

For all kinds of pain and discomfort,
it is better to take action to try to
relieve the pain than to suffer in silence.

Talk to other amputees.

Seek out people who can help you.

Try different techniques until you find
what works best for you.

If you find that what used to work
does not work anymore, don't give up.
Try something else.

RESOURCES

SURVIVING LIMB LOSS

- Amputation Surgery
- Pain After Amputation
- Wrapping Your Residual Limb
- Infection Prevention
- Emotions After Limb Loss
- Prosthetics
- Physical Rehabilitation
- Getting Back to Work
- Rights and Responsibilities
- Information for Families

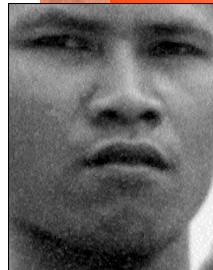


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PAIN AFTER AMPUTATION



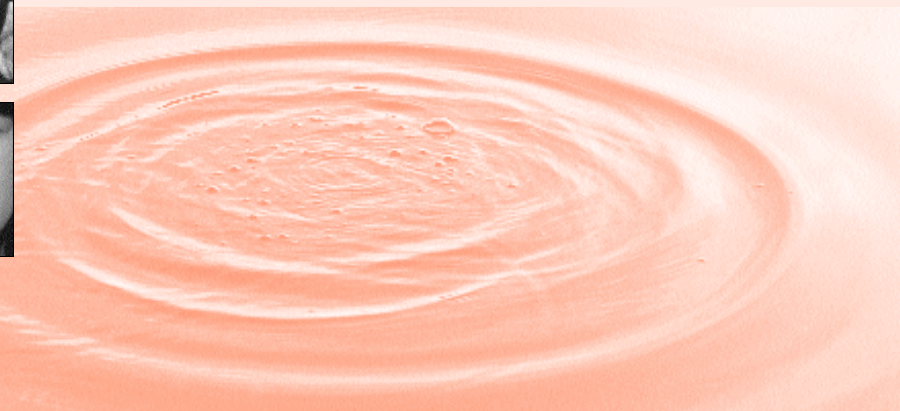
surviving limb loss

surviving limb loss

PAIN AFTER AMPUTATION

Most people have some form of pain after an amputation.
Different types of pain have different causes and different
treatments. The more you know about pain related to
amputation, the better prepared you will be to deal with:

- Pain after Surgery
- Pain in the Residual Limb
- Phantom Sensation
- Phantom Pain



PAIN AFTER AMPUTATION

Reducing stress, tension, and anxiety can decrease the intensity of all types of pain. Exercise can help by increasing blood flow and decreasing anxiety and tension. Mild pain relievers like aspirin or ibuprofen may help reduce all types of pain.

Types of pain.

PAIN IMMEDIATELY AFTER SURGERY

This kind of pain is a natural part of any surgical procedure where skin, nerves, bones, and muscle have been cut. It usually goes away after the swelling goes down, and the wound begins to heal. Pain medications often help. If one is available, ask a doctor what kind of medication to take and how long to take it.

RESIDUAL LIMB PAIN

This kind of pain occurs in what is left of your natural limb after the amputation. You may feel residual limb pain long after the amputation surgery. Your residual limb may always be more sensitive than other parts of your body. Sometimes, pain can be trying to warn you that something needs to be taken care of. Listen to the warning. Try to identify the cause of the pain and then treat it. It is best to treat pain before it becomes severe.

There is no one method or treatment guaranteed to reduce or eliminate residual limb pain, but there are many ways to try. Common pain medications sometimes help. Sometimes surgery is necessary. Sometimes nothing will help, and you may have to settle for decreasing the pain as much as possible, and living with the rest. Alcohol and other drug abuse can make pain worse.

Ask other amputees what has helped them.

Keep trying different ways until you find what works for you.

PHANTOM SENSATION

This is sensation or a feeling in the part of the limb that has been removed. It can include itching, tingling, warmth, cold, cramping, constriction, movement and any other imaginable sensation. Almost all persons with limb loss experience some phantom sensations. **Phantom sensations are NOT a sign of craziness.** The brain is “remembering” the missing part of the limb, and is still “reporting” its feelings. As long as the sensation is not unpleasant and you understand the cause of it, there should be no problem with it. When it IS unpleasant or painful, then it is called *phantom pain* and it needs to be treated.

