

*LIANA SAGINASHVILI, LALI AKHMETELI, TINATIN MAMATSASHVILI,
BESARION IREMASHVILI*

PSYCHOLOGICAL REACTIONS TO LOWER LIMB AMPUTATION

Surgery Department, International Faculty of Medicine and Stomatology, TSMU, Georgia

ლიანა საგინაშვილი, ლალი ახმეტელი, თინათინ მამაცაშვილი, ბესარიონ ირემაშვილი
ფსიქოლოგიური რეაქციები ქვედა კიდურის ამპუტაციაზე
თსუ მედიცინის და სტომატოლოგიის საერთაშორისო ფაკულტეტი,
ქირურგიის დეპარტამენტი, საქართველო

რეზიუმე

ჩვენი კვლევის მიზანს წარმოადგენდა პაციენტების ფსიქოლოგიური რეაქციების იდენტიფიცირება ქვედა კიდურის ამპუტაციის შემდგომ. გამოიკითხა 46 პაციენტი, რომლებსაც თბილისის სახელმწიფო სამედიცინო უნივერსიტეტის პირველ საუნივერსიტეტო კლინიკაში ჩატარდათ ქვედა კიდურის ამპუტაცია. კვლევის მიზნებისა და ამოცანების მისაღწევად შემდეგი კითხვები იქნა დასმული: 1. რა ძირითადი ფაქტორები განაპირობებს უარყოფით განცდას პაციენტებში ქვემო კიდურის ამპუტაციის შემდგომ? 2. რა სახის ინფორმაციას ელოდება პაციენტი სამედიცინო მუშაკებისგან? 3. როგორ იღებენ პაციენტები ფსიქოლოგიურ დახმარებას?

ჩვენ გამოვყავით სამი ძირითადი ფაქტორი, რომელიც უარყოფითად მოქმედებს პაციენტის ფსიქოემოციურ მდგომარეობაზე საავადმყოფოდან განერის შემდეგ. ეს ფაქტორებია: სხეულის ცვლილებებთან ადაპტაციის სირთულე, სექსუალობის შეცვლა და ოპერაციის გავლენა პაციენტის სოციალურ ცხოვრებასა და საქმიანობაზე. ფსიქოლოგიური ზეწოლა ასევე იზრდება თავის მოვლის შესახებ პაციენტის ცოდნის არარსებობით საავადმყოფოდან განერის შემდეგ. შედეგად, პაციენტებმა შეიძლება დაკარგონ ნდობა, რომ დაუბრუნდებიან ჩვეულ ცხოვრებას, რაც უარყოფითად აისახება მათი ცხოვრების ხარისხზე.

Amputation presents multi-directional challenges. It affects function, sensation and body image. The psychological reactions vary greatly and depend on many factors and are variable. In most cases, the predominant experience of the amputee is one of loss: not only the obvious loss of the limb but also resulting losses in function, self-image, career and relationships [1]. Many of the psychological reactions may be transient, some are helpful and constructive, others less so, and a few may require further action (e.g. psychiatric assessment in the case of psychosis) [1].

More than 30% of amputees are troubled by depression [1,2]. Psychological morbidity, decreased self-esteem, distorted body image, increased dependency and significant levels of social isolation are also observed in short and long-term follow up after amputation [3,4]. The immediate reaction to the news of amputation depends on whether the amputation was planned, occurred within the context of chronic medical illness or necessitated by a sudden onset of infection or trauma [5].

The purpose of our research was identification psychological reactions to amputation. 46 patients were interviewed which were admitted to The First University Clinic of Tbilisi State Medical University and underwent amputation. In order to achieve the aims and objectives of the research, the following questions were addressed:

- 1) What are the factors that cause negative feeling of amputated patients in post-operative stage?
- 2) What kind of information does post-operative patients expect from medical workers?

3) How do patients get psychological support?

Psychological analysis has shown that psychological changes for amputated patients are very complex, influenced by the patient's character, disease, education and social status, as well as the perception of amputation.

After learning that amputation may be required, anxiety is often replaced by depression. Concern may be related to the fate of the limb to be removed, as well as the prospect of phantom limb pain that many patients (thanks to information from other amputees) may be familiar with.

Cosmetic appearance appears to play a great role in the psychological sequelae of amputation. Body image, defined as 'the individual's psychological picture of himself [6,7] is disrupted when a limb is amputated [8]. A number of body image-related problems were frequently experienced following amputation such as anxiety and sexual impairment and/or dysfunction. Mutilation anxiety also affected the sexual function of a patient. Men have reported feeling castrated by amputation, while women are more likely to report feeling sexual guilt and "punished" for some real or imagined transgression by amputation. The reaction to amputation is not always negative. When amputations occur after a long period of illness and loss of function, the patient may already have gone through a period of grieving and has no need to grieve again for the amputation.

Since most patients are amputated for the first time, they have no previous experience. Before discharge, the priority of postoperative education is to prepare patients for self-care. Preparation for discharge was stressful for many patients, and along with postoperative education, psychological support was essential.

We identified three major themes that may increase patient psychological burden after discharge. These themes are adapting to body changes, altered sexuality, and impact on social life and activities. Adapting to body changes: Patients had difficulty adjusting to the change in body image even months after discharge. Due to the different types of surgery method, sacral plexus may be damaged, which may cause patients sexual dysfunction. About 70% of our amputated patients think the changes in lifestyle have the severe impact on emotion state, and more than 35% of them think the sexual problem influences emotional feeling.

