
MANAGING RESIDUAL LIMB and PHANTOM PAIN

INITIAL PAIN: All individuals undergoing amputation will experience initial pain in the residual limb.

This pain will most often diminish with healing time and with the initiation of limb massage, exercise, and socket fitting.



PHANTOM SENSATION: Nearly all individuals undergoing amputation will experience phantom sensation, or the feeling that the absent limb is still there. This is not necessarily painful, but rather the sensation of an itch or the twitching of the toes, etc. Some phantom sensation will usually be present for life, but will substantially decrease with healing and prosthetic use.

PHANTOM PAIN: Far less consistently, phantom pain will be experienced. Often this is described as a piercing or twisting sensation in the area of the absent foot. It is reported that the higher the level of amputation or the more painful the trauma to the lower limb prior to the amputation, the greater the tendency to have phantom pain.

THE CAUSE OF PHANTOM PAIN is not fully understood.

There is not one treatment that works for everyone; however, the vast majority of individuals undergoing amputation find that phantom pain is greatly reduced when functional walking with a prosthesis is mastered. This does not mean pain is completely abolished, but it becomes progressively less frequent and more short-lived, often only seconds long and weeks to months apart.

Let us look at one widely accepted theory of the cause of phantom pain to help in understanding how some treatments can reduce symptoms. We know that a great deal of damage has occurred to the neurologic system within the limb, causing an increase in excitatory or painful messages sent up to the brain.

At the same time, a degree of the inhibitory or non-painful messages that are generated from the surface area of the limb or skin have been eliminated with the amputation of the limb.

To understand this more simply, consider being hit in the arm. The first thing you do is grab your arm or rub it over a broad area which causes inhibitory messages to be generated from the skin and diminishes the preception of excitatory or painful messages coming from the irritated internal nerves. This process explains why many of the self-treatment options given on the attached sheet can work.

SELF-TREATMENT SUGGESTIONS for RESIDUAL LIMB and PHANTOM PAIN

- ___ Start gently and progressively massage the residual limb with both hands. May also tap the limb or squeeze gently over most sensitive areas.
 - ___ Ace wrap, apply a shrinker or rigid dressing to the limb.
 - ___ Slowly tighten and release muscles within the residual limb.
 - ___ Mentally exercise the muscles in the phantom limb where it is painful.
 - ___ Complete the dynamic residual limb exercises given to you.
 - ___ Change your position. Either shift position in chair or stand up to improve circulation.
 - ___ Do general exercise to mildly increase heart rate.
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- ___ Soak in a warm bath or use shower massage on residual limb if incision line is closed.
 - Check temperature with hand, warm not hot water.
 - Increased swelling may be a negative side-effect.
 - ___ Wrap the residual limb in a warm soft towel.
 - ___ Mentally relax the phantom limb and your residual limb.
 - ___ Keep a diary of when pain is most severe. Relationships have been reported between certain activities during the day, stresses, even some foods and increased symptoms.
 - ___ If you have your prosthesis, put it on and take a walk.
 - ___ If the prosthesis is causing increased symptoms, try reducing or adding a sock to improve fit. If symptoms persist, contact your prosthetist for necessary adjustments.

YOU SHOULD...

You should consult your health care provider regarding all treatments used. If self-treatments are not sufficiently successful, other medical treatments can be offered, such as:

- Transcutaneous Electrical Nerve Stimulation(TENS)
- Biofeedback
- Neural Tension Therapy
- Specific nerve pain medications
- Injections
- Acupuncture
- Hypnosis
- Surgical intervention.

There are also specialty pain centers throughout the country that can be helpful in chronic cases. HOWEVER, the vast majority of individuals with amputations report pain lessens and becomes more infrequent over time.