PHANTOM PAIN

This is pain in the missing or amputated part of the limb. Phantom pain is different from pain in the residual limb! About 50-80% of persons with limb loss have Phantom Pain. It varies tremendously from person to person. For some people it is just a little annoying. For others it can be very unpleasant and even disabling. **Phantom pain is NOT a sign of craziness.** The causes of phantom pain are not clearly understood. There is not ONE single guaranteed treatment, but there are many treatments to try, according to the way the phantom pain feels. Surgery has NEVER been proven to help reduce or cure phantom pain. In most cases, severe phantom pain disappears within months, though most amputees may still experience phantom pain from time to time.

RESIDUAL LIMB PAIN

HOW DOES IT FEEL ?	POSSIBLE CAUSES	WHAT TO TRY
Pain when pressure is put on a specific place or when it is pinched or squeezed. Pain from a bruise, chaffing, rubbing, squeezing or pinching of the residual limb.	Your residual limb may not be well formed. It may have been wrapped or shrunken incorrectly.	You may need to change the padding of your prosthesis, or you may need another surgery.
	You may have a neuroma: a painful lump of nerve and scar tissue.	First try adjusting the prosthesis. You may need injections or surgery.
	Your prosthesis may not fit well.	Check your prosthesis. You may need to change it so it fits better.
	Rough or dirty socks between your residual limb and the prosthesis may cause pain.	Wear soft and clean materials between your residual limb and your prosthesis.
Pain from inside, from the muscles near the end of your residual limb.	In children, bones may grow longer after the amputation and cause pain in the end of the residual limb. Bone fragments left in the residual limb or bone spurs can rub into muscles and cause pain.	You may need surgery.
Pain from inside a joint, when you move it or put pressure on it.	Bursitis or tendonitis can cause pain, usually in the knee joint of your residual limb.	Try taking aspirin or ibuprofen. Try using ice on the joint for 15 minutes 3 times per day. It may help to adjust your prosthesis. You may need surgery.
Tenderness in a muscle when you put pressure on it.	Inactivity or disuse can cause muscles to become weak, bones to become soft, and so you bruise more easily.	Stay physically active to prevent this. If you have been inactive for a long time and want to become active again, start slowly and build up strength over several weeks and months.
Tiredness and soreness all over your body. Cramps and spontaneous jerking movements.	Physical exhaustion, fatigue, and overuse of the residual limb can cause pain.	Pace yourself in physical activities. Take frequent breaks. If you stay healthy and strong, you will not become exhausted as easily. Try massage, stretching, or hot baths. Jerking movements can sometimes be stopped with medication like calcium and muscle relaxants. Ask your doctor.
Tiredness, soreness, or any of the above.	Changes in your body from aging	Stay as active and as strong as you can. Check your prosthesis. You may need to have it adjusted as you get older.
Rubbing or chaffing, squeezing or pinching.	Changes in your weight and swelling can change the way your prosthesis fits and lead to pain.	Gaining too much weight and becoming sedentary can have many negative effects. Try to avoid it.
Heat, tenderness, pain.	Infection caused by skin irritation, or infection which reaches the residual limb from somewhere else in the body can cause pain.	Take care of small sores before they become infected. See a doctor if the infection does not go away or becomes worse.

PHANTOM PAIN

HOW DOES IT FEEL ?	POSSIBLE CAUSES	WHAT TO TRY
Burning and tingling.	Not enough blood flow in the end of the residual limb.	Wrap the residual limb in a warm soft cloth or towel. Stroke, tap, massage, or squeeze the residual limb. Do some mild exercise to increase the blood flow of your whole body. Put an ace wrap or shrinker on. Put your prosthesis on and go for a short walk. Take your prosthesis off, then put it back on. If you are being pinched or constricted somewhere, this may change it. Change positions if you have been sitting or standing in one position for a long time. Soak in a warm bath or shower. Use meditation and relaxation exercises.
Squeezing and cramping.	The muscles are too tense or are having spasms.	Lie down. Relax your whole body and mind. Exercise the residual limb. Very gently tighten, then release muscles in the residual limb. Do this over and over about 10 times per minute for 2 minutes, 3 times per day. Massage the residual limb, or have someone do it for you.
Shocking and shooting.	Unknown cause.	Treatment unknown. Try some of the treatments above.

Many thanks to Dr. Richard Sherman, Madigan Army Medical Center, Tacoma, Washington, for his input on the subject of pain after amputation.