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21st July, 2022

Deputy Pauline Tully, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 34669/22

To ask the Minister for Health the details of post operation management of amputees.

Dear Deputy Tully,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Diabetes and the National Clinical Programme (NCP) for Rehabilitation Medicine on your question and have been informed that the following outlines the position.

There are different categories of amputees – broadly grouped as trauma related, cancer-related, congenital and vasculopaths.

Preparation for post-operative management of someone having a lower limb amputation should start as early as possible, at pre-operative assessment. Post-operative management of amputees can incorporate surgical management (e.g., wound care, further ischaemia), medical management, pain management (most of the patients experience some form of significant pain, e.g. wound/phantom pain) and rehabilitation input. Once through the immediate postoperative period, there should be prompt referral to a local amputee rehabilitation team for early mobilisation and physiotherapy (Reference - https://academic.oup.com/bjaed/article/11/5/162/282834).

Acute rehabilitation will involve getting someone out of bed, progressive mobilisation and multidisciplinary management such as physiotherapy advice re stretching residuum. This phase will tend to last several days but may be longer if, e.g., there is a complication of delirium post-operatively.

When the wound has become somewhat healed, patient rehabilitation may progress to standing rehabilitation using a Pneumatic Post Amputation Mobility aid (PPAMAid). From a rehabilitation point of view, oedema management of the residuum ("stump") and early physiotherapy input to ensure strength maintenance and maintenance of range of movement at joints is important. This is usually instigated by the treating physiotherapist on the vascular service. The other important area

of rehabilitation is the provision of an appropriately set wheelchair, usually commenced by the treating therapy service post-surgery to allow mobilisation, with occupational therapy input.

The POLAR Amputee service in Ireland is based at National Rehabilitation Hospital, Dun Laoghaire. Patients are seen here in a MDT clinic and goals are discussed. A central question addressed at this appointment is whether the patient is an appropriate candidate for a prosthesis.

Prosthetic rehabilitation success, i.e., extent of use of the prosthesis by the patient and quality of life (QoL) attained in the medium-long term, is influenced by many variables, such as age, level of amputation, co-existing health morbidity and disability, family support, mental health and support, cognitive ability, personal resilience factors, material resources and housing security.

For some patients, the journey with healthcare services is already a long and complex one by the time they come to the attention of the amputee/limb absence rehabilitation service. Thus they may be attending diabetic eye clinics, renal failure services, repeat admissions for bypass surgery/infected limbs/chronic ulcers/ COPD services. Thus, it is essential to see limb loss rehabilitation within a wider spectrum of service provision.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

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Anne Horgan
General Manager