Emotional Considerations

Each person who undergoes amputation has their own experience and their own unique journey. It's important to recognize the stress of absorbing and processing all of the new things you need to learn, from activities of daily living to new ways of moving.

You may expect to feel grief and sadness, perhaps even depression. In our experience, many other emotions come into play as well. These can include:

- Despair, hostility, negative thoughts
- Uncertainty, anxiety, panic, asking yourself, "Who am I now?"
- Frustration, irritability, anger
- Overwhelm, feeling out of control
- Guilt, shame
- A desire to isolate and retreat
- Relief, especially if the procedure resolves chronic pain



PHYSICAL SIGNS OF EMOTIONAL STRESS

- Too much sleep or insomnia/sleep disturbances
- Appetite changes
- Increase/decrease in body temperature
- Panic attacks or heart racing sensations
- Tension in the jaw, neck, & other joints
- Headaches
- Restlessness, difficulty focusing

STRATEGIES FOR A SUCCESSFUL EMOTIONAL RECOVERY

Emotional recovery takes time — probably longer than you think it should. It's important to have compassion and patience with yourself.

Begin using your prosthesis as soon as possible. Research has shown that the sooner a prosthesis is used, the better, from an emotional standpoint.¹

Work on resuming the previous roles you played in your life. Even simple things like returning to a typical household chore, such as taking out the trash, can help. Your physical therapist and/or occupational therapist can help you brainstorm some ideas and develop new ways to resume important roles.

Resist the urge to isolate yourself from family and friends. Strong social ties help with healing. Don't forget to involve your family and friends in your healing journey and let them provide emotional and physical support when you need it.



Stay involved in your care. Ask questions, keep notes, and make appointments for yourself. Following amputation, many people feel a lack of control over their circumstances. Taking charge of as much as you can helps alleviate this feeling of helplessness and improve your overall well-being.

Feel the feelings, then move on. Denying uncomfortable emotions can often make them last longer. Instead, take note of how you are feeling, adjust your expectations for the day, and move on.

Maintain your spiritual practices (or embrace new ones). Meditation, prayer, being creative, or simply spending time in nature can really help restore a sense of connectedness and calm. Meditation and other mindfulness techniques such as guided imagery and breathwork help the mind and body relax, which may also help lower your perception of pain and increase your mobility.

Connect with others who have limb loss or limb differences. Engaging with people in a similar situation to yourself is very meaningful. The AMPOWER® peer-to-peer support program can connect you with a mentor who's been where you are and can share how they made it through.





WHEN AND HOW TO REACH OUT FOR PROFESSIONAL HELP

Research has shown that levels of anxiety and depression can be significantly higher in people who have had amputations. If you experience chronic worry or depression and it is affecting your life for an extended period of time, talk to your care team.

Asking for mental health support is especially important if you experience suicidal thoughts, flashbacks, exaggerated startle reactions, feel outside of your body, or do not know where you are. These are signs of suicidal ideation or post-traumatic stress disorder (PTSD) and should be treated immediately. Your doctor or social worker can help connect you with a trained counselor or mental health care practitioner.

Like any other health issue, mental health challenges are a normal part of life. Don't hesitate to reach out — help is available.

¹Roşca, A. C., Baciu, C. C., Burtăverde, V., & Mateizer, A. (2021). Psychological Consequences in Patients With Amputation of a Limb. An Interpretative-Phenomenological Analysis. Frontiers in psychology, 12, 537493. https://doi.org/10.3389/fpsyg.2021.537493

