A guide to amputee pain management

Purpose

- The pathway acts as a tool providing an overview of pain management of residual limb pain and/or phantom limb pain for the amputee receiving rehabilitation at Roehampton.
- It can guide selection of appropriate treatment and management options.
- It highlights available resources and modalities within the Centre with examples of interventions e.g. therapy modalities.
- It proposes alternatives if pain not successfully managed at a particular stage of the pathway i.e. proceed to next stage or refer onwards beyond the Trust as necessary.

Abbreviations

- RL: Residual limb
- Ax: Assessment
- Rx: Treatment
- Sx: Surgery
- RV: Review
- N/S: Neurosurgical
- PT: Physiotherapy
- XRT: Radiotherapy
- Mgt: Management
- HO: Heterotrophic ossification
- PTSD: Post-traumatic stress disorder
- TENS: Transcutaneous electrical nerve stimulation
- NSAIDs: Non-steroidal anti-inflammatory drugs
- Inj: Injection
- CBT: Cognitive behavioural therapy
- CRPS: Chronic regional pain syndrome
- RSD: Reflex sympathetic dystrophy
- USS: Ultrasound scan

Assessment considerations

- Presence and pattern of pain acknowledged and identified via routine Ax N.B. thorough history taking and physical Ax to identify cause of pain e.g. pre-morbid walking distance and PVD vs referred pain from spine.
- Select appropriate investigations e.g. ultrasound to confirm muscle tear.
- Routine post-operative care, patient information and reassurance frequently sufficient for effective pain management.
- If pain persistent and interfering with rehabilitation perform more specific ‘pain’ Ax, and use McGill Questionnaire and visual analogue scales.
- Where pain is chronic and/or unresolved consider most appropriate member of the team to review and develop management plans.

Evaluation & documentation

- What is the most effective intervention?
- Be aware of simultaneous interventions (a combination of interventions may be the most effective form of pain management).
- Be systematic with recording Rx interventions and evaluation.

Patient Information.

Exclude causes of RLP that may contribute to PLP e.g. prosthetic fit.

Medications:

- Neuropathic agents e.g. pregabalin
- NSAIDs
- Tricyclics
- Analgesics
- Antidepressants
- Vasodilators
- Anti-spastic agents

Therapies:

- Desensitisation/handling & massage
- Percussion
- Electrotherapy e.g. laser TENS
- Acupuncture
- Night sock
- Mirror box
- Exercise
- CBT
- Distraction therapy e.g. functional activities
- Gait review

Pain unresolved?

Consider referred pain from spine/hip/knee Rx as relevant.

Consider radiculopathy or vascular claudication.

Consider referred pain from spine/hip/knee Rx as relevant.

CRPS - type I (RSD)

Rx: meds, sympathetic block
CRPS – type II (causalgia)
Rx: desensitisation, meds

MRI lumbar spine;
Duplex arterial USS