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There have been a number of news articles recently regarding Complex Regional Pain Syndrome (CRPS) and the possibility of amputation as a course of action or treatment.

Complex Regional Pain Syndrome is a very difficult condition to not only diagnose but also to treat. There is no specific cure for the condition and many go undiagnosed for many months and for some it may be years. Unfortunately, there is no physical test to diagnose the condition and it relies on a criteria that uses elimination at its core. There are approximately 15,000 every year diagnosed with CRPS, and this figure does not include those who have been misdiagnosed or undiagnosed.

Chronic CRPS can be a very debilitating condition and resistant to the range of CRPS treatments that are available. Amputation is a highly controversial topic even if the amputation is for the treatment of long-standing, therapy resistant CRPS. It is always considered as a very last resort for CRPS, if at all. However, doctors and specialists don’t like to consider amputation as a form of CRPS treatment, even in the most severe cases. This is usually because there is very little evidence available to support amputation for CRPS.

Very often amputation can then lead to further complications such as worsening of the condition, spreading to other limbs, phantom limb pain and phantom limb sensation and neuromas.

The inclusion of amputation in the Royal College of Physicians guidelines for CRPS (2018) as a possible treatment for CRPS has meant that we have received an increase in requests for information regarding amputation. Unfortunately, we hear from many people who have had amputations and who have gone on to regret it and who have suffered many further operations and complications.

In reaction to the news stories about amputation, Burning Nights CRPS Support’s position as a charity whilst we agree that Complex Regional Pain Syndrome and other chronic pain conditions should be included as a classification for the Paralympics. We do not believe that amputation is the best course of action as a treatment for CRPS, unless there are specific reasons concerning the health and welfare of the person, such as ulceration, sepsis or skin breakdown.

Sadly, there is insufficient research on CRPS which is much needed before patients are in a position to consider amputation as a course of treatment.

Learn more about amputation for CRPS via this link.