

Ethical Issues in Rehabilitation of Persons after Amputation

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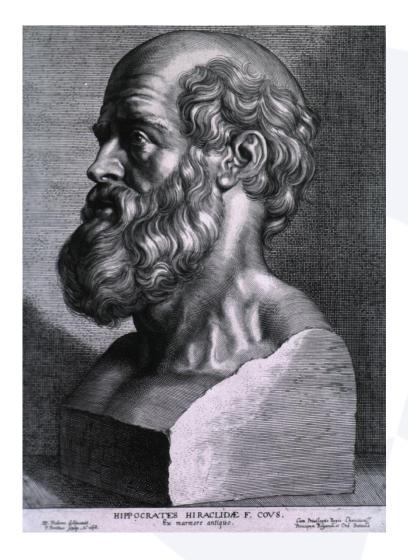
Introduction



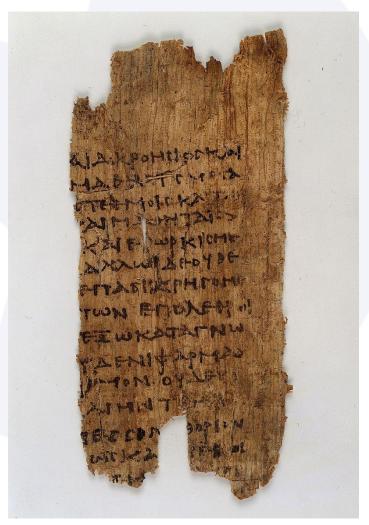


Marinček Č. The iron hand from Slovenia. Prosthet Orthot Int 1992;16: 153-156.

Janez iz Kastva, 14th century



Peter Paul Rubens1638



A fragment of the Oath on the 3rd-century Papyrus Oxyrhynchus

Amputation

Yes?

No?





Amputation

- * No
 - →Other vascular surgery?
 - →Replantation?
 - →Transplantation?
 - →Conservative treatment?
 - →Role of PRM specialist?



Amputation

- * When?
- * Who?
- * The role of PRM specialist?

When?

- * PVD, DM Deconditioning
- * Injury ¹:
 - →Lower limb reconstruction is more acceptable psychologically
 - →The physical outcome for both is more or less the same
- 1 Akula M et al. Injury, Int J Care Injured 2011; 42: 1194 7.

Who?

* Amputation has to be done by a surgeon specialised in amp. surgery – recommendation A BSRM, Australian and Dutch guidelines



Chakrabatry BK. Prosthet Orthot Int 1998; 22: 136 – 46. Cosgrove CM et al. Ann Roy Coll Surg Eng 2002; 84: 344 – 7.



Amputation is not the end but the beginning of the new way.

G Murdoch



Role of PRM specialist

- * Before each planned operation surgeon has to consult rehabilitation team and the patient^{1,2}
- * Other role?
 - 1 Australian guidelines. Amputee care standars in New South Wales 2008
 - 2 Dutch guidelines. POI 2015; 39: 351 71.

After amputation

* All patients want prosthesis

* Most wanted is the "best"

prosthesis



- *Shape of the stump 1 fitting 1,2
- *Amp. one LL³
- *More distal amp. ³
- *Cause of amputation PVD → ↓ outcome ³
- 1 Chakrabatry BK. Prosthet Orthot Int 1998; 22: 136 46.
- 2 Cosgrove CM et al. Ann Roy Coll Surg Eng 2002; 84: 344 7.
- 3 Sansam K et al. J Rehabil Med 2009; 41: 593 603.

- *Residual limb wounds and ulcers
 - →Despite use of prosthesis 64% healed in 6 weeks ¹
 - →Vacuum-assisted socket system vs standard suction socket after ulcer/wound healing ²
- 1 Salawu A et al. Prosthet Orthot Int 2006; 30: 279 85.
- 2 Traballesi M et al. Eur J Phys Rehabil Med 2012; 48: 613 80.

- *Up to 30 different comorbidities¹
 - →39.2% Hypertension
 - →16.9% Congestive heart failure
 - →15.1% Chronic pulmonary disease
 - →13.1% Renal failure²
 - \rightarrow 8 18% Stroke³
- 1 Kurichi JE et al. Gerontology 2007; 53: 255 9.
- 2 Arneja AS et al. Am J Phys Med Rehabil 2015; 94: 257 68.
- 3 Hebert JS et al. Disabil Rehabil 2012; 34: 1943 9.

