

People who undergo
amputation
experience many
emotions nursing
essay



**ASSIGN
BUSTER**

People who undergo amputation experience many emotions. In Graces case, she may experience anxiety with emotional outburst not only due to the pain and physical loss of a limb, but also what effects the amputation will have on her in terms of career, family life and socialization. Some possible reactions Grace may experience include sadness, anger, grief, anxiety and depression.

Following an amputation, the patient may experience post-surgical pain, swelling or an infection which could be one of the reasons why Grace is anxious. Physically, an amputation may change her ability to carry out the tasks that she was previously capable of doing. Changes in her ability to walk and mobilize may also mean that it is more difficult for her to get out to socialize with others in her community or ability to work and maintain a career. This can cause considerable frustration and sadness as there will be a loss in independence and her ability to perform activities of daily living may be reduced.

Grace may also experience a distortion of body image which can affect her image within her community. The appearance of the residual limb may make Grace self-conscious, embarrassed and concerned with her sexuality because of her appearance. Certain cultures and religious beliefs may view individuals with amputations as being of a lower status (Paul H. Lento Md, n. d.). It's possible that Grace might also face isolation due to her cultural background and how her family and community respond to amputation.

After an amputation, Grace will probably go through several psychological stages. It is essential that she goes through the grieving process and that

you acknowledge and understand the process as she is going through each stage (Morris, 2008).

Describe the needs Grace may experience

Physical

During this early stage of recovery, Grace may experience difficulty with her mobility and may require basic but important needs like getting positioned in the bed; transferring from bed to chair and back; balancing when standing; and using crutches, a wheelchair, or wearing a prosthetic.

During rehabilitation Grace may begin an exercise program and moving around without prosthesis. She may have a prosthetic limb fitted if she wishes. This artificial device can be very beneficial to someone like Grace who has lost a significant body part, the leg. It can physically provide greater and more efficient mobility.

Pain control is another important area. Grace will need assistance from a physical therapist and a prosthetist (is she's a prosthetic user) to teach her how to care for the residual limb to promote healing, how to wrap it to reduce swelling and how to clean it to avoid infection.

Psychological

Psychological counselling and therapy may be needed to help Grace adjust emotionally. It may also be helpful for her to discuss many of the challenges of having an amputation, both physical and emotional, with a person who has already had an amputation. This may provide a sense of hope and

acceptance as well as allow her to ask questions about what it is like to live as an amputee, while also learning tips on how to function in society.

Local support groups may be helpful for Grace to meet others who may be going through similar experiences. Individuals in these groups may not only assist with tips on how to adapt to an amputation but may also serve as a peer for others with this new disability.

Social

Changes in Graces ability to walk and mobilize may mean that it is more difficult for her maintain a social life. Some areas concerns include: socializing with family and friends, return to or maintaining employment, social acceptance in her community, and sexual adjustment.

Hence, Grace will need both physical and emotional support from family, friends and other amputees who have experienced these difficulties in the past who will be able to offer encouragement for you to try and return to the community. She may also require help from social services to assist her back into the community.

Cultural

Grace's cultural background may influence how others such as the health care team and family and friends respond to her amputation. Therefore it's important that the health care team members acknowledge and understand the cultural significance of her amputation. This will enable them to be more sensitive to her specific needs. For example, Grace may need an interpreter or a social worker of aboriginal background to help her communicate.

Communicating with Indigenous People

Use clear, uncomplicated language. Do not use jargon.

Employ bicultural workers or interpreters

Respect, acknowledge, actively listen and respond to the needs of Aboriginal people in a culturally appropriate manner. Acknowledge their beliefs and practices. Avoid stereotypes. Be honest.

Be aware and respectful of relevant extended family and kinship structures when working with Aboriginal people. Ensure that extended family is included in important meetings and in making important decisions.

Display Aboriginal visual and written material where possible.

Don't mimic Aboriginal speech patterns or attempt to speak Aboriginal English as a way of encouraging an Aboriginal person to be more open.

