# 147 - THE ANALYSIS OF QUALITY OF LIFE OF PATIENTS AMPUTEES TRANS FEMORAL AND FEEL WITH GHOST TRANSTIBIAL.

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**INTRODUCTION**

According to Carvalho (2003), "amputation is the partial or total removal of any member, and is considered a reconstructive process to end without a function or limited function."

So it is understandable for an amputee who removed an individual member or part thereof, after the amputation where the individual has to deal with a lot of discrimination, often feeling isolated with shame and fear of society, where it ends up isolating themselves, changing her daily routine, by directly changing the quality of life, where the individual who was included in the society feels mutilated himself away, therefore, an amputation should not be considered as the end, since most people who suffer from vascular problems, trauma, tumor, infectious, are reducing their suffering and starting a new phase of life. (Boccolini, 2000).

Several causes of amputation were classified as amputation of upper and lower limbs, congenital or acquired. The acquired are the most frequent being the leading cause of traumatic amputation of upper limb and peripheral vascular diseases, birth is the most frequent lower limb amputation.(Brito,2003).

Approximately 80% of lower limb amputations are performed in patients with peripheral vascular disease and diabetes, it is essential that the vascular surgeon to know the main factors that influence surgical clinical recovery and fitting of these individuals, as there are many levels and types of amputations.(Lucca,2003).

According Bocolini (2000), Carvalho (1999) and Kottke, Lehmann (1994), there are twelve levels in the lower limb amputations, where levels are more common amputation transtibial and transfemoral, being of extreme importance that the surgeon attempt to preserve the lower level of amputation possible with satisfactory results for the patient and the resolution of your problem.

The transtibial amputation is made tibiotarsal and knee disarticulation, which were divided into three levels, transtibial amputation in the proximal third, middle and distal. Usually caused by vascular, traumatic processes, infectious and neoplastic or congenital abnormalities, knee disarticulation is indicated for orthopedic trauma irreversible congenital anomalies of the tibia and fibula and some more distal tumors. This amputation advocates the preservation of the patella, transfemoral amputation is performed between the knee and hip disarticulation, and processes caused by traumatic, vascular, infectious and neoplastic or congenital anomalies, where these two levels, the prosthesis is easier and your recovery will depend on each patient with satisfactory results.

According to Ephraim et. al. (2003), regardless of the levels seen before the amputation, the patient who undergoes a surgical procedure for removal of members undergo great changes in his life, being directly affected their behavior and their way of acting and self-esteem. Patients with lower limb amputations are challenged to adjust psychologically to some extent the loss of this member, adjusting to physical disabilities, can become incapacitated, affecting their health and well-being, psychological and all his quality of life.

To Probstner and Thuler (2006), this already proven that the majority of patients undergoing amputation besides having all the hassle of amputation, changes in their self-esteem and well being, yet evolving with any discomfort and when the absent member characterized as pain or discomfort that reduces the quality of life of patients, and often bringing several consequences such as preventing the work, reducing their self-esteem and even depression.

According to Souza et. al. (2004), Because of this boundary is important that patients are aware of the procedures occurred in the amputation, as are acts of restoration of an organ and not a mutilation. Making the important work of professionals involved in rehabilitation.

Among all the complications that may arise due to the amputation surgery are: the phantom limb pain, phantom limb sensation and stump pain, these are the most common changes after surgery for limb amputation. It also can occur from a low self-esteem, fear and depression, as patients report great difficulty in connecting with such anguish. (PASTRE CM, 2006). The sensation of pain in the amputated limb, called the phenomenon of phantom pain, which is the awareness of pain in the amputated extremity. According to Fisher (1991), the phantom limb pain can be prevented when patients are encouraged to express the pain of loss, which leads us to value not only pathophysiological but emotional.

The sensation of the presence of limb or organ after its removal is described by almost all patients who underwent amputation and often are associated with pain that varies in intensity and duration, can be defined as a member of numbness, burning, cramp, twinge , illusion of the members present or just the feeling of his existence, which for many causes fright, anxiety and difficulty connecting with a feeling that they have a member missing, causing a change in their emotional and psychological state is not aware of this disease called phantom sensation or pain that may accompany the individual amputee long, interfering directly in their quality of life.

The improvement in quality of life is essential to health, so the aspects related to the amputations that may jeopardize the physical well-being, social and emotional development of individuals it is necessary to the performance of health professionals from these patients by effecting an effective rehabilitation can reduce these changes, offering full rehabilitation, and providing an independent and normal life to the amputee.

