



Case 3- The Outcome

Neuroma Pain in Persons with Limb Amputation

Financial Disclosure

- **Nothing to Disclose.**

Warning

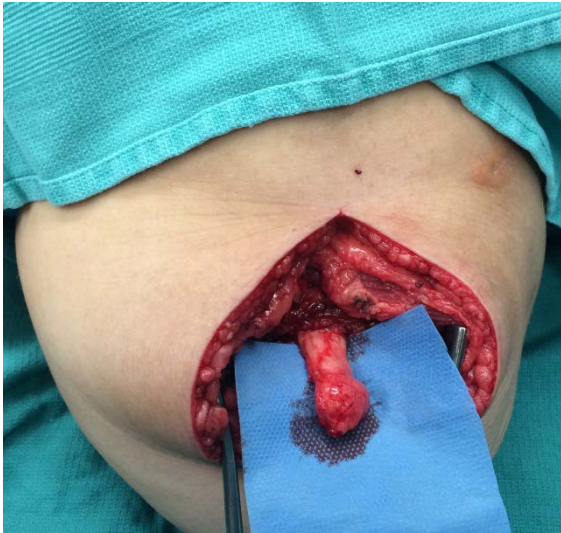
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Case 3 – The Outcome

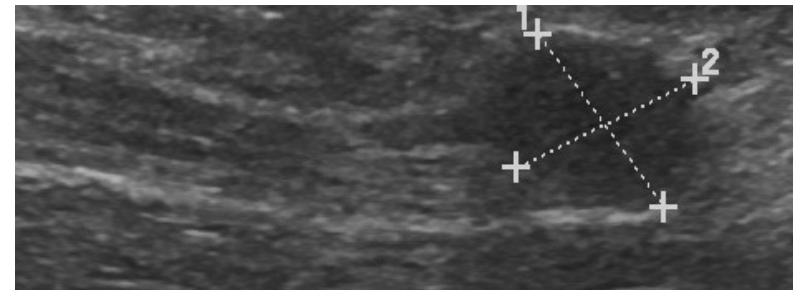
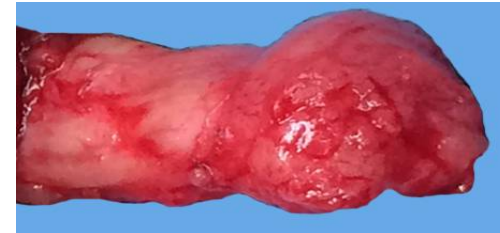
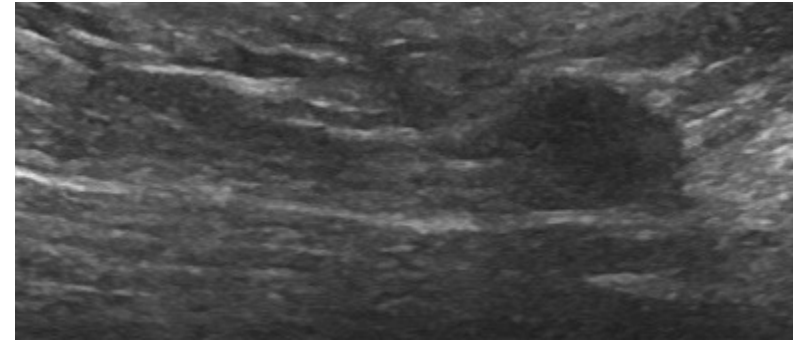
- 61 y/o woman with right trans femoral amputation and phantom pain
 - Neuroma noted on diagnostic ultrasound
 - Immediate relief of phantom pain with US guided local block
 - No long term relief from steroid injection
 - Surgery for neuroma resection and placement of RPNI's 6/2014

Case 3 – The Outcome

- 61 y/o woman with right trans femoral amputation and phantom pain
 - Surgery



Surgery Photos Courtesy: Dr. Paul Cederna



Case 3 – The Outcome

- 61 y/o woman with right trans femoral amputation and phantom pain
 - Surgery: neuroma resection & RPNI placement



Neuroma



Nerve Divided



Muscle Graft



RPNI Tucked In

Surgery Photos Courtesy: Dr. Paul Cederna

Case 3– The Outcome

- 61 y/o woman with right trans femoral amputation and phantom pain
 - Post Op Outcome
 - Pain now 4 or less
 - No longer any phantom foot pain
 - Less medication use
 - Gabapentin 300 mg TID
 - Oxycodone 5 mg 1 – 2 per week, was 3 to 4 per day
 - Changed to Hydrocodone/acetaminophen
 - Returned to prosthetic use

Case 3– The Outcome

- 61 y/o woman with right trans femoral amputation and phantom pain
 - 8/2019
 - New phantom pain
 - Saphenous nerve distribution
 - US with block being scheduled
 - Medical clearance in process for possible surgery
 - Medication increase
 - Hydrocodone/acetaminophen 5/325 mg once daily
 - Gabapentin 300/600/600 mg daily

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