



## Anterior Thigh Sarcoma

Welsh Centre for Burns and Plastic Surgery

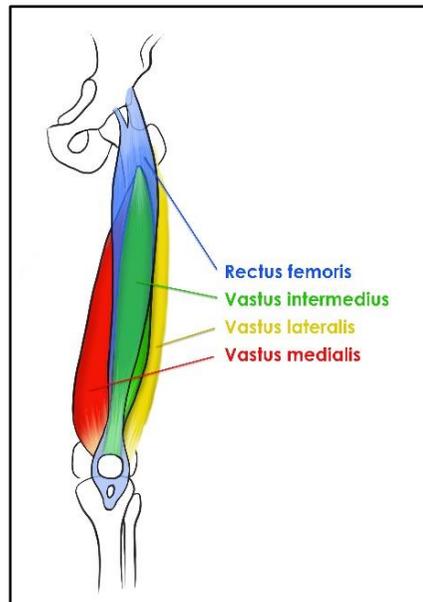
This leaflet contains information and general advice about self-care, falls, bracing, muscle loss and exercise before (prehabilitation) and after (rehabilitation) your operation.

You are likely to have a lump in the front of your thigh and need an operation to remove this. Your surgeon and nurse will have discussed the potential of muscle loss involved in your surgery. The muscle(s) most likely to be affected are called the quadriceps.

The quadriceps are made up of four different muscles that are responsible for straightening your knee joint and are important for your balance. You use your quadriceps when you stand, walk, sit, use the stairs and lift your leg, amongst other activities.

For this reason loss of any of the four quadricep muscles means you may have difficulty or inability to perform those activities without the use of a walking aid (elbow crutches, Zimmer frame, stick) or a brace and you may be at an increased risk of falling over.

The main priority immediately after your operation is to keep you comfortable, mobile and safe.



### Contact details

Plastic surgery physiotherapy team 01792 703980

Sarcoma Nurse Team (Swansea) 01792 703977

For more information about sarcoma rehabilitation please visit:  
<https://sarcoma.org.uk/about-sarcoma/rehabilitation>.

## Bracing

There are many indications for using a knee brace, including:

- Pain
- Instability
- Injury
- Muscle weakness or loss
- Reducing risk of falling
- Reducing risk of injury

Bracing allows control of movement and stability in your knee. It will stop your knee giving way. If your surgery has involved loss of quadricep muscle(s) you will have a reduction in strength, stability and ability to walk.

### Cricket/Richard splint



While wearing this brace, which will fully support your knee, you will be unable to bend your knee. You will wear a brace immediately after your operation to maintain your safety and allow for the wound to heal. **This will avoid your knee giving way.** Depending on your surgery and physiotherapy progress you may be in this brace long-term, it may be changed to the iROM brace, or you may not need any brace.

## Sport and leisure

- Avoid heavy lifting.
- No swimming until the wound has healed.
- Your physiotherapist would be happy to discuss and advise you on your activity goals.

## Frequently asked questions

### Will I have a wound drain? How long will I have the drain for?

Most patients will have a drain post-operatively. This gets rid of excess swelling. It is likely to stay in until less than 30mls have drained in a 24-hour period.

### How will my pain be managed after my surgery?

Please talk to the nurse looking after you if you are in pain after your operation. We must ensure your comfort prior to mobilising. We will provide medication for you to go home with to ensure your pain is managed.

### Will I ever play sport or run again?

This depends on the details of your surgery. Please discuss this post-operatively with your physiotherapist.

### **What will my leg look like?**

You may have a deficit where the tumour was removed, depending on its size. Expect there to be a scar.

### **What can I do to help myself before my operation?**

Eating well during your prehabilitation period can help you build up strength and energy, and help you prepare for your treatment and recovery.

Alongside any specific exercises given to you by your physiotherapist, it is important to think about your physical activity more generally. NHS guidelines recommend that adults between 19 and 64 should do 150 minutes of moderate aerobic activity (cycling, brisk walking, etc.) every week and strength exercises on two or more days.

Smokers are more likely to develop chest infections and blood clots after an operation and are more likely to develop wound healing complications. Consider cutting back or stopping smoking before your surgery. If you drink alcohol, try to keep within the guidelines (14 units per week).

### **How long will I be in hospital?**

This will depend on your surgery. Your physiotherapist will ensure you are safely mobile, confident and have no other medical needs before you go home.

