The Role Of Peer Support In The Amputation Journey

Paulo Polese, **Kevin Gray** and **Chris Ramhacklam**

Abstract: For limb preservation clinicians, amputation is often the final step in a long and complex clinical pathway. For patients, however, amputation is the beginning of a lifelong transition. While clinical teams focus on wound closure, surgical success and prosthetic readiness, research consistently shows that peer support and community connection significantly improve emotional well-being, confidence and functional recovery. This article discusses Limbloss Connection, a Canada-based peer support group founded by three amputees.

Key words: *limb loss, amputation, patient support groups, peer support, health professional-patient collaborations*

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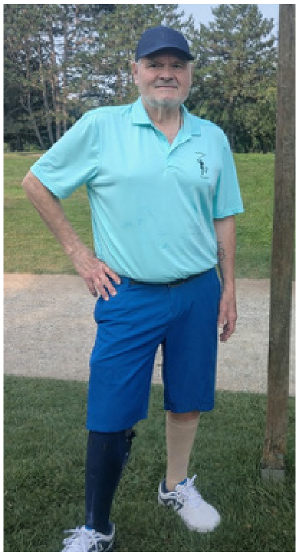
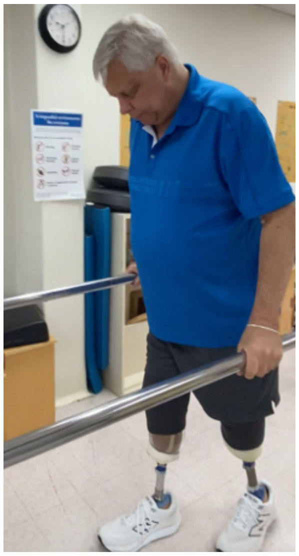
For limb preservation clinicians, amputation is often the final step in a long and complex clinical pathway. Decisions are guided by perfusion status, infection control, tissue viability and the goal of preserving life. For patients, however, amputation is not the end of a clinical process. It is the beginning of a lifelong transition—one that is physical, emotional and social.

Across Canada, more than 300,000 people are living with limb loss, and thousands of new amputations occur each year, most related to diabetes and vascular disease.[1] More than 80 percent of lower-limb amputations are linked to these conditions.[2] While clinical teams focus on wound closure, surgical success and prosthetic readiness, research consistently shows that peer support and community connection significantly improve emotional well-being, confidence and functional recovery.[3]

This understanding is what led to the creation of Limbloss Connection.



Paulo Polese



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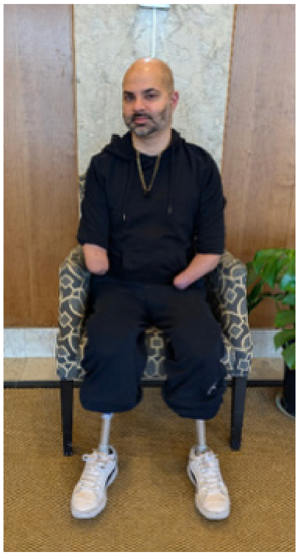

Chris Ramhacklam

Genesis

Limbloss Connection was founded in June 2024 in Ontario, Canada by three amputees whose individual journeys were very different, but whose experiences after surgery were strikingly similar.

Paolo Polese's (Paolo) amputation came without warning. A rapidly spreading infection—necrotizing fasciitis—destroyed tissue in his lower leg within hours. The medical team acted quickly, and the message was clear: a below-knee amputation was necessary to save his life.

"It all happened so fast," Paolo recalls. "One day I was fine. The next day I was being told I might lose my leg. I didn't have time to process it."

Kevin Gray's (Kevin) journey unfolded over years. Long-standing diabetes gradually reduced circulation in both legs. Despite careful wound care and multiple interventions, the damage progressed.

"It wasn't one moment," Kevin says. "It was a slow realization. Every appointment, the news got a little worse until there were no more options."

Kevin eventually underwent bilateral below-knee amputations. For both men, the clinical care was focused, professional and lifesaving. Emotionally, however, they describe the same experience: uncertainty, fear and isolation.

Chris Ramhacklam's (Chris) journey unfolded without warning. He didn't know exactly what had happened at first — only that something was suddenly, catastrophically wrong. What he would later learn was that sepsis had overtaken his body, escalating rapidly and silently.

"There wasn't a clear moment," Chris says. "I just remember things getting serious very quickly. I didn't fully understand what was happening — only that my life was in danger."

The progression was swift. To save his life, doctors made the difficult decision to proceed with a below-knee amputation. Clinically, the care was decisive, coordinated and lifesaving.

Emotionally, however, Chris describes a very different experience: confusion in the early days, fear as he tried to grasp the reality of his condition and a profound sense of isolation as he began adjusting to a future he had never imagined.

None of the three men knew another amputee or had a clear sense of what life would look like after surgery.

What ultimately helped these men regain confidence was not just rehabilitation or prosthetic training. It was meeting other amputees—people who had already walked the path they were beginning. From those experiences, the idea for Limbloss Connection emerged: an organization built around the simple principle that no one should face limb loss alone.

