



America's Heroes



The Pain Of Battlefield Injury And Amputation

(NAPSA)—Advances in battlefield medicine are helping to save the lives of servicemen and -women who might otherwise have died as the result of traumatic injuries. However, once they are out of immediate danger, they often face prolonged periods of recovery and rehabilitation marked by frustration and pain.

One major concern is the long-term care and well-being of servicemen and -women who are returning to the U.S. with amputations and other blast-related injuries, according to the Amputee Coalition of America (ACA), a non-profit organization representing people who have experienced amputation or are born with limb differences. “While more of our troops are surviving traumatic injuries, we have to address the ongoing consequences of these injuries,” says Dr. Terrence Sheehan, Medical Director at Adventist Rehabilitation Hospital of Maryland. “Advances in surgical techniques, prosthetic technology and physical rehabilitation are producing some astonishing results; however, the loss of a limb or limbs and the effects of other blast-related injuries are life-altering events. Technological, emotional and pain related needs will be long term for these young servicemen and -women, many of whom have multiple amputations and other injuries.”

Any patient who undergoes an amputation, whether it is caused by a traumatic injury or disease, can develop phantom pain, the



U.S. Air Force photo/Master Sgt. Michael A. Ward

Amputees face numerous challenges, including chronic pain.

sensation of pain in a limb that is no longer part of the body, or residual limb pain, known as stump pain, in the part of the limb that has not been amputated. In addition, musculoskeletal pain in the opposite limb, back and neck is often reported. Some studies suggest if a patient has pain in the area about to be amputated before the amputation, there is a greater likelihood of developing phantom pain.

The actual cause of phantom pain is not known. Many authorities believe that when a body part is amputated, the region of the brain responsible for perceiving sensation from that area begins to function abnormally, leading to the perception that the body part still exists.

Residual limb pain, unlike phantom pain, occurs in the body part that still exists, in the stump that remains. It is typically described as a “sharp,” “burning,” “electriclike” or “skin-sensitive” pain. It is also called nerve pain or neuropathic pain.

Untreated or undertreated pain can devastate a person's quality of life and emotional well-being. A survey of amputees by the ACA found that 91 percent of 954 respondents said they were experiencing pain. Additionally, the survey found that 30 percent of respondents reported suffering from depression. Unfortunately, there is little appreciation among the general public of the difficulties people with limb loss face.

“It is especially disturbing that so many people do not understand the serious consequences of chronic pain relating to amputations,” notes Paddy Rossbach, Chief Executive Officer of the ACA. “It is important to remember that the men and women in our armed forces who are injured and in pain need and must receive ongoing care and support.”

According to the American Pain Foundation, more than 75 million Americans experience acute or persistent pain. The ACA and many other advocacy organizations and medical institutions are working to raise awareness of pain as a serious public health problem and are implementing programs to improve the quality of care delivered to people with pain.

To learn more about chronic pain in veterans and amputees, visit Partners Against Pain® (www.partnersagainstpain.com) and the Amputee Coalition of America online at www.amputee-coalition.org.