### **Can I shower and wash?**

You must keep your wound dry and clean until it is healed. It is most likely you will have strip washes when you go home.

### **Falls**

To reduce the risk of you falling at home after your operation we advise you look at your environment before coming into hospital. Please consider:

- Using supportive shoes
- Removing rugs
- Removing objects from walkways
- Maintaining good lighting
- Using non-slip mats in wet areas
- Using walking aids or hand rails as appropriate
- Wearing your glasses or hearing aid
- Taking your time and don't rush!

After your operation, before you go home, your physiotherapist will teach you to use a walking aid, go up and down the stairs, put your brace on and off, and exercise safely. If you are concerned about falling prior to your operation, please fill in the questions below and contact us.

## Fall screen

- |   |        |
|---|--------|
| 1. Have you had a fall in the last 12 months?   | YES/NO |
| 2. Are you taking 4 or more medications?  | YES/NO |
| 3. Do you have a neurological weakness (Stroke, Parkinson's, multiple sclerosis etc)? | YES/NO |
| 4. Do you have problems with your balance and feel unsteady?                          | YES/NO |
| 5. Do you struggle to get up from a chair?  | YES/NO |
| 6. Do you have poor eyesight?   | YES/NO |

Achieving the exercises after your operation will depend on the operation, amount of muscle(s) removed, wound healing and your tiredness after surgery. Exercises will be gradually progressed as your wounds heal.

## General advice

### Walking

Your physiotherapist will teach you a safe way to walk after your operation.

It is generally a good exercise to maintain and improve general health.

## Household tasks

Until your wound has healed avoid any tasks that would cause friction or rubbing.  
Avoid heavy lifting.

### Driving

You must not drive unless you have full control of a vehicle. Please discuss with your surgeon or GP.

### Work

This will depend on your job type (sedentary or physical). Your physiotherapist and surgeon will discuss this with you.

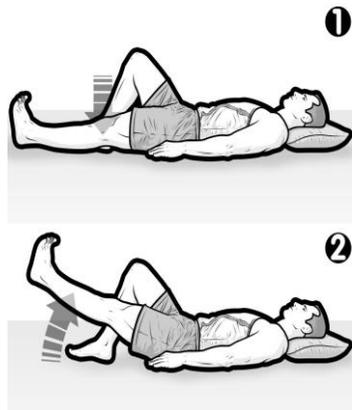
iROM/ Hinged knee brace



This brace has a mechanism to allow movement, but can also lock into position to avoid your knee giving way. Your physiotherapist will provide this brace if indicated and safe to do so.

## Exercise

Exercise is recommended because:



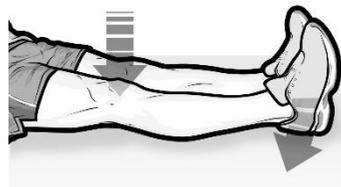
- It promotes strength
- Improves movement
- Reduces pain/stiffness
- Reduces swelling
- Maintains life activities such as walking

As rehabilitation is so individual your treatment is difficult to generalise.

However, it is useful to consider what forms of rehabilitation you might need to prepare for.

You should practise the following exercises prior to your operation. Unless all four quadriceps are removed, it will improve the strength in your quadriceps and aid recovery after your operation.

### **Static quadriceps**



With your leg out straight push your knee down, squeeze your leg as straight as possible, by pulling the kneecap up towards you. Hold the contraction for 5-10 seconds. Relax and repeat 10 times.

### **Straight leg raise**

Lie on your back with one leg bent and the other straight. Squeeze the thigh muscles of your straight leg by pressing the back of your knee down towards the floor and raise your leg until your ankle is in line with your bent knee. Pause briefly then slowly lower your leg down again. Relax then repeat. Complete 10 times.



### **Mini-squat**

With your feet shoulder-width apart, squat down, ensuring your knees glide over your toes. Complete 10 times. Hold onto a chair for support if you feel unbalanced.



### **Hip flexion**

While sitting on a chair or stool, slowly raise one leg up, lower and repeat. Complete 10 times.

You can also complete this exercise in standing.



### Single leg stand

Standing, with support if needed, practise taking all your body weight onto one leg. Try to keep your hip and knee as straight as possible. Hold this position for 10-30 seconds then stand on two feet again. Repeat 3 times on both legs.