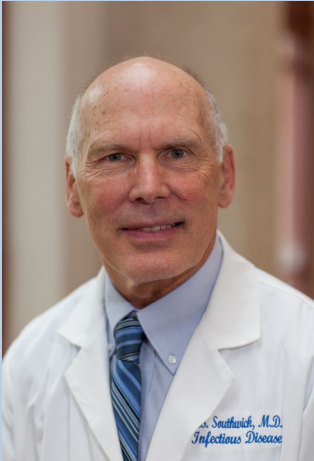


## University of Florida, Department of Psychiatry and Florida Recovery Center

### FRC Wednesdays at Noon: Addiction Medicine Conference

#### *Overcoming the Loss of a Leg: My Path To Recovery*

**Frederick Southwick, MD**



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**1. If there is one thing that you want the physicians or the general public to take away by watching your lecture and learning, what would you hope it would be?**

**Answer:** I think the single most important part is your social network and your personal connections and how they provide strength to recover. Every time someone visits me, I think they felt that they didn't make a difference but in reality each visit, when someone reached out and they said they cared that actually encouraged me to keep working and keep advancing. Because when you are deep down in the hole, so to speak, its really hard to dig out and sometimes you say, well doesn't really matter and I can tell you when friends are encouraging you, when family is encouraging you, you are more motivated. That's the most important lesson that I have taken away from this experience

**2. There are a lot of people who are inspired by your story but also at the same time may be a little apprehensive, "can that can happen to me?", is there anything you would recommend to people may be, be more aware of that, that you came to light to yourself afterwards?**

**Answer:** As I mentioned at the beginning of the talk, what my vassal surgeons did is that they were very understanding and they were very cautious in the way they related the information to me. What happened is when they did the angiogram they realized that there was no repairing the vessels in my leg and they knew that meant amputation but they wouldn't use the word amputation at first.

They just presented the data to me and my wife Cathy and obviously I knew what that meant, they didn't have to tell me and what happened is that they didn't tell me that you need an amputation right away but they told me— well, you know it's a big decision to lose your leg and why don't you go home and see if you can tolerate the deficient vassal supply that you have. May be you can do it. And its important for you to decide when is the right time. (Continued)



## UF Addiction & Psychiatry Newsletter

(Continued) I had such terrible pain and I took a week and a half and decided that this was not going to work and further more because I am an infection disease specialist I have seen many diabetic with vassal deficiency and many others who have suffered from many infections because of the vassal deficiency. I have watched them trying to keep their legs and hospitalized over and over again and sometimes even get bacteria in the blood and get their lives threatened trying to keep their limbs. I realized that watching other patients that this would be an unwise choice and I might as well move on with the program and accept what had happened and deal with it in the most efficient and effective way I could.

And the surgeons let me make that decision, they did not push me at all. And the other thing what I can tell you what happened is I really wanted to blow the knee amputation because obviously if you have your knee can function far better without a knee and I think they knew that it probably wouldn't work because the vassal supply right beneath my knee was quite bad but they gave it a try and they did it below the knee and within ten days the tissue started to die. As soon as we saw that obviously I couldn't leave that on because you could get serious infections and you risk death. So at that point I was anxious to get the knee amputation and I felt terrible, felt very very sick and they extremely felt empathetically felt terrible that below the knee had not work and I had to wait over the weekend, the longest weekend of my life, and Tuesday I had the surgery and I actually felt relieved to have above the knee amputation just by the way they let me make the decisions. So, I think the lesson I would take away from this is for the physicians to present the data and allow the patients to come to the conclusion and decision and each patient I think we will have a different time frame because I have had the has past experience and I was able to come to the decision quite quickly but others may take longer because they have to deal with it and they have to cope with this terrible loss.

### **3. With all the medical mistake, the surgery and the amputation, was it easy mentally to deal with the adjustments to make with life?**

**Answer:** I definitely was not prepared, I thought I had a calf pull for a month and when my foot turned white I knew that was not a calf pull. Because I have always been extremely physically active, since age two my parents tell me I ran around five times the rate of any other child they saw. And in college I earned three letters in three different sports and if I did not do a sport I just felt bored, I had to have that physical activity. So athletics, physical activity is a major part of my identity. So the loss of the leg was really big and it really made me question– Will my life be worth it anymore? And that was a very stark reality particularly in the early phases. The combination of the pain and not having a leg, the reaction of many of my friends to see me of all people having lost their leg, they couldn't even believe it. But most people who knew me realized based on my previous athletic career that I would rise and overcome what happened but it was nice to hear tell them tell me that but even now then I got tired to listen to my friends saying– You are going to be okay! And I was like “oh boy!” If I hear it one more time I would scream but when I think back, I was really encouraged by that and that did help me because everybody expected me to do it . Others looked at me saying– Fred, you have to do it, we expect you to do it! And I think others expectations do encourage you and rise you to a higher level .



**4. Like you received medical attentions, physical therapy to help you walk; did you approach a Psychiatrist or Psychologist to become mentally strong?**

**Answer:** I really did not need and I did not feel that I need a Psychologist. My approach to life is—Once the reality is out there, accept it, deal with it and just move on. Sitting around and thinking about it all the time; I have never done that in my life and I just won't go there. My wife Cathy had much harder time for the loss of my leg than I did and actually we did go to some counselling mainly to help her. The psychologist realized that I was able to cope up with this because this is the way I have always dealt with life. It did help Cathy to adjust, she was extremely angry and just couldn't believe it and could not accept that I did not have my leg anymore and it took her a longer time to accept that than me and this is quite common because it affected her life probably as more or as much it affected mine. Because she had to do everything for me, like push me around on the wheelchair, she had to get everything for me, she did the dressing It drastically affected her life about a year.

**5. Do you think that being a physician and being an athlete was beneficial or had a positive effect on what you were going through?**

**Answer:** Absolutely. I knew what was going on. I did not know exactly what to expect at the rate of recovery or how the prosthesis would work, how much I would be able to function. I was very concerned about the answers to those questions and I looked at the number of books and they were atrocious. I couldn't stand the books on amputation and everyone of them ignored the first six months of recovery and then went right into how they succeeded in running a triathlon or an ironman. And I think when you are struggling to just live each day, these kind of books are actually disheartening. I think they have a reverse effect than intended and actually as the consequence that I was working on a book to describe the first six months of recovery. I'm actually working with my psychical therapist, my prosthetist and my trainer

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