

A STEP AHEAD

SPRING EDITION 2020



CENTRAL OFFICE

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Monday to Friday 9.00 am to 2.30 pm

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Disclaimer: AFSGQ does not provide specific medical advice or endorse any specific treatment, technology, company or device. Consumers are advised to consult with their healthcare professionals.

FROM THE OFFICE

Welcome to the Spring Edition of A Step Ahead.

As we go into Spring we welcome our new Management Committee who were elected on the 29th of August at the Annual General Meeting.



Darren Wyer has stepped down as President and we welcome Joe Watts as the new President. Many of you will know Joe from his years as a Peer Support Volunteer, committee member and model as he has graced our newsletter front cover on several occasions! I have included in this newsletter information from the Annual General Meeting booklet on page 7 which will be of interest to our members.

We began 2020 with a calendar full of events and fundraising activities which have ended up being cancelled due to COVID-19. We were looking at tentatively starting our functions and events again but with this new cluster of cases we are being cautious and not wanting to put people at risk. Any functions and events that we are going to undertake will be advertised on our Facebook page.

We have received a grant from Queensland Health to update our website and resources, everybody will be able to access the information and assistance they need on line as well as by contacting the office.

In October we celebrate Amputee Awareness Week from 4 to 11 October. Please join us in celebrating virtually this year by displaying and wearing your amputee awareness ribbon which is enclosed with this newsletter and posting on social media using the hashtags #aaw2020 #amputeesqld. Please note we are also lighting up Queensland maroon to celebrate, check out page 12 with the venues/places.

I hope that you are all continuing to keep safe and well!

Lynda Foulis | State Coordinator

The Amputees and Families Support Group Qld Inc is partially funded by Queensland Health.

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Allan Churchward
0407 580 403

BRAY PARK

Kevin & Ann Holding
0415 558 974

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07 4098 5607

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07 5481 1361

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0428 115 021

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0411 427 752

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07 5546 3843

LOGAN

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0416 042 735

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0414 915 540

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Annie Cathcart
0401 556 215

YOUTH GROUP

Josh Jones
0499 773 788

"Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing"



Management Committee

Congratulations to the new Management Committee!! We welcome Julie Wright to the Committee and farewell Sid Dyson. We wish Sid all the best and thank him for all his hard work and dedication over the years.



Joe Watts
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Darren Wyer
Vice President



Susan Merry
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Membership

Your membership has helped us to continue providing peer support pre and post amputation as well as loan wheelchairs throughout the 2019/2020 financial year.

We have been contacted by 1600 people this financial year requiring information in relation to limb loss, NDIS, employment and family life.

Through our Peer Support program, we have connected 1246 people with peer support volunteers who help provide support and information to new and existing amputees.

We have spoken to 229 people who have required a wheelchair to get home to their family and friends.

We have driven 1,587 kms to deliver and collect wheelchairs to people that required assistance.

We have printed and distributed over 4500 newsletters.

Social Media



FACEBOOK
1068 Followers



INSTAGRAM
361 Followers



TWITTER
361 Followers

Every Dollar Counts...What is Available!

Every magazine we will include information on concessions that are available for you to access further if they are required. <https://www.qld.gov.au/community/cost-of-living-support/concessions>.

Bus Travel

A concession fare is 50 percent cheaper than an adult fare and some concession card holders are eligible for free travel on TransLink and *qconnect*, and regional ferry services.

The following groups can travel on a 50 percent concession fare: (please check for eligibility and conditions of travel)

- Children (5-14 years and using a child *go* card)
- Secondary students (15+ years and using a green concession *go* card)
- Pensioner and seniors (using a concession or senior *go* card)
- Tertiary/post-secondary students (using an adult *go* card)
- Job seekers (using an adult *go* card or apply for a regional concession card)
- Asylum seekers (using an adult *go* card)

If you have one of the following cards you will receive free travel: (please check for eligibility and conditions of travel)

- TPI/EDA Veteran Travel card
- Vision Impairment Travel Pass
- TransLink Access Pass
- *go* access Travel Trainer card

Free travel is also provided to one companion or carer travelling with a Companion Card holder. The cardholder must have a valid ticket for travel. You must carry your proof of concession entitlement with you at all times and show it to the driver or authorised person when asked.