Respect the use of silence and don't mistake it for misunderstanding a topic or issue.

Always wait your turn to speak.

Always consult with Aboriginal staff/people if unsure.

Be aware that words might have different meanings in different communities.

(NSW Department of Community Service, 2009)

Learning program to assist mobility – “ getting dressed”

Self Care Deficit: Dressing

Related to immobility as evidenced by impaired ability to put on or take off clothing.

Goals:

Demonstrate increased ability to dress/groom self.

Demonstrate ability to cope with the necessity of having someone else assist him/her in performing the task.

Demonstrate ability to learn how to use adaptive devices to facilitate optimal independence in the task of dressing/grooming.

Identify skills and abilities to be developed:

Patience

Walking

Strength and flexibility

Learn new ways to get dressed

Have good balance – As a new amputee, Grace has lost a percentage of your body weight during your amputation and you will need to learn how to redistribute your weight accordingly.

Learning how to fall and get up – Since falling is something she probably will encounter, learning the proper techniques that minimize injury to your body and to the artificial limb is important.

Determine the most effective teaching strategies:

Actively listening to the client.

Allowing sufficient time for dressing and undressing, since the task may be tiring, painful, and difficult.

Providing privacy during dressing.

Assisting patient in removing or replacing necessary clothing

Choosing clothing that is loose fitting, with wide sleeves and pant legs, and front fasteners.

Encourage participation in program.

Promote independence in dressing through continual and unaided practice.

Demonstrating new ways of getting dressed

Gait walking exercise

Determine most effective interventions to meet social, educational and other needs:

Interventions for Educational:

Consult/refer to physical therapist or prosthetist for teaching application of prosthetics.

Plan for patient to learn and demonstrate one part of an activity before progressing further.

Maintain aseptic technique when changing dressing/caring for wound.

Instruct in dressing/wound care, skin massage and appropriate wrapping of the stump

Teach the importance of antibiotics in preventing and treating infection.

Intervention for social:

Encourage/provide for visit by another amputee, especially one who is successfully rehabilitating

Arrange social services/social worker to assist in performing ADLs.

Encourage family to participate in care.

Assess degree of support available to patient.

Demonstrate/assist with transfer techniques and use of mobility aids, e. g., trapeze, crutches, or walker.

Interventions for other needs:

Provide care preoperatively by initiating exercise to strengthen muscles of extremities in preparation for crutch walking.

Support the client through fitting, application, and utilization of prosthesis.

Allow the client to express emotional concerns.

Services available in the Community

Ambulatory rehabilitation (Victoria Government Health Information, n. d).

Consultative Medical Service

Nursing: health advice, education, counselling and monitoring

Physiotherapy: group and individual treatments aimed at restoring and maintaining the client's maximum movement potential

Occupational Therapy: group and individual treatments, activities of daily living and home assessment

Social Work: to assist clients and their carers with the management of problems related to family, finances, accommodation or socialisation

Podiatry: diagnosis and treatment of foot and lower limb disorders

Amputee support groups

Limbs 4 Life

The Amputee Association Peer Support Program

Specialized health care services

Prosthetist – provide care for anyone requiring an artificial limb

Barriers in the community

Discrimination – The vast majority of Aboriginals with disabilities do not identify as a people with disability thus there's significant social stigma associated with being labelled as disabled.

Issues such as being lost of mobility and independence may prevent her from participating in the wider community – E. g. Participating in employment, catching public transport or just feeling comfortable visiting the local supermarket or post-office.

Isolation due to shame and embarrassment of the way she looks. Also isolation due to her cultural background and how her family and community respond to amputation.

Issues affecting the access of Indigenous people with a disability to support services. Some of these issues relate to specific environments – such as urban, rural and remote locations

Language barriers – different understanding of the same word, the use of jargon by service providers, and different life conceptions may lead to misunderstanding and ineffective service provision