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EXPERIENCES OF VICTIMS OF AMPUTATION BY ACCIDENTS

VIVÊNCIAS DE VÍTIMAS DE AMPUTAÇÃO POR ACIDENTES

EXPERIENCIAS DE LAS VÍCTIMAS DE AMPUTACIONES POR ACCIDENTES

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ABSTRACT

Objective: describing the experiences of victims of traumatic amputation by motorcycle accidents, as well as psychosocial changes. **Method:** this is an exploratory, descriptive, of a qualitative approach study. Participants were 10 victims of traumatic amputation of the lower limbs. After compiling the data, the same were analyzed and structured by semantic similarities. The study had the project approval by the Research Ethics Committee, protocol 284/11. **Results:** in the research development emerged three categories: 1. The daily life of victims of traumatic amputation by motorcycle accidents; 2. Psychosocial changes experienced by the victims; 3. The resilience experienced by victims. **Conclusion:** traumatic amputation brings significant repercussions on the lives of victims, because it causes impacts in performing basic activities of daily living. **Descriptors:** Accidents; Trauma; Nursing.

RESUMO

Objetivo: descrever as vivências de vítimas de amputação traumática por acidentes motociclísticos, bem as alterações psicossociais. **Método:** estudo exploratório, descritivo, de abordagem qualitativa. Os participantes foram 10 vítimas de amputação traumática dos membros inferiores. Após a produção dos dados, os mesmos foram analisados e estruturados por similaridades semânticas. O estudo teve a aprovação do projeto pelo Comitê de Ética em Pesquisa, protocolo 284/11. **Resultados:** no desenvolvimento da pesquisa emergiram três categorias: 1. O cotidiano das vítimas de amputação traumática por acidentes motociclísticos; 2. Alterações psicossociais vivenciadas pelas vítimas; 3. A resiliência vivenciada pelas vítimas. **Conclusão:** a amputação traumática traz repercussões significativas na vida das vítimas, pois causa impacto na execução de atividades básicas da vida diária. **Descritores:** Acidentes; Trauma; Enfermagem.

RESUMEN

Objetivo: describir las experiencias de las víctimas de la amputación traumática por accidentes de motocicleta y los cambios psicossociales. **Método:** un estudio exploratorio, descriptivo, de un enfoque cualitativo. Los participantes fueron 10 víctimas de la amputación traumática de las extremidades inferiores. Después de compilar los datos, los mismos fueron analizados y estructurados por similitudes semánticas. El estudio tuvo la aprobación del proyecto por el Comité de Ética de la Investigación, protocolo 284/11. **Resultados:** en la investigación emergieron tres categorías: 1. La vida cotidiana de las víctimas de la amputación traumática por los accidentes de motocicleta; 2. Los cambios psicossociales experimentados por las víctimas; 3. La capacidad de recuperación experimentada por las víctimas. **Conclusión:** la amputación traumática tiene repercusiones importantes en la vida de las víctimas, ya que los impactos en la realización de las actividades básicas de la vida diaria son evidenciados. **Descriptor:** Accidentes; Trauma; Enfermería.

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INTRODUCTION

In Brazil, accidents involving motorcycles have contributed to the transformation of the epidemiological panorama, since in recent years the increase in the fleet of this vehicle has elevated the trauma morbidity and mortality rates. Thus, in addition to significant rates, such accidents have a great importance for the severity of injuries by promoting various types of traumas, among these traumatic amputations (AT) that have an impact on the quality of life (QOL) and productivity of victims.¹

This is due to the high number of people who, due to some trauma, progress to amputation in Brazil. Among these, the traumas related to traffic accidents and work stand out, tropical diseases, atherosclerotic diseases and diabetes mellitus. Despite all the technological advances in health care, amputation is still widely used in the country, which is contraindicated based on the fact that amputation is associated with significant costs and can have repercussions in the long term, for the patient, such as loss of mobility and decreased quality of life.¹

Amputation is defined as a process in which the organism is extirpated, partially or completely, by surgery, a limb or body part. It can be considered a reconstructive surgery that, despite dominate the physical loss, it is clear that there are changes in the psychosocial axis, thus setting up a challenge for the health team.

According to the Brazilian Institute of Geography and Statistics (IBGE) approximately 24% of the population has some type of disability (visual, auditory, motor, mental and intellectual), and the motor disability reaches 6,95% of the population that, 66,5% of them had physical disabilities as a result of some kind of amputation.²

In Brazil, it is estimated that the incidence of amputations is 13.9 per 100,000 inhabitants/ yearly. The literature reveals a controversy about the number, ranging from 2.8 to 43.9 per 100,000 inhabitants/yearly, the most frequent cause vascular diseases, followed by neuropathic etiologies, trauma, tumors, infections and congenital.³

Given that AT cause significant inconvenience to the individual and family, it initially cause an impact on the performance of activities of daily living, with subsequent impairment of functional and psychosocial skills, it is understood that its effects turns the victims less independent, with consequences for their behavior.⁴

The seek for understanding the experiences of amputees by motorcycle accidents is necessary for enabling the planning of actions that may meet their needs, minimize suffering, and contribute to a better QOL of amputees, as well as attract the attention of health professionals in particular the nurse, with regard to reflection on the changes that occur in the life of an amputation of the victim.