Disability

People with a disability may be eligible for a concession *go* card or one of our other passes. The Taxi Subsidy Scheme is an affordable and accessible transport option for people who experience profound difficulties using our other modes of public transport. There will be no change to public transport concessions for people with disability when the National Disability Insurance Scheme (NDIS) is introduced in Queensland. The Department of Transport and Main Roads will continue to ensure concessions are provided for persons with a disability travelling on public transport in Queensland.



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Balance Your Plate

By Emily Madden, Dietitian - Champion Health

A common belief is that you have to completely change your diet to eat healthier, this is not true. It is often easier to have some basic guidelines to plan your meals. We often find using a plate model can help individuals with diabetes eat healthier. Monitoring the amount of carbohydrates you eat, plus losing weight are two key ways to assist with managing **one's diabetes**.



There is no time like the present to commence balancing your plate. COVID has had a significant effect on individuals' mental and physical health. Over this period, let's focus on an area of our lifestyle we can control and that is our diets. Start using this plate model at dinner tonight! You may be surprised at how easy it can be to get back on track.

The three elements of the plate model

Protein: Protein plays a central role in the building and maintaining of muscle. The more muscle ultimately you have, the more calories you burn and ideally the more strength and mobility you have. $\frac{1}{4}$ of your plate should consist of lean protein sources such as; lean red meat, turkey, fish, chicken, legumes and tofu. Keep in mind crumbed and marinated protein sources can be high in sugar and contain carbohydrates so be aware of quantities.

Non starchy vegetables or (Free vegetables/ salad): This is where you will get the most bang for your buck. $\frac{1}{2}$ of your plate should consist of these options. They contain the most nutrients, fibre, water and are very low in carbohydrates. Examples include, broccoli, cauliflower, green beans, asparagus, capsicum, tomato and lettuce.

Starchy vegetables: This group is your main source of energy, and should ideally consist of $\frac{1}{4}$ of your plate. This portion contains the most carbohydrate in such foods as rice, pasta, noodles, corn and potato. Choose wholegrain options where possible to assist with regulating your blood glucose levels.

Adding it all up

Checking your blood sugar levels as directed by your healthcare team will help you see how food choices affect your sugar levels. Professionals such as myself, an Accredited Practising Dietitian / Diabetes Educator, can help create a meal plan that best meets your needs and lifestyle for diabetes self-management / prevention.

At Champion Health, we run bulk billed diabetes classes via Dietitian/ Diabetes Educator / Exercise Physiologist for any patient with Type 2 diabetes. These classes aim to provide patients the knowledge to become self-managed diabetes patients in a fun and practical environment.

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Amputee Awareness Week

Illuminate the Night!!

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Reddacliff Place sculptures	4 October
The Story Bridge	4 October
Victoria Bridge	4 October
Brisbane City Hall, Brisbane	5 October
Sandgate Community Hall, Sandgate	5 October



Toowoomba

Victoria Street Bridge	4 to 11 October
City Hall	4 to 11 October

Townsville

Townsville Welcome Sign	4 to 11 October
Oxley Street Fountain	4 to 11 October

Cairns

Munro Martin Parklands	4 to 11 October
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Thank you to all the Council's that are involved in helping to raise awareness of people living with a limb difference or amputation.

Please visit, share and tag us on social media and use the #aaw2020 #amputeesqld or email your pics through to lynda@afsg.org.au.

Osseointegration

Osseointegration

A relatively new prosthetic procedure is now available in Australia, called 'osseointegration' the prosthetic limb is held in place by a medical implant that protrudes from the stump instead of a socket. The surgery removes many negative issues associated with socket use. The following information is a brief guide to the procedure and who is suitable to undergo it.

