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NEWSLETTER



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Phantom Limb Pain

Phantom limb sensations are often an unfortunate outcome of limb amputation. It has been reported that 60-80% of amputees will experience painful sensations at some point post-amputation. Patients at higher risk include those whose amputation was necessary secondary to infection or gangrene. The occurrence of phantom pain in children or congenital amputees is less frequently seen.

Phantom limb pain is a neuropathic pain often described as an intermittent burning, throbbing, squeezing, or stabbing sensation. Other neuropathic pain states including post-herpetic neuralgia and diabetic neuropathy often produce pain of similar quality. With time, phantom limb pain often improves. Studies have shown that the median pain score 5 years post-amputation are significantly less than immediately post-amputation.

Stump pain is also very common but usually short-lived. 5-10% of amputees, however, continue to have pain that becomes chronic. In addition to the previously mentioned medications that could help with phantom limb pain, topical analgesics such as capsaicin or lidocaine may offer analgesic benefit.

Pre-amputation pain is a risk factor for developing phantom limb pain. Patients will report pain in the same area preoperatively as well as post-amputation. Efforts to prevent phantom limb pain hours to days prior to amputation have been unsuccessful on a long-term basis. One study showed improvement 6 months post-operatively in patients who had indwelling epidural catheters pre-operatively. In the majority of studies, however, epidural morphine and bupivacaine alone or in combination reduced pain only minimally six months after amputation. Pain scores 12 months post-amputation were fairly equivalent for patients who received epidural anesthesia pre-operatively and those that did not.

Treatment of post-amputation pain can be very difficult but can include medical management, cordotomy, sympathectomy, acupuncture, biofeedback, and electroconvulsive therapy. Membrane stabilizing medications such as tricyclic anti-depressants and anti-epileptic medications are often the cornerstone of treatment for phantom limb pain. Antidepressants such as amitriptyline can often be used alone or in conjunction with anti-epileptic medications to help with nerve injury pain. Opioids have also been shown to offer benefit in reducing pain. Other medications including beta-blockers or benzodiazapines have been trailed without success.

For Information and Referrals:

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