Nursing Care Management

Nursing care depends on the type of surgical approach. The family may have more difficulty adjusting to an amputation than a limb salvage procedure. In either instance, preparation of the child and family is critical. Straightforward honesty is essential in gaining the child's cooperation and trust. The diagnosis of cancer should not be disguised with falsehoods such as "infection." To accept the need for surgery, the child should be told a few days before surgery to allow him or her time to think about the diagnosis and consequent treatment and to ask questions.

Sometimes children have many questions about the prosthesis, limitations on physical ability, and prognosis in terms of cure. At other times they react with silence or with a calm manner that belies their concern and fear. Either response must be accepted, since it is part of the grieving process of a loss. For those who desire information, it may be helpful to introduce them to another amputee before surgery or to show them pictures of the prosthesis.* However, the nurse must be careful not to overwhelm children with information. A sound approach is to answer questions without offering additional information. For those who do not pursue additional information, the nurse expresses a willingness to talk.

The child is also informed of the need for chemotherapy and its side effects before surgery. Exercise caution about offering too much information at one time. When discussing hair loss, emphasize coping strategies, such as wearing a wig. Because bone tumors affect adolescents and young adults, it is not unusual for them to become angry over all the radical body alterations.

The child requires stump care, which is the same as for any amputee. If an amputation is performed, the child is usually fitted with a temporary prosthesis immediately after surgery, which permits early functioning and fosters psychological adjustment. A permanent prosthesis is usually fitted within 6 to 8 weeks. During hospitalization the child begins physical therapy to become proficient in the use and care of the device.

Phantom limb pain may develop in 60% to 80% of patients after amputation and is caused from interruption of sensory nerve impulses (Wolff, Vanduynhoven, van Kleef, et al, 2011). This symptom is characterized by sensations such as tingling, itching, and, more frequently, pain felt in the amputated limb. The child