Single and widowed individuals suffer more psychological stress and difficulty in adapting to amputation than do those who are married and have a family. Particularly helpful in the adjustment of the adult amputee is the presence of a supportive partner who assumes a flexible approach, takes over functions when needed, cuts back when the amputee is able to manage, but always maintains the amputee's self-esteem.

Psychological pressure is also caused by a lack of self-care knowledge. Health care providers do not have sufficient professional knowledge about caring for amputated patients. Consequently, they cannot provide these patients with sufficient health education to meet the needs of the patients. Lack of knowledge about self-care creates negative feelings in patients because they may be confused about how it will affect their lives. Moreover, with a lack of knowledge, the ability of patients to self-care will be limited and will not be able to prevent the following complications. As a result, patients may lose confidence that they will return to normal life and their quality of life will decrease.

References:

1. Engstrom B, Van de Ven, C. Therapy for Amputees. 3rd Ed. Churchill Livingstone. 1999
2. Ghous M. Depression: prevalence among Amputees. Professional Medical Journal, 2015; 22(2): 263-266

3. Srivastava K, Saldanha D, Chaudhury S, Ryali V, Goyal S, Bhattacharyya D, Basannar D. A Study of Psychological Correlates after Amputation. *Medical Journal Armed Forces India* 2010; 66(4):367-373.
4. Sahu A, Sagar R, Sarkar S, Sagar S. Psychological effects of amputation: A review of studies from India. *Industrial Psychiatry Journal* 2016; 25(1):4–10. doi: 10.4103/0972-6748.196041
5. Bhuvaneshwar CG, Epstein LA, Stern TA. Reactions to Amputation: Recognition and Treatment. *Prim Care Companion J Clin Psychiatry* 2007; 9(4): 303–308.
6. Thompson JK, Heinberg LJ, Altabe M, Tantleff-Dunn S. *Exacting beauty: theory, assessment and treatment of body image disturbance*. Washington: American Psychological Association. 1999
7. <https://www.nedc.com.au/eating-disorders/eating-disorders-explained/body-image/>
8. Holzer LA, Sevela F, Fraberger G, Bluder O, Kicking W, Holzer G. Body Image and Self-Esteem in Lower-Limb Amputees. *PLoS One*. 2014; 9(3): e92943. doi: 10.1371/journal.pone.0092943.

*ЛИАНА САГИНАШВИЛИ, ЛАЛИ АХМЕТЕЛИ, ТИНАТИН МАМАЦАШВИЛИ,
БЕСАРИОН ИРЕМАШВИЛИ*

ПСИХОЛОГИЧЕСКИЕ РЕАКЦИИ НА АМПУТАЦИЮ НИЖНИХ КОНЕЧНОСТЕЙ

Департамент хирургии, ТГМУ, Грузия

РЕЗЮМЕ

Целью нашего исследования было выявление психологических реакций пациентов на ампутацию нижней конечности. Было опрошено 46 пациентов, поступивших в Первую университетскую клинику Тбилисского государственного медицинского университета и перенесших ампутацию. Для достижения целей и задач исследования были рассмотрены следующие вопросы: 1. Какие факторы влияют негативно на психическое состояние пациентов с ампутациями нижних конечностей в послеоперационном периоде? 2. Какого рода информации ожидают пациенты от медицинских работников в послеоперационном периоде? 3. Как пациенты получают психологическую поддержку?

Мы выделили три основных фактора, которые могут увеличить психологическую нагрузку на больных после выписки из больницы. Этими факторами являются сложность адаптации к изменениям тела, измененной сексуальности и влияние перенесенной операции на социальную жизнь и деятельность пациента. психологическое давление также увеличивается из-за незнания больными ухода за собой после выписки из больницы. В результате пациенты могут потерять уверенность в том, что они вернуться к нормальной жизни, что отрицательно сказывается на качестве жизни.

*LIANA SAGINASHVILI, LALI AKHMETELI, TINATIN MAMATSASHVILI,
BESARION IREMASHVILI*

PSYCHOLOGICAL REACTIONS TO LOWER LIMB AMPUTATION

Surgery Department, International Faculty of Medicine and Stomatology, TSMU, Georgia

SUMMARY

The purpose of our research was identification of psychological reactions of patients to lower limb amputation. 46 patients were interviewed which were admitted to The First University clinic of Tbilisi State Medical University and underwent amputation of the lower limb. In order to achieve the aims and objectives of the research the following questions were addressed: 1. What are the factors that cause negative feeling of amputated patients in post-

operative stage? 2. What kind of information does post-operative patients expect from medical workers? 3. How do patients get psychological support?

We identified three major factors that can increase patient psychological burden after discharge from the hospital. These factors are difficulty in adapting to body changes, altered sexuality, and impact of underwent surgery on social life and activities of the patient. Psychological pressure is also increased by lack of knowledge of the patient concerning self-care after discharge from the hospital. As the result, patients may lose confidence to go back to normal life, which negatively affects the quality of their life.

Key Words: Lower limbs, Amputation, Psychological reactions.