Structure And Current Function

Limbloss Connections is a non-profit peer support organization serving individuals with limb loss across North America. Its primary mission is to connect amputees with trained peers at every stage of the amputation journey, from the moment amputation becomes a possibility through long-term life in the community.

The organization provides peer visits before surgery, support during hospitalization, connections throughout rehabilitation and ongoing mentorship after patients return home. In addition to one-on-one connections, Limbloss Connections hosts virtual and in-person gatherings designed to reduce isolation and foster long-term community.

Funding comes through a combination of individual donations, corporate sponsorships, community fundraising efforts and partnerships with prosthetic and rehabilitation providers. Sponsors often support educational events, host meetings, provide training resources and help extend outreach into underserved communities. These partnerships allow the organization to grow while maintaining a patient-centered focus.

Reaching Individuals With Limb Loss

One of the central challenges in peer support is timing. Many amputees are unaware of available resources until well after surgery, when isolation and uncertainty are already significant.

Limbloss Connections reaches individuals primarily through referrals from clinicians, surgeons, rehabilitation teams and prosthetic providers. The organization also conducts community outreach and maintains an online presence so that patients and families can find support independently.

The goal is to connect with patients as early as possible—ideally before amputation—when emotional preparation and practical guidance can have the greatest impact.

What Peer Support Offers

Clinical care restores physical health and mobility. Peer support addresses the emotional and social dimensions of recovery.

Patients consistently report that speaking with another amputee provides something uniquely powerful: visible proof that life continues after limb loss. Peer mentors offer practical, experience-based advice on everything from navigating the home environment to managing prosthetic discomfort. More importantly, they provide reassurance, perspective and hope.

Clinicians support the organization primarily by introducing the concept of peer support and referring patients who may benefit from connection. Patients also have the benefit of peer-support networks and the value of supportive community groups in assisting the transition to their pre-amputation family, work and social roles.[4] Studies show that amputees who engage in peer support report improved optimism, greater independence and higher levels of social participation.[3] In some surveys, approximately three-quarters of participants report a more positive outlook after engaging in peer support programs.[5]

As Kevin explains, “What helped me most was talking to another amputee. We built Limbloss Connections so everyone could have that person.”

Paolo adds, “Medicine saved my life. But community helped me live it again.”

Working With Limb Loss Professionals

Limbloss Connections views clinicians as essential partners. Health-care professionals are often the first people to discuss amputation with a patient, and their recommendations carry significant weight.

Clinicians support the organization primarily by introducing the concept of peer support and referring patients who may benefit from connection. Even a brief introduction to an apportiately trained or educated peer can reduce anxiety and improve engagement in rehabilitation.[4]

From a clinical perspective, amputation is a surgical event. For patients, it is a life transition that affects identity, independence and social participation.

Peer support helps bridge the gap between medical treatment and real-world living.

“In rehab, you have a whole team around you,” Kevin says. “At home, it’s just you and your thoughts. That’s when peer support matters most.”

Future Plans And Expansion

Although Limbloss Connections is a young organization, its goals are ambitious. Over the next several years, the organization plans to expand its peer network into additional regions, strengthen hospital and rehabilitation partnerships and develop more structured peer training programs.

A central long-term goal is to make peer support a standard component of amputation care. The organization hopes to work closely with limb preservation specialists, surgeons, prosthetists and rehabilitation teams to build a more integrated model of care—one that addresses both the medical and human dimensions of limb loss.

Clinical Implications

For limb preservation and wound care teams, the evidence is clear: peer support is associated with improved psychosocial outcomes, greater independence, increased community participation and better overall quality of life.[3]

Introducing peer support early—ideally before amputation—helps patients prepare emotionally and practically for the journey ahead. For clinicians, this may be as simple as referring patients to a peer organization or encouraging them to connect with others who share their experience.

While surgery restores health and prosthetics restore mobility, community restores identity, confidence and purpose.

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Chris Ramhacklam is Executive and Co-founder, Limbloss Connection, Ontario, Canada.

For more information visit: limblossconnection.com/

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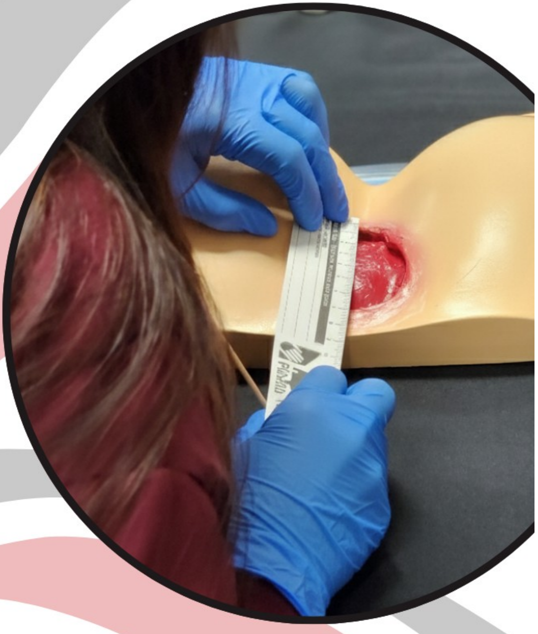

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