Given this, it was elected as the object of this study the experiences of victims of amputation by motorcycle accidents, aiming to seize them. Based on this, the study aims to:

- Describing the experiences of victims of traumatic amputation by motorcycle accidents and psychosocial changes.

METHOD

This is an exploratory, descriptive study of a qualitative approach. The study setting was the households of amputation of victims, who underwent the surgical process in the Emergency Hospital in Teresina and was in the late post-operative period.

We used the non-probability sampling process convenience for defining the sample, selecting 10 victims of traumatic amputation by motorcycle accidents. To meet the objectives proposed in the study, there was defined as inclusion criteria: AT victims of motorcycle accidents for at least 12 months living in Teresina and belonging to the age group between 18-44 years old.

Data were collected in the household, in the period from September to October 2013 through interviews with the aid of a mp3 device for recording the accounts. There was used a semi-structured form, which included the characterization of the participants. The questions were related to feelings experienced, difficulties in adaptation and resilience mechanisms.

After obtaining the data, it was analyzed and structured by semantic similarities. Based on this and on the obtained reports emerged three categories: 1. The daily life of victims of traumatic amputation by motorcycle accidents; 2. Psychosocial changes experienced by the victims; 3. The resilience experienced by victims.

All national and international ethical aspects of research involving human beings were followed. The project was submitted to the Research Ethics Committee (Protocol 284/11). It is worth mentioning that all subjects who participated signed an informed consent form and had their identities

preserved by replacing their names by the code "witness".

RESULTS AND DISCUSSION

Traumatic amputation victim usually has little or no comorbidity, and is in full productive life. Despite the rehabilitation conditions prove efficient and appropriate, there is a consensus regarding the difficulties experienced by them in the process of returning to the labor activity and its relationship to other determinants that not only physical fitness.⁵

Data analysis showed predominance of the age group of 21-44 years old. In relation to gender, it was found that all participants were male, most of them married. With regard to occupation, four were self-employed, 2 employees, 2 unemployed and 2 retirees. With regard to education predominated participants with incomplete primary education (70%)

♦ The daily life of the victims of traumatic amputation by motorcycle accidents

The aim of amputation is to improve function, relieve symptoms, and in extreme cases ensure the patient's life or improve their quality of life, starting a cycle of necessary adjustments. Initially complications such as bleeding, infection and skin breakdown may arise and later stand out limb pain and joint contractures.³

The loss of a limb reverberates in every aspect of one's life, from the post-trauma. The speed, as it happens, these traumatic events can cause psychological repercussions for the patient, which sometimes wake up in the recovery room after the traumatic event, no memory of the accident and not knowing who underwent amputation of a limb or part of it.¹

After the amputation, the victims are faced with a deep sense of estrangement of themselves; do not recognize either physically or emotionally. The experience described is of profound anguish and uncertainty about the future, capabilities and limitations being experienced. It is a dissociation experience, polarized as depression.⁵

Thus, on the face of this new condition, the individual needs to reorganize his body awareness in relation to themselves and to others, and unconsciously he tendencies to make comparison of their appearances and functional capabilities with others, as expressed in the speech below.

[...] Sometimes I go to a place, I go there with slippers, then I set one foot on the

other, not to have an impact, that impact [...] (Deponent 10)

This report also shows that one of the difficulties experienced in the AT victims of daily life is the fear of societal discrimination, because of their mutilation. However, while they are filled by a sense of fear, it becomes motivating the search for new ways of coping, adopting attitudes, how to hide the deformity to not cause a rejection or impact on the others.⁵

This self-knowledge process necessarily involves the body, since our existence is corporeal. Subjectivity is constructed with the body through its pleasures and pains, qualities, defects and efficiencies, than he already was, what is ceasing to be, the ideal of how we would one day be, the fear I feel on the possibility of one day becoming a stranger to ourselves. Not accept that her body was modified by amputation means to live in the past, in a mourning over the body image that no longer exists. Acceptance of amputation arises necessarily as a process of "naturalization".⁶

Another feeling experienced by the VA is the feeling of inactivity, uselessness, because they live in a capitalist society that is focused on the production of wealth, and the fact of not being able to perform the above activities AT leads to confusion in their realities and imaginary, as stated below:

[...] I keep anxious because I cannot walk, cannot work... I need a person to get off me, to take me wheel chair to the Avenue [...] "(Deponent 03)

In his speech the witness expressed anxiety due to the loss of autonomy, with the consequent dependence on others to perform daily activities and the removal of his work activities.

