INCREASING AWARENESS OF OPTIONS FOR PHANTOM LIMB PAIN AFTER AMPUTATION

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The aim of the study was to determine awareness, attitudes, interest, and access to care in regards to the treatment of residual limb pain and/or phantom limb pain in rural locations through the WVPBRN's CORE Survey (67 respondents).

49%

OF PATIENTS IN WV CONSIDER THEIR PCP THE PRIMARY CAREGIVER FOR THEIR AMPUTATION CARE, ACCORDING TO SURVEYED PROVIDERS

53%

OF PATIENTS NO LONGER SEEING SURGEON WHO PERFORMED AMPUTATION, ACCORDING TO SURVEYED PROVIDERS

41%

OF PATIENTS SUFFERING FROM PHANTOM OR RESIDUAL LIMB PAIN SEEK NEW TREATMENTS TO IMPROVE THEIR PAIN, ACOORDING TO SURVEYED PROVIDERS

79%

OF SURVEYED PROVIDERS ARE INTERESTED IN LEARNING MORE ABOUT NEW OPTIONS FOR AMPUTEES AND WOULD REFER FOR NEW SURGICAL TREATMENTS

86%

OF SURVEYED PROVIDERS ARE NOT FAMILIAR WITH TARGETED MUSCLE REINNERVATION (TMR)

83%

OF SURVEYED PROVIDERS FEEL DISTANCE/ACCESS TO A QUALIFIED FACILITY DETER THEM FROM REFERRING PATIENTS FOR NEW TREATMENTS FOR PHANTOM LIMB AND STUMP PAIN

The survey findings suggest:

- Primary care providers (PCPs) manage many amputees with ongoing pain in rural West Virginia
- These amputees no longer follow with their initial surgeon
- Patients with phantom or residual limb pain desire new treatments but lack of awareness about adequate options (the fault lies with the tertiary care centers)
- PCPs are interested in TMR and would refer patients; however, they are concerned about access to care or expense

About TMR:

TMR is taking a target muscle and re-innervating with a new nerve. TMR is the only option for phantom limb pain and the best option for stump pain and neuromas. TMR can be performed at the time of amputation (primary) or as a revision amputation (secondary)

WVCTSI West Virginia Clinical and Translational Science Institute
WVPBRN West Virginia Practice-Based Research Network