

Vigna Law Group: A Medicolegal Perspective of Phantom Limb Pain After Traumatic Amputation

Dr. Vigna weighs in on the treatment of phantom pain following a traumatic amputation.

SANTA BARBARA, CALIFORNIA, UNITED STATES, March 15, 2021 /EINPresswire.com/ -- "Post-amputation pain in the missing limb following amputation, first described by a French military surgeon in the 1500's, requires life-time treatment to allow for optimum functional outcome after an amputation. The cost of necessary treatments is substantial"...Greg Vigna, MD, JD.

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Post-amputation pain in the missing limb following amputation, first described by a French military surgeon in the 1500's, requires life-time treatment to allow for optimum functional outcome.”

Dr. Greg Vigna

Dr. Vigna, a practicing physician in Physical Medicine and Rehabilitation, a neurological injury lawyer, and a Certified Life Care Planner weighs in on the treatment of phantom pain following a traumatic amputation:

“Phantom pain caused by a traumatic amputation occurs in as many as 60% of patients. Treatments often require

significant medical care that may include narcotic and non-narcotic medications. There are many classes of drugs used in the treatment of phantom pain. These include neuromodulating drugs including Neurontin and Lyrica, tricyclic anti-depressants such as Elavil or Pamelor, and rarely seizure drugs. Other treatments include physical therapy, nerve blocks, or spinal cord stimulators. Early management of phantom pain is essential as it may interfere with sleep, prevents mobility, interferes with prosthetic wearing, and may result in chronic pain and increased disability compared to amputations without phantom pain.

I have taken care of many patients with phantom pain, and clearly the best results are in patients who undergo earlier intervention. I have managed many acute amputation patients who have required inpatient rehabilitation and it is not difficult to determine which patients will have ongoing pain issues going forward. These patients must be followed closely by physicians skilled and experienced in managing this pain. It is important for patients to get to the correct physicians.”

Future care for a traumatic below the knee amputation can be 3-4 million dollars depending on the circumstances of the case. It is important that the life care plan include the specific treatment and the cost of that treatment for chronic pain going forward as the injured person ages.”

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic neurological injuries. He is a practicing physician, Certified Life Care Planner, an expert on spinal cord injury, cerebral palsy, cauda equina syndrome, stroke, and traumatic brain injury. He is an expert in neurological pain syndromes caused by transvaginal mesh devices including pudendal neuralgia, obturator neuralgia, ilioinguinal neuralgia, and Complex Regional Pain Syndrome. He represents serious neurological injuries across the country with Martin Baughman, a Dallas Texas firm. Ben Martin and Laura Baughman are national pharmaceutical injury trial attorneys and personal injury lawyers in Dallas, Texas.



Dr. Greg Vigna

To learn more on the anatomical basis for TOT injury or irritation to the obturator and pudendal nerve and the treatments of obturator and pudendal neuralgia visit here:

<https://vignallawgroup.com/ebooks/pelvic-mesh-pain/#page=59>

[Click here for a FREE EBOOK](#) on Vaginal Mesh Pain.

For articles, video resources, and information visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>.

[Click here for information](#) regarding sling related complications.

Reference:

<https://bjanaesthesia.org/action/showPdf?pii=S0007-0912%2817%2936348-1>

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