



You & Your Surgeon

Osteosarcoma Decision Aid

Frequently Asked Questions

	Amputation	Limb Salvage Surgery	Rotationplasty
Which surgery is best for long term survival?	There is little difference between surgery options.	There is little difference between surgery options.	There is little difference between surgery options.
What is removed?* <i>*Depends on the location of the tumor</i>	The tumor and all tissue below it are removed, including bone and soft tissue.	The tumor and any immediate surrounding tissue is removed.	Only one joint is removed (the knee) along with bone and soft tissue around the joint.
Will more surgeries be required?	The need for additional surgeries is minimal.	Future surgeries are expected, some minor, some major. Sometimes the entire implant will need to be replaced.	The need for additional surgeries is minimal.
What will my/my child's limitations be for activity?	Many amputees report a high level of function and can hike, ride bikes, and run. Above knee amputees often use a variety of different legs for different purposes, such as a running blade for running.	Some people do very well with LSS and can be very active though surgeons may advise no high impact activities. Some people will have issues with mobility, depending on how much of the surrounding tissue was removed to get clear margins.	Many amputees with rotationplasty report a high level of function and can play high-impact sports. People with rotationplasty often use a variety of different legs for different purposes, such as a running blade for running.
What are common complications?	Reshaping of the limb may be necessary to get a better fit for the prosthesis. Weight gain or loss may require a new socket.	Common complications include foot drop, where the patient loses feeling and control of their foot. This can cause tripping and walking problems.	Reshaping of the limb may be necessary to get a better fit for the prosthesis. There may be skin issues as a result of wearing a prosthesis.



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What are common complications? (cont.)	<p>Common complications include skin breakdown from prosthetic wear and phantom limb pain.</p> <p>Risks of surgery include infection, especially for patients in chemotherapy.</p>	<p>Removal of quad muscle can affect the ability to go up and down stairs, walk distances, bike, etc. Some patients have a brace made to help control balance.</p> <p>Risks of surgery include infection, especially for patients in chemotherapy. For people with limb salvage, that might mean a new implant (revision), an amputation, or a rotationplasty.</p>	<p>Risks of surgery include infection, especially for patients in chemotherapy. For people with rotationplasty, that might mean having an above knee amputation.</p>
What is the pain experience like over the lifetime?	<p>People with amputations can experience phantom limb pain.</p>	<p>Pain can vary from short term to chronic daily pain. It is uncertain who will experience pain or how long it will last.</p>	<p>People with rotationplasty often do not have phantom limb pain.</p>
Will I/my child need chemotherapy?	<p>Yes, chemotherapy is often indicated alongside surgery.</p>	<p>Yes, chemotherapy is often indicated alongside surgery.</p>	<p>Yes, chemotherapy is often indicated alongside surgery.</p>
How will my/my child's overall appearance change?	<p>The appearance will include a shortened leg with/without a prosthesis.</p>	<p>The leg appears close to normal with a scar and may be smaller in diameter due to removal of muscle or surrounding tissue.</p>	<p>The appearance will include a backwards foot on a shortened leg with/without a prosthesis.</p>
What are my options if limb salvage surgery fails?	<p>Amputation is an option, but the upper leg might too short to hold a prosthesis. It depends on how far the metal implant goes into the upper leg (femur).</p>	<p>Another type of limb salvage surgery might be an option or a revision surgery in which the metal implant is replaced with another metal implant.</p>	<p>Rotationplasty might be an option after LSS, depending on how far the metal implant goes into the lower leg (tibia).</p>