Question and Answer for Stewarts' case manager's monthly newsletter

Nichola Fosler, a partner in our Personal injury team, talked with Holly King, physiotherapist about the benefit of a multidisciplinary team approach in amputee care.

Multidisciplinary team (MDT) working is not a new concept. What is different about the Birmingham Amputee Clinic (BAC)?

We had all been collaborating in amputee care but were aware of a disjointed approach, with patients going from clinician to clinician with no understanding of the wider clinical implications. The Birmingham Amputee Clinic is unique, combining not only plastic and orthopaedic surgical expertise, but also the rehabilitation team (which includes a consultant psychiatrist, prosthetics and physiotherapy).

Do patients referred to the BAC always need to use the BAC rehabilitation team's services, given that they may already have an effective team?

The BAC team can provide a comprehensive assessment of the patient's condition. We make recommendations as guidance for the patient's existing treatment team. Anyone can refer for an assessment and any part of the recommendations can be chosen – there is no obligation for care to be provided thought the BAC. A referred patient might only choose the plastic surgery part of the recommendations and choose to have their rehabilitation and prosthetics from their current provider. However, we do always recommend full team input for best results.

The one exception to this is osseointegration. If osseointegration is recommended for a patient, then all surgery, post-surgery rehab and prosthetics should be provided by the same team for a minimum of 12 months, as the rehab and prosthetic fitting are pivotal to the successful outcome of osseointegration. We aim to get the best results for all our patients, which means having a full team working around them in the initial stages of their recovery.

Is surgery always indicated in amputees with pain or can prosthetics offer a solution?

No, not always. There are many non-invasive prosthetic and physiotherapy options to manage pain, and this is still, in a lot of instances, the first course of action. However, it is imperative that if surgery is indicated, it is done in a timely fashion. Multiple prosthetic sockets that only make the pain marginally better are not only a waste of time but also a waste of money.

What is different about your osseointegration approach?

Jon and Demetrius have been performing lower limb osseointegration since 2015. Demetrius has been performing osseointegration in other parts of the body since 2009.

Our approach differs from other units in that we have always regarded it as a procedure that spans both orthopaedic and plastic surgery. We have performed all osseointegration as a combined procedure, with each speciality bringing its expertise to the bony and soft-tissue areas of expertise. Our outcome data has been prospectively gathered and published in the open literature.

When a problematic neuroma is identified, what is the course of action for clinicians/case managers?

It is really important not to repeat past mistakes and just remake socket after socket in an attempt to manage a sensitised neuroma. Physiotherapy and prosthetics can only manage a problematic neuroma, they cannot resolve it. The only treatment with the potential to truly eliminate the symptoms of a neuroma is surgery.

Modern approaches to neuromas, such as targeted muscle reinnervation and regenerative peripheral nerve interface (RPNI), have transformed surgery for neuromas with far lower recurrence rates than traditional techniques. We can now potentially treat phantom limb pain surgically, which is a very exciting development.

What role does psychiatry play in the care of amputees?

Research shows that amputation can significantly impact a person's emotional well-being, depending on the circumstances involved. Patients may suffer from anxiety, major depressive disorder (in more than 30%), suicidal ideation and post-traumatic stress disorder (PTSD). Conversely, various psychosocial factors are associated with poor post-operative outcomes, including chronic pain and poor mobility.

A psychiatric assessment is important pre-operatively to assess for underlying mental illness, such as depression or PTSD or suicide risk. This will assess for psychosocial factors including coping style and social support, and make recommendations for psychological support or other treatment as indicated.

Do we need musculoskeletal physiotherapy input as well as prosthetic physiotherapy in amputee care?

It is extremely rare that a patient will have an amputation in isolation; they are likely to have traumatic and/or acquired musculoskeletal injuries and phantom limb pain associated with their amputation. Pain, abnormal movement patterns and loss of normal muscle function significantly impact an amputee's ability to be a meaningful and effective prosthetic user. The most effective and expedient form of treatment is single-led physiotherapy care that incorporates specialist musculoskeletal and prosthetic input, treating the whole body.

If case managers want to know more, where can they make enquiries?

Please email Julie Hudson (j.hudson@medmin.co.uk), and we will endeavour to answer your questions.

Lawyer Profile

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Nichola acts in complex and high-value catastrophic personal injury claims and for clients who are pursuing professional negligence against their former solicitors in relation to mishandling of personal injury claims. In the last ten years, Nichola has secured over £100m for her clients.