Osseointegration replaces a traditional prosthetic socket with a bone implant that protrudes from the skin for a prosthetic limb to attach to. The technique has been used effectively in dentistry since the 1960s as an alternative to dentures. In the field of prosthetics it has been used for many years in facial reconstruction to secure prosthetic ears and noses, however it was not until the 1990s that prosthetic limb implants were seriously investigated. In Australia the procedure has been performed on a small number of amputees in recent years. A basic explanation of the procedure is as follows.^(1,2)

In the first stage of surgery a titanium implant is drilled into the weight bearing bone of the stump. This is a tube that the prosthetic connector (abutment) will fit into later. This implant is completely internal and titanium is used because bone will grow onto it creating a solid anchor, unlike other metals which bone will not anchor to.^(1,2)

Once the implant has fused to the bone the stump is opened and an abutment is fastened into the implant. This abutment will protrude through the skin and the exposed end is shaped in such a way as to lock onto a prosthetic limb. The wound is then closed with careful attention paid to the area where metal meets skin so that infection risk is minimised. This wound effectively remains open where it meets the abutment and provides a passage for bacteria to enter the body, making wound hygiene very important. Once the wound is sound the recovery process can begin.⁽¹⁻³⁾



Osseointegration is commonplace in dentistry as shown in this x-ray. Osseointegrated limbs 'scale-up' the technique. Image courtesy Wikimedia Commons

During recovery the patient needs to build up gradual weight bearing strength until the implant can hold weight exceeding the patient's bodyweight. During this period the wound must be monitored carefully for signs of infection. This period may involve revision surgeries and it is not uncommon for the process to take some time. Once recovery is achieved a prosthesis can be fitted.^(1,2)

Advantages of the procedure

- The amputee can 'feel' what kind of surface they are walking on. This reduces fall risk.
- As there is no socket skin breakdown and sweating are not issues.
- The procedure works on short or very scarred stumps. Traditional sockets are difficult to fit on these types of stump.
- The prosthesis can be worn for many hours, in most cases all day.
- Donning and doffing the prosthesis is fast and easy.
- There is a return to a greater range of natural movements making everyday activities such as driving much easier.
- Sitting is more comfortable as there is no socket rim pressing into the thigh.⁽¹⁻³⁾

Disadvantages of the procedure

- High impact activities may result in a broken femur or damaged implant.
- If the implant fails or becomes chronically infected then amputation of the affected implant and bone may be required.
- Infection risk remains high where the abutment and skin meet and must be monitored daily. This is because the exit point remains an open wound permanently. Wound leakage may be an issue.
- Component failure may damage the abutment resulting in the surgery needing to be redone.
- The procedure is not a cure for gait problems and those who have undertaken the procedure may experience an unnatural gait.
- The initial cost outlay is expensive.⁽¹⁻³⁾

Who can have the surgery?

Suitable candidates must be reasonably fit, healthy and prepared mentally to accept the risks of the procedure. A surgery candidate needs to be at low risk from complications in healing. Amputees who were in accidents are good candidates as they usually have good physical health and adequate blood supply to the stump. Traumatic amputees often have very scarred stumps from limb salvage surgery making it difficult to fit a traditional socket.^(1,2)

Prospective clients are screened and interviewed to determine their suitability. As the rehabilitation process is time consuming and demanding both physically and emotionally; it is necessary to determine if the client will be compliant with their rehabilitation program. Patients who have had the procedure report that rehabilitation was more intensive than they anticipated but ultimately found the effort was a small inconvenience when compared to the benefits of the surgery.⁽³⁾

Potential candidates must be able to afford the time away from work and home to attend appointments and rehabilitation sessions. Patients may be unable to work for a year or more while they recover.⁽³⁾

Who cannot have the surgery?

Currently candidate selection is very conservative due to the risks of bone breakage and infection involved with the procedure. Those who have diabetes, vascular disease, osteoporosis, obesity and the elderly are not able to have the procedure. Those who weigh more than 100 kilograms even if they are not classified as obese may be considered unsuitable for osseointegration. Children cannot have the procedure because their bones are still growing.⁽¹⁾

Does it replace a sound limb?

