsis. Its technique has been refined from the first century to deal more effectively with haemorrhage, infection and pain. The introduction of ligatures, tourniquets, antibiotics and reconstructive flap techniques have all been beneficial technical adjuncts. Multiple factors contribute to good post-operative outcomes including, but not limited to, adequate blood supply, meticulous haemostasis, tension free closure, the appropriate selection of the amputation level and an atraumatic and efficient surgical technique with minimisation of electrocautery.

The operative positioning has classically been with the patient in a supine position with their knee extended. Although this has not changed, modern surgical tables and accessories can improve surgical outcomes. Herein, we discuss the use of a surgical 12" long footrest and a hip brace as an adjunct for BKA. They facilitate the sterile surgical prep of the leg, give easier access to the posterior flap and minimise the need for assistance during bony transections. The core principles of major limb amputation still apply for a good outcome and these adjuncts represent an incremental improvement to the classical setup for a BKA. We hope that this article will help the surgical community and doctors who perform this operation infrequently.

#### **Biography**

Ms Rachel Xuan is a medical student in her final year of training from the University of New South Wales. She is currently posted at the Liverpool Hospital in Western Sydney in Australia and is rotating through her vascular surgery term. She has a keen interest in diabetic foot complications and their surgical management.

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