

Health & Research Journal

Vol 6, No 3 (2020)

Volume 6 Issue 3 July - September 2020



Volume 6 issue 3 July - September 2020

EDITORIAL

The expanding role of extracorporeal membrane oxygenation (ecmo) in the covid-19 pandemic

BRIEF REPORT

Body image and traumatic amputation

Quality of Life in heart failure

REVIEWS

Animal assisted therapy and occupational therapy

RESEARCH ARTICLES

The attitudes and behaviors of intensive care unit nurses towards end-of-life care

Published in cooperation with the Postgraduate Program "Intensive Care Units", the Hellenic Society of Nursing Research and Education and the Helerga

Body image and traumatic amputation

Illias Martinis

doi: [10.12681/healthresj.24744](https://doi.org/10.12681/healthresj.24744)

To cite this article:

Martinis, I. (2020). Body image and traumatic amputation. *Health & Research Journal*, 6(3), 80–81. <https://doi.org/10.12681/healthresj.24744>

BRIEF REPORT

BODY IMAGE AND TRAUMATIC AMPUTATION

Martinis Illias

Msc in Applied Clinical Nursing, University of West Attica, Department of Nursing, Athens, Greece

Cite as: Martinis, I. (2020). Body image and traumatic amputation. *Health and Research Journal*, 6(3), 80-81. <https://ejournals.epublishing.ekt.gr/index.php/HealthResJ>

Corresponding Author: Martinis Illias, e-mail: hel18.mar92@gmail.com

Traumatic extremity amputation is a sudden, stressful, irreversible and emotionally devastating event for the victims. Traumatic amputations are associated with accidents on road, work injuries, explosions, falls and high-voltage electrical burns. The most common traumatic amputation is a partial hand amputation, with the loss of one or more fingers while management and outcomes seem to differentiate between upper and lower extremity amputations. However, they both result in significant disability.¹

Amputation is a significant socioeconomic burden, globally as it is associated with high morbidity, multiple surgeries, prolonged hospitalization, long recovery and increased disability rates.^{1,2,3} Advances in the field of microsurgery do not always entail restoring functionality to pre-injury levels.¹

Furthermore, a traumatic amputation induces several limitations in performing professional, leisure, personal and social activities which in turn adversely affect mental health,¹⁻³ with both amputees and caregivers to experience anxiety.¹ Interestingly, traumatic amputees are called upon to deal with a new reality in their lives, which requires monitoring, increased use of social care services and long rehabilitation.¹⁻³

Strikingly more, the disruption of human body integrity affects the perception of amputees' appearance. Body image is a multidimensional dynamic process which is affected by internal factors such as age, sex, physical condition as well as by external factors including social or environmental factors.^{4,5}

Given that body image is the basis of a person's identity, it is easily understandable that any change in the structure or function of the body is perceived as a threat. Evaluation of how amputees perceive their body image in the post amputation period is crucial, since poor physical appearance leads to a lowered opinion by others, and is significantly related with anxiety.¹

It is worth noting that, importance of body change differs between cultures. For example, a person who lost his leg in war enjoys treatment of "hero" or financial benefits to repair this damage. Contrariwise, loss of a limb after an accident will be treated completely different by society while insurance resources may be more difficult. Additionally, adjustment to body image may be more difficult when the loss of a body part is due to an accident which happens violently, unexpectedly or is a consequence of irresponsible behavior of another person against the victim.¹¹

At the early stage, individuals who have undergone amputation do not accept the new and altered body but later, they adopt a more mature attitude, negotiate and accept amputation or even seek ways to deal with it. More in detail, individual will go through four or five stages: denial, anger, negotiation, depression, and acceptance of current condition.¹

Reconcile with body image depends on several factors such as the cause of amputation, the missing part of the body, the type of deformity and the speed of transition from able-bodied stage to disability. Acceptance of the new body is associated with personality, and the unique way that each amputee thinks, feels, and behaves.^{9,10}

It is noteworthy that the year 1997 was important for the relationship between body image and amputation because it was introduced the "Amputee Body-Image Scale" scale (ABIS).¹² Rehabilitation programs that include all dimensions that may affect human beings (psychological, social, personal and pro-

social) are necessary for the rehabilitation of amputees. The ABIS scale is a self-reporting scale that assesses the body image of amputees. It consists of 12 items that are rated on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). The total score ranges from 12 to 60, with higher scores indicating better body image.

Rehabilitation programs that include all dimensions that may affect human beings (psychological, social, personal and pro-

fessional) help them to address changes in body image and earn their living with respect.^{13,14}

REFERENCES

1. Tsoulou V, Karamolegou E, Kourakos M, Vasilopoulos G, Polikandrioti M. Association of State and Trait Anxiety Between Patients Who Had Undergone Traumatic Amputation and Their Family Caregivers. *Int J Low Extrem Wounds*. 2019;1534734619848580.
2. Sahu A, Sagar R, Sarkar S, Sagar S. Psychological effects of amputation: A review of studies from India. *Ind Psychiatry J*. 2016;25(1):4-10. doi:10.4103/0972-6748.196041
3. Tittle SM, Keeling JJ, Shawen SB, Forsberg JA, Potter BK. Traumatic and trauma-related amputations: Part I: General principles and lower-extremity amputations. *J Bone Joint Surg Am*. 2010;92:2852-68.
4. Senra H, Oliveira RA, Leal I, Vieira C. Beyond the body image: a qualitative study on how adults experience lower limb amputation. *Clin Rehabil* 2012;26:180-191.
5. Holzer LA, Sevelde 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
6. Senra H, Oliveira RA, Leal I, Vieira C. Beyond the body image: a qualitative study on how adults experience lower limb amputation. *Clin Rehabil*. 2012;26:180-191.
7. Mckechnie PS, John A. Anxiety and depression following traumatic limb amputation: a systematic review. *Injury*. 2014;45(12):1859-1866. doi:10.1016/j.injury.2014.09.015
8. Geertzen JHB, van Es, Dijkstra PU. Sexuality and amputation: a systematic literature review. *Disabil Rehabil*. 2009;31:522-527.
9. Ali S, Fatima Haider SK. Psychological Adjustment To Amputation: Variations On The Bases of sex, age and cause of limb loss. *J Ayub Med Coll Abbottabad*. 2017;29(2):303-307.
10. Belon HP, Vigoda DF. [Emotional adaptation to limb loss](#). *Phys Med Rehabil Clin N Am*. 2014;25(1):53-74. doi:10.1016/j.pmr.2013.09.010.PMID: 2428724
11. Clasper J, Ramasamy A. Traumatic amputations. *Br J Pain*. 2013;7(2):67-73. doi:10.1177/2049463713487324
12. Breakey JW. Body Image: The Lower-Limb Amputee. *J Prosthet Orthot* 1997;9: 58-66.
13. Wen PS, Randolph MG, Elbaum L, De la Rosa M. Gender Differences in Psychosocial and Physical Outcomes in Haitian Amputees. *Am J Occup Ther*. 2018;72(3):7203205090p1-7203205090p8.
14. Srivastava K, Chaudhury S. Rehabilitation after Amputation: Psychotherapeutic Intervention Module in Indian Scenario *Scientific World Journal*. 2014;2014:469385.