In this situation, the reintegration of these aspects involves both rehabilitation and acceptance by the labor market. Persons with disabilities have limited conditions for the service and a coping capacity reduced in relation to employment, on the grounds that the physical limitation is an obstacle to their business. To improve this situation, amputees should invest in rehabilitation and adequacy of physical and mental conditions for their reintegration into the labor market, which is structured to absorb these people.⁶

♦ Psychosocial changes experienced by victims

The rehabilitation process of an VA is long, involves psychological, social and spiritual change, a challenge for the patient, the family and the multidisciplinary team,

evidenced by adjustments to the emotional reactions of physical or mental changes.

In significantly greater than the general population percentage, VA frequently have more frequent depression and anxiety, post-traumatic.⁷ Such VA may show depressive symptoms such as sadness, apathy, feelings of guilt and the perception that it is disappointed with their families, making them angry, intolerant and anxious as expressed below:

[...] my psychological was shaken, felt inferior to all ... did not want to talk to anyone ... no longer wanted a haircut [...] (Deponent 10)

[...] I had a lot of sadness (crying) ... I was depressed sometimes [...] (Deponent 03)

The emotions expressed demonstrate the presence of psychological disorders, characterized by feelings of inferiority in relation to others, low self-esteem evidenced by the loss of vanity, deep sadness and social isolation, which may eventually lead to a depression.

In this regard it is noted that depressive disorders may arise in some VA initially during hospitalization, surgery after removal of the limb as well as the adaptation stage (post-hospitalization).

During assistance shall VA is crucial to awareness and early treatment of depression as associated with risk factors such as the perceived profile of men, young (most likely will behavioral and psychological changes) and self-inflicted violent behavior can trigger suicidal ideations.⁸

It is clear that the harm caused by AT generates psychological changes that can have a negative impact on their social relations, promoting social isolation, as noted in the following speech:

[...] There I was a little afraid with my finger, I didn't even like to leave the House, I was embarrassed, so I always wore the hidden hand. (Deponent 08)

According to the report, the new condition of amputated predisposes to self-image disorders, resulting in social isolation, as it was considered different from others. So search the home refuge, which considers a safe environment, where it would cause him any embarrassment.

The self-images of disorders related to amputation, can cause negative and distorted anatomical views that member, expressed on occasion for embarrassment, shame and aversion to the limb.⁹

These psychosocial changes introduced by AT, health professionals, especially nurses, should sensitize about the impact involving the process of caring for a disabled person,

planning acceptance to treatment programs, keeps track of the family, making the link between the client, the family and society and with the multidisciplinary team to develop an accessibility mode and attention to enable them to understand the emotional needs and difficulties listed by the binomial family/patient.

It is essential that nurses seek to enter this VA in society through support groups where he can live with people who share experiences and similar features, but to promote their autonomy, with the plan of community therapies in adapting to everyday tasks, and thus improving their QOL in the search for autonomy.⁴

♦ Resilience experienced by victims

Resilience is characterized as an individual's capacity to face, overcome and be strengthened or transformed by experiences of adversity, that is, by his ability to self-regulation and self-esteem. It can be seen in the statements, that optimism is a great ally of VA during treatment and rehabilitation; the printing lived an aura of certainty and confidence.¹⁰⁻¹¹

However, the rehabilitation process is linked to the existence of internal forces in the spring resilience, when analyzing the reports it appears that some have shown feelings of overcoming AT, together with faith and the will to survive, and at the time of occurrence of or after trauma.

[...] Depression is something that the person falls on it if it is weak, if you have the courage or faith and positive thinking does not fall. (Deponent 02)

Optimism and confidence in a positive outcome, seem to contribute to increased self-esteem, reinforcing the sense of hope and personal control.¹¹

Another important aspect to be highlighted is the family's contribution to the resilience of building the foundation of this "new being", as one might highlight the reports below:

[...] first is my family, I have a very good family, because if I had not, perhaps already had to die soon, my family suffered enough with me. (Deponent 03)

The witness 03 describes the importance of the family, the support committed by them in a unique way, which enabled the emergence of their resilient effort, responsible action to preserve his life.

Knowing the coping capacity and resilience of VA enables the development of actions involving health education and influences the level of adherence to treatment, so that every factor involved positively in the rehabilitation process, is a team of multi intervention target.

CONCLUSION

Traumatic amputation brings significant repercussions on the lives of victims, because it impacts in performing basic activities of daily living, compromising skills, functions and making them dependent, with consequences for their behavior in society.

It was evident that many of them experience depressive disorders, which are manifested by feelings of sadness, discouragement, apathy, guilt and perception that disappointment with himself.

Knowing the difficulties caused by an amputation it is necessary by necessity, increasingly early, to outline a care plan to reintegrate the individual in search of a better QOL to the client.

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