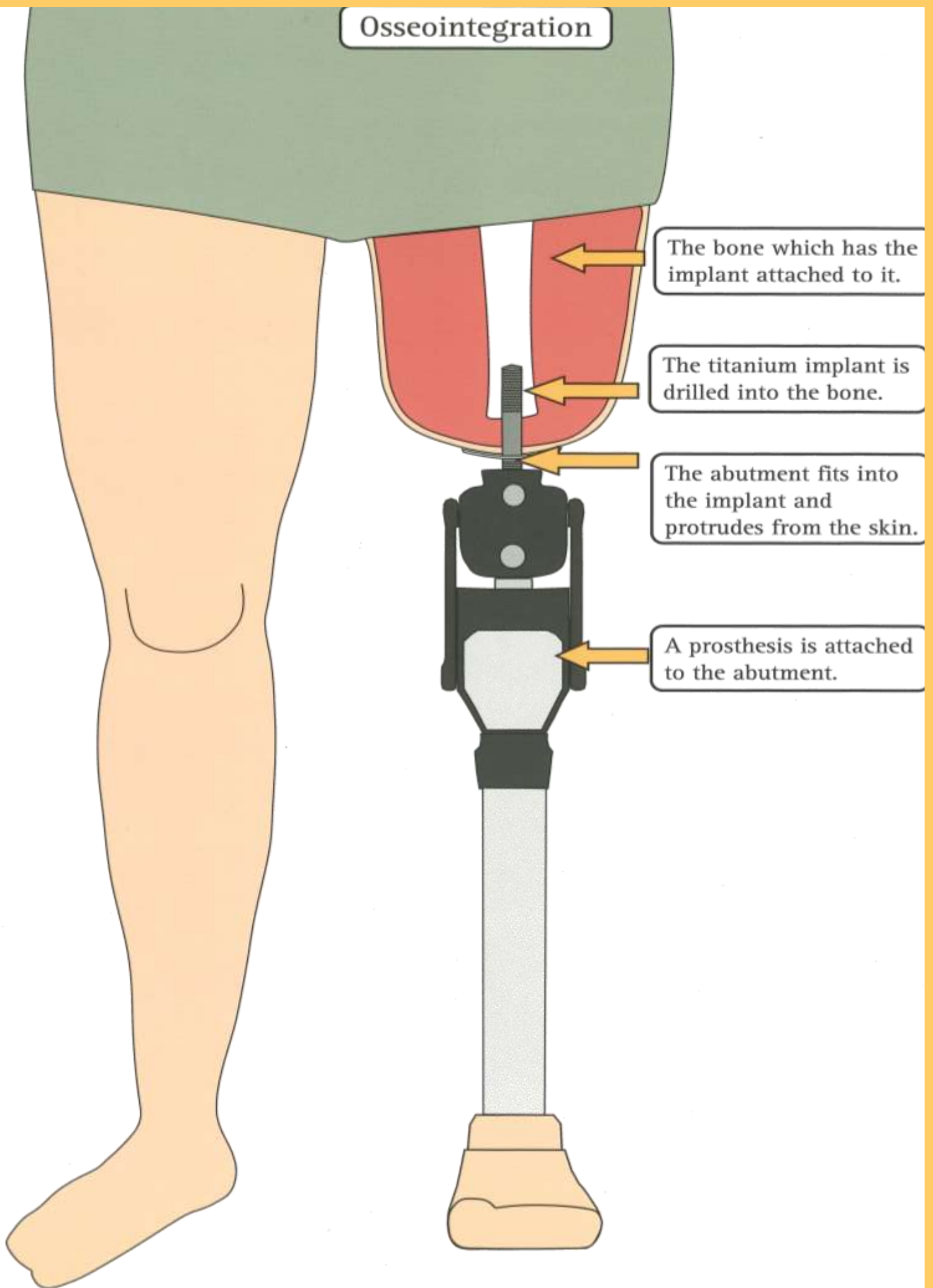
The answer to this is no; osseointegration has many advantages over traditional socket design but it is still a prosthesis with limitations. Candidates who are looking to relieve problems with socket fit and painful walking will find the procedure beneficial. Part of the screening process is explaining the limitations and making sure that potential candidates have realistic expectations about the final outcome.

