

A guide to amputee pain management

Purpose

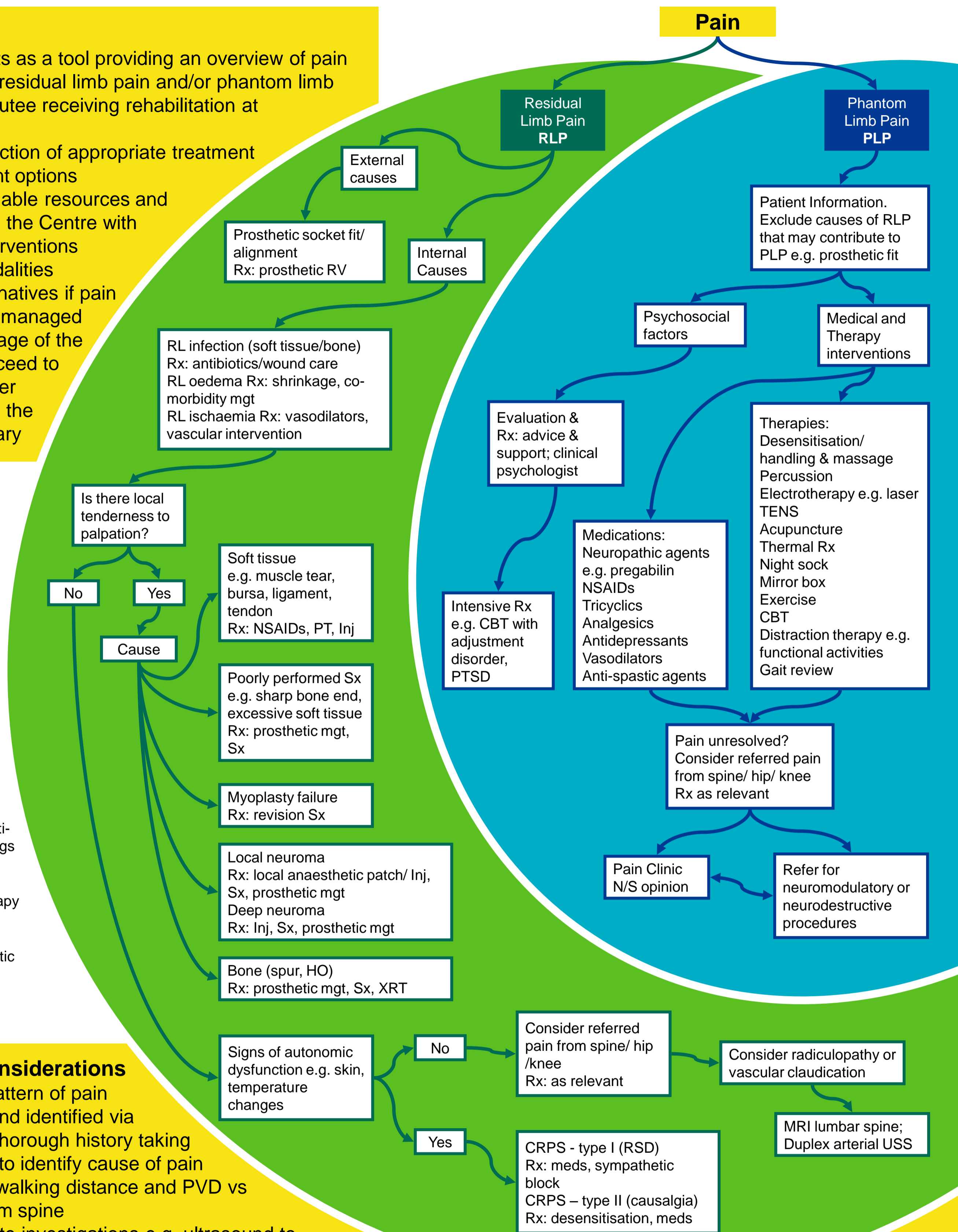
- The pathway acts as a tool providing an overview of pain management of residual limb pain and/or phantom limb pain for the amputee receiving rehabilitation at Roehampton
- It can guide selection of appropriate treatment and management options
- It highlights available resources and modalities within 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