The quest for rehabilitation and improved quality of life causes the amputee needs the skills of a physiotherapist who works through a dynamic, creative and progressive, educated and aimed at restoring the individual to returning their self-esteem, quality of life and proposing to interact with society again, assisting in their correct fitting and rehabilitation. (CARVALHO, 1999).

Amputation due to be considered a major cause of changes directly related to quality of life of individuals, some authors attempt to define quality of life of the patient's expectation in relation to society and their behaviors. (Lucca,2003).

For Seidl et. al. (2004). Quality of life was defined as "the individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". In this context one can think how hard life can be severed in our social environment. After all, apart from social devaluation of disabled, this also

brings some figures about disability, they tarnish their self-image and hindering the acceptance of his physical disability, impaired quality of life and independence.

So after amputation the individual begins to adapt to his new phase of life, rehabilitation, bringing to interact with society, which currently is already changing its acceptance in relation to the physically disabled, assisting in the introduction of these patients without reducing self-esteem and thus invalidated and rating with the proportionate improvement in all cultural, social and psychological.

Even a seemingly long and arduous path, the process of social reintegration of amputees that enables pre-accept your loss brings an invaluable wealth to the patient, the possibility of returning to love yourself and love your body by amputation and even though she, like consequence restoring their self-esteem and improving their quality of life.

**MATERIALS AND METHODS**

The research comes from a field study of an epidemic and evaluating, quantitative cross-sectional. The sample population was composed of patients from the rehabilitation center of Assisi School Gurgacz - FAG, composed by transfemoral and transtibial amputees who have impairments such as phantom sensation, regardless of age and sex. With application of the SF-36 quality of life changed and adapted for amputees with phantom sensation.

The sample comprised 25 individuals. Inclusion criteria for patients who receive care in clinical inter FAG, regardless of sex or age, who have phantom sensation due transtibial and transfemoral amputation, patients who have time available to participate and patients who agreed with the term of free consent and explanation since the exclusion criteria were patients who did not agree with the term of free consent and clarification on patient care, patients with hearing difficulties and patients without amputations trans femoral or tibial trans. The study was approved by the Ethics and Research of FAG No. 198/2009 and the participants or officials signed a consent form. Participants were briefed on what is phantom sensation and questionnaires were explained to each individual patient.

Data collection was conducted in June and July 2010, where it was explained to the participant about the research, and delivered a statement of commitment free and clear, in which the participant claimed to have been duly informed about the research objectives, agreeing participate voluntarily in the same, after we applied the SF-36 modified.

Data were tabulated using the Microsoft Excel 2007 (Windows 7 operating system, Microsoft Corporation, Inc.) and analyzed using the Student t test, using significance level of 5%, and simple percentages, for some data.

**RESULTS**

After the questionnaires were evaluated the data and scores in each area, pain, bound by physical, general health and social aspects. Regarding the Pain item, it was observed that 40% of the sample had impairment on quality of life due to the sensation or phantom pain and disabling features.

Since 56% of interviewees had much involvement in the dimension that measured by the physical limits. Since the dimensions of general health and social aspects 100% had values above 75% acentuáveis being an important variable for the study, where he came to the conclusion that in pain threshold and physical aspects of phantom pain directly affects the quality life, as patients have shown that in areas of general health and social aspects are not harmed.

**DISCUSSION**

It may be noted that in the questionnaire, the participants did not obtain significant differences in the items of the SF-36 domain, as the general health of the social aspects, noting that these are not factors that hinder the quality of life self-harming esteem, the item pain and physical limitation that cause their pain and amputation for individuals, acting directly on the quality of these patient.

The quality of life for being a very broad topic and be directed from various perspectives creates many questions, so that Freitas (2005), talks about the emotional and physical aspects into consideration Costa (2002) refines the concept and adds emotional aspects that are essential , social and spiritual search for personal satisfaction and personal happiness.

Within the domains, the physical limit by four items. Pain is not only the intensity and discomfort caused by phantom limb pain, but also how it interferes with normal activities. The general state of health intends to measure the concept of holistic perception of health, including not only current health but also resistance to disease and healthy appearance. The social domain, are out the amount and quality of social activities, as well as the impact of physical and emotional problems in the social activities of the person who responds. (KONG and YANG, 2006).

In general the SF-36, the sample examined, limit the areas for physical, bodily pain, general health and social aspects, just in general health and social aspects had a score above 75 points. Similar data were described by APRILE et al (2006) observed that when patients with major physical disabilities due to pain had a lower quality of life for the less committed.

