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Insurance and Care NSW

Tip sheet TSV002
Information for prosthesis users and their family

Tips on managing pain and limb amputation

It takes a team to work out the best treatment for you. The team includes you, your family, your general practitioner (GP) and your rehabilitation team.

Ask and talk about pain **before** your operation to amputate and **after**—it's important that you and your family know and understand that phantom limb pain is real and common. At any stage over the years, the pain can change, get worse or resolve, or a different pain can start.

The rehabilitation team and your GP should thoroughly assess and regularly review your pain.

Talk about the different treatments and what might be good for you to try. Aim for a combination of treatments and include **non-drug** treatments.

Develop and write down a pain management plan with a combination of strategies, to share between you and your family, your rehabilitation team and your GP.

Keep checking on your pain and work with your rehabilitation team and GP to review strategies to manage your pain, progress and quality of life.

You should be referred to a pain specialist if needed.

A lot of people have pain before and after limb amputation. The pain is real and different for each person. The research gives different percentages on how many people experience different types of pain, but most people with an amputation (around 68% to 86%) experience pain at some stage.

Someone with a limb amputation might have a pain such as:

1. Painful sensations in the area of the missing limb ('phantom limb pain'). It's complicated, but researchers think phantom limb pain happens because the amputation causes the person's brain to reorganise the 'map' that helps them recognise body sensations in the missing limb. There is also 'phantom limb sensation' which is not painful. The person might talk about feeling itchy or cold in the missing limb, or feeling like it is a different shape. This type of sensation is normal and does not need to be treated.

2. Hot, burning, electric, pins and needles, shooting pain ('neuropathic pain')

3. Aching, sharp or dull posture- or movement-related pain ('musculoskeletal pain')

4. Pain in the part of the limb left from the surgery, from swelling, a fall, bruising or infection ('stump pain').

Phantom limb pain

Researchers think phantom limb pain may be influenced by:

- The person being very anxious before the operation or stressed after the operation or not adjusting to the amputation. Psychological support would help in any of these situations.
- Wearing the prosthesis as soon as possible and as often as possible, which might help the person's brain to sort out the brain 'map'. The brain gets the chance to adapt (called 'neuroplasticity').

There are different treatments for phantom limb pain, but no one type of treatment can fix the pain for everyone (refer to the Guidance on the support pathway for people with a limb amputation and trialling a prosthesis).

Musculoskeletal pain

Low back pain is a common experience for many people with a lower limb amputation. It depends on their day-to-day activities and work. For people with lower limb amputations, the extra effort and fatigue associated with the prosthesis, uneven postures and movements means they are likely to experience pain.

Treatment

Knowing the best treatment for each person's pain is tricky because it can be different. It can take time for the person and their health and rehabilitation team to work out the right treatment.

Some treatments that may be helpful are:

- education on pain
- mirror therapy (using a mirror image to 'trick' the person's brain), using movement and stroking, and sometimes virtual reality
- relaxation techniques (mental imagery, progressive muscle relaxation, meditation)
- specific exercise strategies for posture and pacing
- tactile desensitisation (self-administered massage and tapping)
- acupuncture
- TENS (transcutaneous electrical nerve stimulation)
- psychological treatments
- drugs for neuropathic pain e.g. anti-seizure drugs; opioids (avoid when possible)
- surgery (e.g. targeted muscle reinnervation where a good nerve is transferred to a different part of the body where the nerve is not working)
- injections (e.g. ozone injection, nerve block)
- nerve stimulation.

Resources

Australian Pain Management Association
painmanagement.org.au

ACI Pain Management Network
aci.health.nsw.gov.au/chronic-pain

Health Engine
healthengine.com.au/info/phantom-limb-pain

Limbs4Life
limbs4life.org.au/steps-to-recovery/managing-pain

Enable
enable.health.nsw.gov.au/about/publications/fact-sheets/managing-pain