Outcome

*1 year after rehabilitation and fitting only 9% of persons in institutional care use a prosthesis¹

1 – Remes L et al. Aging Clin Exp Res 2009; 21: 129 – 53.



- *Cognitive impairment is more prevalent among persons after LLA than in the general population ¹
- *1/4 had dementia²
- *Memory only predictive factor for independent donning of prosthesis ³
 - 1 Coffey L et al. Disabil Rehabil 2012; 34: 1950 64.
 - 2 Schuch V et al. Inter Med Appl Sci 2012; 4: 175 80.
 - 3 Sansam K et al. J Rehabil Med 2009; 41: 593 603.

Rehabilitation

- * Everybody will not be fitted with a prosthesis,
- * Everybody can benefit from rehabilitation ¹



Prosthetic prescription

- * Who prescribes the prosthesis?
 - →MD:
 - Surgeon
 - PRM specialist
 - \rightarrow Team
 - →CPO
 - \rightarrow PT



Prosthetic prescription ¹

- National clinical guidelines for prescription of LL P Delphy technique:
 - \rightarrow 21 MD
 - →8 CPO
 - \rightarrow 3 PF

- * General:
 - →Activity level
 - →Amputation level
- * Socket
- * (knee)
- * Foot

1 – Van der Linde et al. JRRD 2005; 42: 693 – 704.

The "Best" Prosthesis









The "Best" Prosthesis

- * For whom?
 - →For all users?
 - →For individual?





For which activity?









Work



Burger H. In Murray C (ed). Springer 2010: 101 – 14.

Driving



Prosthesis – bad fitting

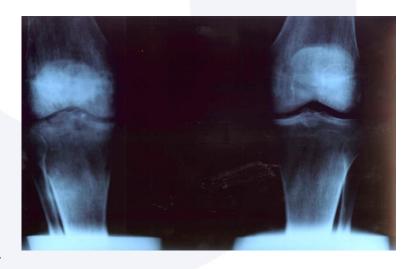






- * 52 80% persons after LLA are at risk of falling^{1, 2}
- * Balance problems ↑ sway ³
- * Asymmetry in body weight 3
- 1- Miller W et al. Arch Phys Med Rehabil 2001; 82: 1031 7.
- 2 Ülger Ö et al. Top Geriatr Rehabil 2010; 26: 156 63.
- 3 Xuan Ku P et al. Gait & Posture 2014; 39: 672 82.

- * Persons after LLA have secondary impairments ¹
- * Can prosthesis decrease secondary impairments?



1– Gailey R et al. J Rehabil Res Dev 2008; 45: 15 – 29.









* To construct the most appropriate prosthesis we must consider the psychological construct of the person.



Malcolm MacLachlan,

ISPO World Congress 2015, Lyon, Fr

* Who is the owner of information collected by modern prosthetic components (microprocesor knees, feet)?



Patients Expectations



* Buying a prosthesis/ component privately?



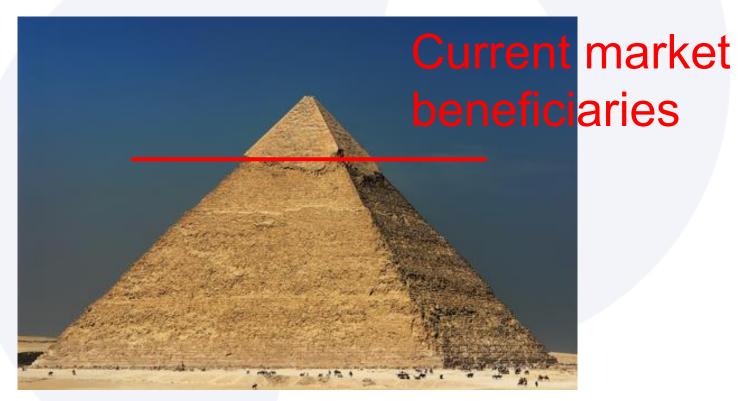
Other Stakeholders

- * Payer
- * Manufacturers

*







Making high-quality products affordable for all — WHO (Chapal Khasnabis, ISPO World Congress 2015, Lyon, Fr)

Conclusion

- * There are many ethical issues with no clear answers
- * We need more good clinical studies

Thank you!