This study also observed that in the field assessing the phantom pain about 40% of individuals have changes in quality of life this variation was commented on by other authors indicate that as the main factor to lack of knowledge on the subject by patients, and the presence of phantom pain and the absence of the member begin to show social isolation and often cause bouts of depression or patients themselves do not accept the feeling not wanting to admit they are just finding things in their heads by changing the quality of life of individuals.

Regarding the study of physical appearance and limit pain or phantom sensation was noted that most individuals begin to isolate themselves from society by limited mobility and some accommodation often caused even before the amputation, and when they face the amputation feel if unable to face social settings, often for fear of not being able to take a bus or walk a few blocks outside its usual pattern, thus causing a barrier between society and the individual with some motor impairment, hindering their social interaction and improved their quality of life and decreased pain.

**FINAL**

The present study demonstrated that patients participating in this study showed significant changes in the areas of pain and limited physical aspect of these being the main factors affecting the quality of life of individuals, because almost 100% of the sample had values above 75 % on items that assess the general health and social aspects.

Thus concluding that the disability had a strong impact on quality of life of these patients, noting that phantom pain is not a factor that acts directly on the quality of life causes the individual to continue to isolate itself from society. Although the results of this study have identified the changes in quality of life of patients with transtibial amputees and tranfemorais pain or phantom sensation, it is believed that in future studies, the questionnaire can be applied to individuals perceive that there is no physical disability but the encourage face this difficulty.

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**EXAMINE THE QUALITY OF LIFE OF PATIENTS AMPUTEES TRANS FEMORAL AND TRANSTIBIAL WITH GHOST FEELING.**

Introduction: The quality of life was defined as "the individual's perception about their position in life, in the context of culture and value systems in which he lives, and in relation to their objectives, expectations, patterns and concerns", any amendment that would lead to changes in quality of life, such as amputation, makes the individual change its interaction with society, this worsening when, in addition to have to face an amputation the individual is to live with the pain phantom. Pain or dormancy in a region that there is, I raise the compromising its self-esteem and often in a state of secession, denying acting directly on their quality of life. Objective: To verify changes in quality of life arising from the pain patients phantom amputees after conviviality with pain, changes in relation to the functional capacity, limitation of physical aspect, emotional, pain, general health status vitality, social and mental health. Methodology: held-if application of the SF-36, fitted with the objective to relate the amputation and pain phantom. THE instrument was applied to 25 patients amputees trans-femoral and trans-tibial treated in the Center for the rehabilitation of Faculty Assisi Gurgacz, in the period July to July 2010. Results: After the application of the questionnaire, were observed that 56% of interviewees exhibit compromise topic maximum limitation by physical aspect, but only 40% presented compromising quality of life, with characteristic incapacitating for pain and 100% of the sample presented more than 75% in the field of general state of health and social aspects.

**KEY-WORDS:** amputation, Pain Phantasm and quality of life.

**EXAMINER LA QUALITÉ DE VIE DES PATIENTS AMPUTÉS TRANS FÉMORALE ET TRANSTIBIAL AVEC FANTÔME SENTIMENT.**

Introduction: la qualité de vie a été défini comme "l'individu la perception au sujet de leur position dans la vie, dans le contexte de la culture et systèmes de valeur dans lequel il vit, et en ce qui concerne leurs objectifs, leurs attentes, les tendances et de préoccupations", tout amendement qui entraîneraient des changements de la qualité de vie, comme l'amputation, rend l'individu changer son interaction avec la société, cette détérioration quand, en plus d'avoir à faire face à une amputation l'individu est de vivre avec la douleur fantôme. Douleur ou de dormance dans une région qu'il y est, je soulève la compromettre son estime de soi et souvent dans un état d'une sécession, niant agissant directement sur leur qualité de vie. Objectif: à vérifier les changements de la qualité de vie découlant de la douleur chez les patients phantom amputés après convivialité avec de la douleur, les modifications en ce qui concerne la capacité fonctionnelle, la limitation de l'aspect physique, émotif, douleur, état de santé général vitalité, sociaux et santé mentale. Méthodologie: tenue-si l'application de la SF-36, équipés avec l'objectif de relier l'amputation et douleur fantôme. L'instrument a été appliqué à 25 patients amputés trans-fémorale et trans-tibiale traités dans le Centre pour la réhabilitation de la faculté Assisi Gurgacz, dans la période de juillet à juillet 2010. Résultats: après l'application du questionnaire, ont été observés que 56% des personnes interrogées exposition compromis sujet maximum limitation par l'aspect physique, mais seulement 40 p. 100 ont présenté compromettre la qualité de vie, possédant la caractéristique incapacitante de la douleur et 100% de l'échantillon présenté plus de 75% dans le domaine de l'état général de la santé et les aspects sociaux.