It is very important for potential candidates to understand that after osseointegration it is not possible to resume all activities due to the risk of medical complications. Those who led a very active lifestyle before amputation may find the limitations on an integrated prosthesis frustrating. Activities such as weight lifting, high impact sports, heavy manual work and jogging will place too much stress on the implant and may cause failure. The risk of infection remains high so communal water such as public pools and lakes must be avoided, however the ocean is safe due to the salt content.⁽¹⁾

With a traditional prosthesis ignoring the device's limitations can result in broken components, in an osseointegrated prosthesis the result of ignoring its limitations is a broken femur or re-implantation surgery.⁽¹⁾

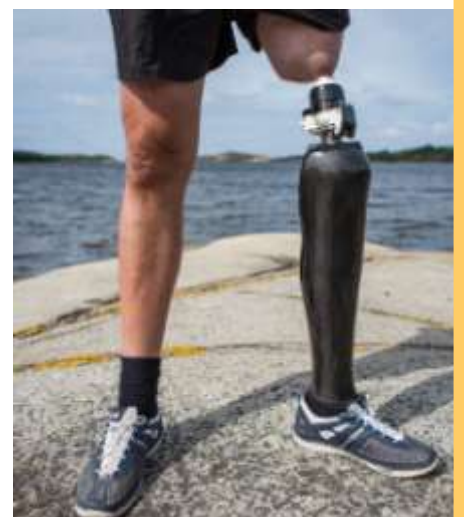
If you think osseointegration is an option for you discuss the possibility of surgery with your prosthetist and rehabilitation team.

Osseointegration



References

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- 2 Johnson C, Nunn A, Gray S: Getting an Artificial Leg Up [internet interview transcription cited 2013 Nov 25] Available from: <http://www.abc.net.au/science/slab/leg/default.htm>
- 3 Carroll K, Edelstein JE (editors) *In the Future: Surgical and Educational Advances and Challenges* In: Prosthetics and Patient Management: A Comprehensive Clinical Approach [Google Books cited 2013 December 12] Available from: <http://tinyurl.com/l38rgva>



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Maintaining Healthy Relationships While coping with limb loss!

By Lisa Strube, Licensed Professional Counsellor, LPC, CRC



Relationships and intimacy are some of the greatest things we experience as people. Without these things, life may seem unbearable and meaningless. Nevertheless, while relationships can be sources of joy and pleasure, they also take work to maintain.

I know firsthand of the difficulty of being in a relationship while coping with limb loss. For many people who also have faced limb loss, there are common questions like “Will anyone want me anymore?” or “Am I still desirable?” The good news is many people with limb loss find happiness in love.

What I want to focus on is how to maintain healthy relationships while coping with limb loss. For you and your partner, you will be making adjustments in your life. There is a good chance your partner will be one of your caregivers, and this could be challenging for your relationship. Once recommendation on how to cope with limb loss is going to support group meetings for you and your loved one. Going to these meetings is one way that can help you work through the issues you both may have been struggling with.

While adjusting to life during the early part of limb loss, here are some other things that can help you and your partner:

1. **Have a sense of humour.** In an article from the Mayo Clinic titled, “Stress Relief Laughter? It’s No Joke.” states “Laughter can improve mood, activate and relieve stress, and soothe tension.” These moments can also bring you closer together because you will feel more connected.
2. **Give each other a time out when arguing becomes too much.** Renowned couples therapists John and Julie Gottman recommend when people are overwhelmed with emotions during an argument, they must take the time to calm down and remove themselves from the situation. Nothing can be resolved if someone is overwhelmed with emotion. Come back to the issue when both of you are calm.



