

Peripheral Nerve Catheter and Non-Narcotic Elastomeric Pain Pump for Phantom Limb Pain Status-post Amputation

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INTRODUCTION

- Phantom limb pain is a poorly understood phenomenon
- Estimated 70-80% of amputees experience some form of Phantom Limb Pain (1)
- Usual treatment is multimodal
 - Medications
 - Stimulators
 - Physical Therapy
- Historically rare use of peripheral nerve catheters due to discharge limitations

CASE REPORT

- 19 yoM with no pertinent PMH presents with RLE injury from boat propeller
 - Neurovascularly compromised
- Decision made to perform AKA
- Further formalization 1 week later
 - Single shot nerve blocks to femoral and sciatic nerves before this surgery
 - Good analgesia for 24 hours, then complaints of phantom pain
- Femoral catheter placed with 0.2% ropivacaine pump connected
- Discharged home with elastomeric pain pump
- Follow-up with chronic pain clinic before medication was completed
- Current followup: controlled phantom pain with medication and a functional and well-fitting prosthesis



DISCUSSION

Phantom Limb Pain is an unfortunate and debilitating sequela after an amputation, both traumatic and non-traumatic. The subsequent nerve pain makes a return to normal functioning difficult, if not impossible, and greatly diminishes the quality of life for patients that must undergo these procedures. Though Phantom Limb Pain is often thought of as a chronic affliction, it can present in the immediate post-operative period as well. It is imperative that patients are rapidly connected to chronic pain management physicians who can titrate medications and provide longitudinal care. This case describes a successful attempt to alleviate the immediate post-operative and early post-discharge Phantom Limb Pain through the use of an elastomeric pain pump attached to a peripheral nerve catheter. This case, and its positive outcome, can be used to guide interventional pain strategies for future amputation patients.

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