**MOTS-CLÉS**: l'amputation, douleur Fantasme et la qualité de vie.

**EXAMINAR LA CALIDAD DE VIDA DE LOS PACIENTES AMPUTADOS TRANS FEMORAL Y TRANS TIBIAL FANTASMA CON SENTIMIENTO.**

Introducción: la calidad de vida fue definido como "el individuo, la percepción sobre su posición en la vida, en el contexto de cultura y sistemas de valores en que vive, y en relación con sus objetivos, expectativas, patrones y preocupaciones", cualquier enmienda que conduciría a los cambios en la calidad de vida, tales como la amputación, hace que el individuo cambiar su interacción con la sociedad, este empeoramiento cuando, además de tener que afrontar una amputación del individuo es vivir con el dolor fantasma. Objetivo: Para verificar los cambios en la calidad de vida derivadas del dolor fantasma pacientes amputados después convivencia con dolor, cambios en relación con la capacidad funcional, la limitación del aspecto físico, emocional, dolor, estado de salud general vitalidad, sociales y de salud mental. Metodología: celebró-si la aplicación de la SF-36, equipados con el objetivo de relacionar la amputación y dolor fantasma. El instrumento fue aplicado a 25 pacientes amputados trans-femoral y trans-tibial tratadas en el Centro para la rehabilitación de la Facultad Asís Gurgacz, en el período de Julio a julio de 2010. Resultados: Después de la aplicación del cuestionario, se observó que el 56% de entrevistados exposición compromiso tema máximo limitación por aspecto físico, pero sólo el 40% presentó comprometer la calidad de vida, con la característica incapacitantes para el dolor y el 100% de la muestra presentó más de 75% en el ámbito del estado general de salud y aspectos sociales. En conclusión a pesar del dolor fantasma no será el principal factor que socava la calidad de vida es de gran importancia en la determinación de buena calidad de vida para el individuo amputadas.

**PALABRAS CLAVE**: amputación, dolor Otras y calidad de vida.

**O ANALISE DA QUALIDADE DE VIDA DE PACIENTES AMPUTADOS TRANS FEMORAL E TRANSTIBIAL COM SENSAÇÃO FANTASMA.**

Introdução: A qualidade de vida foi definida como "a percepção do indivíduo sobre a sua posição na vida, no contexto da cultura e dos sistemas de valores nos quais ele vive, e em relação a seus objetivos, expectativas, padrões e preocupações", qualquer alteração que leve a mudanças na qualidade de vida, como a amputação, faz com que o individuo mude sua forma de interagir com a sociedade, isto tudo piora quando, além de ter de enfrentar uma amputação o indivíduo passa a conviver com a dor fantasma. Uma dor ou sensação de dormência em uma região que não existe, o levanto ao comprometimento de sua auto-estima e muitas vezes em um estado de afastamento, negação atuando diretamente na sua qualidade de vida. Objetivo: Verificar alterações na qualidade de vida decorrentes da dor fantasma em pacientes amputados após a convivência com a dor, mudanças em relação a sua capacidade funcional, limitação de aspecto físico, emocional, dor, estado geral de saúde vitalidade, aspecto social e saúde mental. Metodologia: Realizou-se aplicação do questionário SF-36, adaptado com objetivo de relacionar à amputação e a dor fantasma. O instrumento foi aplicado a 25 pacientes amputados trans-femorais e trans-tibiais atendidos no Centro de reabilitação da Faculdade Assis Gurgacz, no período de julho a julho de 2010. Resultados: Após a aplicação do questionário, foram observados que 56% dos entrevistados apresentam comprometimento máximo no quesito de limitação por aspecto físico, porém apenas 40% apresentaram comprometimento de qualidade de vida, com característica incapacitante em relação à dor e 100% da amostra apresentou mais de 75% no domínio de estado geral de saúde e aspectos sociais. Concluindo assim que apesar da dor fantasma não ser o principal fator que compromete a qualidade de vida é de grande importância na determinação de uma boa qualidade de vida para o individuo amputado.

**PALAVRAS-CHAVES:** Amputação; Dor Fantasma e Qualidade de vida.