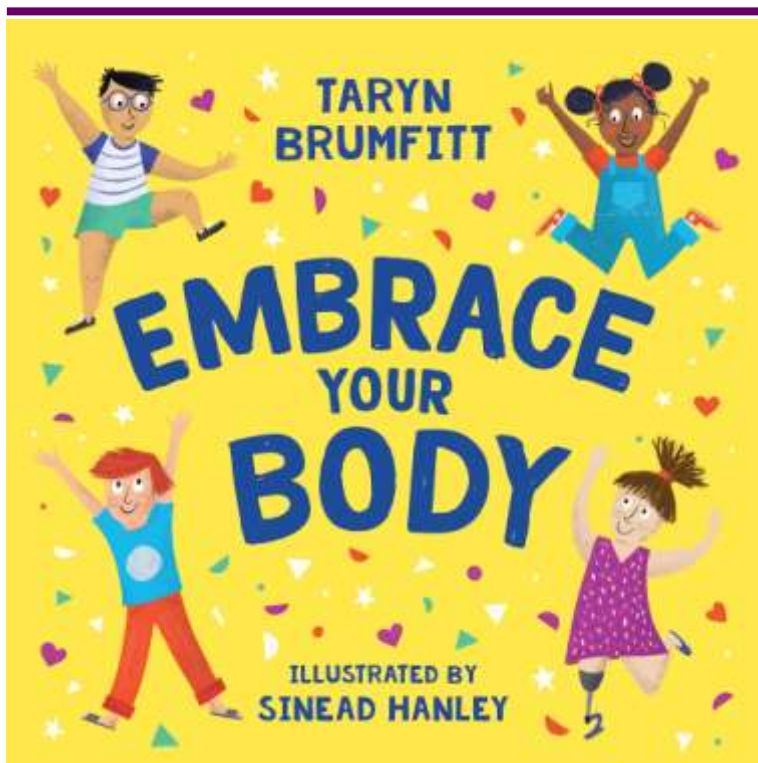
Maintaining Healthy Relationships

While coping with limb loss!

3. Express gratitude to each other sincerely and regularly. Psychotherapist Amy Morin wrote an article in *Psychology Today*, title **"7 Scientifically Proven Benefits of Gratitude,"** stating that expressing gratitude improves mental health, enhances empathy, and increases self-esteem among other things. There are so many reasons that can vastly improve your life and relationships.
4. Have a date night. Dedicate at least one night a week for at least an hour to reconnect. **In the busy pace of life, it's easy to forget romance. You don't necessarily have to go out.** A candlelight dinner at home or snuggling on the couch during a movie will do plenty. The purpose is to rekindle connection and remember what you love about each other. This is must-do homework that I give my clients, and I hear many positive results.

These are effective suggestions that have helped me personally and professionally.

Relationships can be difficult, but with some work they can be your greatest gift.



Taryn Brumfitt founder of the Body Image Movement has written Embrace Your Body based on the iTunes #1 hit children's song "Embrace" by Pevan & Sarah and Taryn Brumfitt, this picture book is aimed at early learners (years 3-7) and encourages everyone to love who they are, inside and out.





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Pain after Amputation

By Dr Paul Varghese, Princess Alexandra Hospital 2009

Pain after the operation

Some pain in an area of a wound is common after an operation as the tissues start to heal. This usually improves over the first few weeks and usually requires some pain medication until the wound is healed.

Increasing pain following the surgery can indicate a problem such as an infection or fluid build up and you should let your surgeon know if your pain is not settling.

Stump pain

Some people get persisting pain in the stump even after the wound has healed. The nerves in this area have been cut and the scar can become sensitive.

It is usual to try local measures such as an elastic stocking, massage, vibration and pain creams to try and help this type of pain.

Persistent pain in the wound can be due to a number of conditions and you should ask your doctor to review the wound and check for problems.

Phantom pain

Most people experience the sensation of a phantom limb after amputation. This is not imaginary and the sensation is not a sign that something is wrong with you. In some people the phantom may be painful and cause shooting pains or persisting deep nerve pain like an ache. Sometimes this pain is like the pain you may have had in the limb before the operation. This type of pain can be difficult to treat and may need strong pain killers or drugs which work on the nervous system such as drugs used for epilepsy or depression.

Managing pain after amputation

Managing stress and learning relaxation techniques are important in all people suffering pain.

Physical treatments:

- Ensure the prosthesis is fitting well
- Use of a shrinker sock may help in pain control
- Massage and exercises
- Creams
- Vibration

Medications: Speak to your doctor or nurse



What should you do if your pain is not well controlled?

Let your doctor, nurse, physio and prosthetist know about your pain. A pain diary is sometimes helpful to your doctor in working out how to best treat your pain. Special clinics are available to help people with chronic pain and your doctor can refer you to a pain specialist if needed.



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Date of Birth: _____

Limb/s amputated: _____

Cause of amputation: _____

Hobbies/ Interests: _____

Previous / current occupation: _____

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