Transtibial or below-knee amputation

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**Reflection of Experience**

A below-knee amputation or a transtibial amputation comprises removing the foot, ankle joint, distal tibia and fibula with associated soft tissue assemblies. Below knee amputation is favored over an above-knee amputation. This is since the former has healthier rehabilitation and useful results. The proportions of lower extremity amputation have dropped in topical years. The psychiatric and psychological possessions of post below knee amputation would not be unnoticed in patients as the studies have exposed to have greater degrees of depression and often life-threatening substantial symptoms. I was a patient having predominant experience of loss of function of amputee along with psychological issues. Numerous of my psychological responses were temporary, several were helpful and beneficial, others less or so. Sometimes it was very difficult for me to accomplish my tasks having diminished self-esteem, inaccurate body appearance, greater than before dependency and a substantial degree of social inaccessibility. Various image related difficulties were frequently experienced such as nervousness, tension, and sexual dysfunction.

I frequently manifest as denial to participate in conversation and discussion during my lectures. Sensation of guiltiness and subsequent predicting on things or questions or what that would have been through otherwise. I have had my one limb removed that made me practically impaired almost in all aspects of my life. I often excuse to anticipate the tasks or things in the class or to delay it open-endedly. I suffered from a feeling of inactiveness, and being speechless in the class sometimes. I repeatedly feel escaping things or often surrender participating in discussion. I was helpless to get benefit from contact with chief class medicinal and therapeutic care. I depend on a squad of private helpers who could take me out to attend my sessions, classes, and lectures which makes me frustrating. This amputation made me problematic to live and work in ease and pride. My house and my learning place were unreachable for me by myself. I was badly dependent on others undertaking my wearing and movement. I often had feelings of impairment, hopelessness and suicidal thoughts as this has prohibited me from taking a projecting livelihood and a pleased family life.

**Clinical Application**

The treatment suggested for amputees embraces surgery. There is a plentiful chance for the patients to be ready for surgery, about a third to a half as an estimate, comfortable with the amputation. With all surgical measures, around several severe complications are observed comprising of unrestrained bleeding, contamination, and critical postoperative discomfort. In wider medical impediments counting severe blood beating anemia and stress. Long-lasting impediments of below-knee amputation comprise of the growth of sore neuromas from bisected nerves. Emphasizing the significance of appropriate intraoperative procedure during surgery. The psychiatric and psychosomatic possessions of the disability after surgery ought to be noticed as it has been seen in post-surgery cases, greater degrees of depression and suicide attempts. It has been estimated that more than one billion individuals in the biosphere are living with some sort of disability. Approximately 200 million and even more encountered with substantial complications in functioning. In the ages forward, disability and impairment will become an even alarming condition since its occurrence is rising2. The elderly inhabitants and the developed threat of infirmity and disability is higher among older people. Globally, lifelong health disorders such as disabilities have subordinate health consequences, lesser education attainments, fewer financial contribution and developed degrees of poverty as compared to individuals having no disabilities. The World Report on Disability proposes ladders for the stakeholders of all communities counting managements, civil administrations and impaired people’s societies1. This recommends to generate enabling surroundings, progress rehabilitation, and livelihood facilities, guarantee satisfactory social defense to facilitate dependent people. This draft also craft comprehensive rules and programs and impose new and prevailing values and regulation to the assistance of individuals with disabilities.

End Notes

1. Copuroglu, C., Ozcan, M., Yilmaz, B., Gorgulu, Y., Abay, E., & Yalniz, E. (2010). Acute stress disorder and post-traumatic stress disorder following traumatic amputation. *Acta Orthopaedica Belgica*, *76*(1), 90.
2. Mckechnie, P. S., & John, A. (2014). Anxiety and depression following traumatic limb amputation: a systematic review. *Injury*, *45*(12), 1859–1866.