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BRIEF REPORT

BODY IMAGE AND TRAUMATIC AMPUTATION

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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, depression, posttraumatic stress disorder (PTSD) low levels of self-esteem, and poor quality of life.⁴⁻⁷ In terms of marital status, the new, less attractive body image is related to reduction of mobility, fear of low performance and unwillingness to maintain a sexual life.⁸

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 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

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 professional) are necessary to help amputees to accept their new body image and to improve their quality of life.

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

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