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Phantom Limb Pain Perceptions: Are Clinicians Aware Enough?

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Background

- Phantom limb pain (PLP) is very common and has been reported in **50 - 85% of amputees** [1], [2].
- Pathophysiology of PLP is complex and poorly understood [3].
- Lack of clinical guidelines for management
- 25% of PLP patients may find pain disabling and limiting to function [4].

Problem Statement

Healthcare providers who are not aware of PLP and its high incidence will be less likely to provide values-based patient-centered care to amputee patients.

Methods

- Study involved physicians and students at the LVH-CC surgery department.
- Surveys were given before and after an education intervention.
- Pre-test survey evaluated attitudes and management strategies for PLP.
- Education intervention of a Grand Rounds on PLP is planned.
- Post-test surveys will be given to evaluate changes in attitudes and management strategies for PLP.

Results

Final results are still in process since IRB was only recently fully approved as of February 2020.

Pre-Test Survey Results:

- 100% of residents (n = 16) and 88% of fellows and attendings (n = 49) of have cared for amputee patients.
- 31% of total respondents (n = 49) estimated less than 40% of patients with amputations suffer from PLP.
 - Fellows & attendings were more likely to answer there would be "<20%" of patients ($\chi^2 = 4.567$; d.f. = 2; $p > 0.10$).
- 78% of fellows & attendings and 75% of residents correctly included physical therapy (PT) as part of an appropriate treatment intervention.

Post-Test Survey Results:

- Pending.

Table 1. Overview of Pre-Test Responses

	Students (Medical, PA)	Residents	APC	Fellows & Attendings	Total
n =	14	16	1	18	49
"Have you ever cared for patients with amputations?" (% of Responses)					
Yes	10 (71%)	16 (100%)	1 (100%)	16 (89%)	43 (88%)
No	4 (29%)	0 (0%)	0 (0%)	2 (11%)	6 (12%)
"Have you ever received formal training or education on [PLP]?"					
Yes	0 (0%)	1 (6%)	0 (0%)	0 (0%)	1 (2%)
No	14 (100%)	15 (94%)	1 (100%)	18 (100%)	48 (98%)
"What percent of patients with amputations suffer from [PLP]?" (% of Responses)					
>80%	4 (29%)	2 (13%)	1 (100%)	3 (17%)	10 (20%)
60-80%	3 (21%)	4 (25%)	0 (0%)	7 (39%)	14 (29%)
41-59%	5 (36%)	2 (13%)	0 (0%)	1 (6%)	8 (16%)
20-40%	1 (7%)	8 (50%)	0 (0%)	4 (22%)	13 (27%)
<20%	0 (0%)	0 (0%)	0 (0%)	2 (11%)	2 (4%)
No answer given	1 (7%)	0 (0%)	0 (0%)	1 (6%)	2 (4%)
"What is the likely mechanism of [PLP]?" (Multiple answers accepted; % of Responses)					
Neuroma development at the vicinity of the stump	1 (7%)	5 (31%)	0 (0%)	4 (22%)	10 (20%)
Peripheral nerve damage in the residual limb	0 (0%)	3 (19%)	1 (100%)	2 (11%)	6 (12%)
Cortical remapping of somatosensory region	12 (86%)	11 (69%)	0 (0%)	9 (50%)	32 (65%)
Psychosomatic stress response to amputation	1 (7%)	2 (13%)	0 (0%)	3 (17%)	6 (12%)
Malingering or factitious behavior	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
None of the above	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
"What treatment regimen would you use for [PLP]?" (Multiple answers accepted; % of Responses)					
Opioids (eg, oxycodone)	0 (0%)	0 (0%)	0 (0%)	5 (28%)	5 (10%)
NSAIDs (eg, ibuprofen)	4 (29%)	5 (31%)	0 (0%)	6 (33%)	15 (31%)
Acetaminophen	2 (14%)	5 (31%)	0 (0%)	3 (17%)	10 (20%)
Neuropathic pain agents (eg, gabapentin)	13 (93%)	15 (94%)	1 (100%)	16 (89%)	45 (92%)
NMDA receptor antagonists (eg, memantine, ketamine)	1 (7%)	1 (6%)	0 (0%)	4 (22%)	6 (12%)
Tricyclic antidepressants (eg, amitriptyline)	5 (36%)	11 (69%)	0 (0%)	14 (78%)	30 (61%)
Local anesthetics (eg, lidocaine)	0 (0%)	3 (19%)	0 (0%)	2 (11%)	5 (10%)
Physical therapy (eg, mirror therapy)	13 (93%)	12 (75%)	1 (100%)	14 (78%)	40 (82%)
Psychiatry referral/consult	6 (43%)	8 (50%)	1 (100%)	5 (28%)	20 (41%)

Discussion

- Limitations:
 - Simple survey with small sample size
 - Survey itself could have biased respondents so may not have been an accurate assessment
- Future directions:
 - Creation of a care pathway for patients with amputees as their conditions can be complicated and interdisciplinary.
- SELECT principles of values-based patient-centered care
 - If **healthcare professionals are unaware** of a patient's pathology, then the **discussion on treatment options may not even occur**, and values-based patient centered care **cannot be truly delivered**.

Conclusions

The preliminary data for this study indicates that LVH-cc surgery clinicians **may be unfamiliar** with the high incidence of this phenomenon but the **majority would still include** PT and neuropathic pain agents as part of an appropriate treatment regimen.

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