

How To Bandage An A. K. Amputation Stump

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I. Importance

One of the most important procedures in the pre-prosthetic care of an amputee is the bandaging of the stump. Proper bandaging shapes and shrinks the stump so that the amputee can more successfully be fitted to a prosthesis. If a stump has not been bandaged, or has been improperly bandaged, the amputee will have to have many adjustments made to his socket as shrinkage occurs. The inconvenience caused by such a procedure may well discourage the new amputee from using a prosthesis.

II. Purpose

The purpose for bandaging a stump is to shrink and shape the stump. Proper bandaging will reduce the excessive adipose tissue and will lessen the tendency of development of an adduction roll. In addition, bandaging supports the soft tissues in the early healing phase following amputation. It is during this phase that the efficiency of the vascular system is greatly impaired causing an accumulation of fluid in the stump. Ambulation with the stump in a dependent position causes further accumulation of fluid. Therefore, external support is essential to minimize and reduce edema.

III. Use

Initially, the therapist or nurse should wrap the patient's stump. Later the patient should be taught to do this for himself either with assistance from a member of his family or without. However, if the patient is not proficient in bandaging techniques, it may be necessary to use other methods of shrinkage. Improper bandaging may result in constriction of the stump, delayed healing, skin abrasions, the formation of creases at the distal end of the stump or bulging rolls of fat.

IV. Relationship of Job to Therapist and Patient

It is extremely important for the person who bandages stumps to be proficient because bandaging greatly affects the patient's future as a limb wearer.

V. Materials Used

A. The materials used are 2" or 3", 4", or 5" ace bandages or elasticized bandages sewn together end to end.

B. Number and width of bandages varies according to the size and length of the stump.

VI. Application and Pressure

A. When patient is ambulatory, the bandage is applied before he gets out of bed following recumbency.

B. Ideally, the bandage is left on for four hours, or more, providing that it feels comfortable and is secure.

C. The bandage should be maintained continuously and reapplied when tension is lost.

D. Pressure should be applied under moderate tension to the entire stump, guarding against any tourniquet-like action at the proximal portion of the stump.

VIII. Procedure

A. The amputee stands or lies on the unaffected side. The stump should be kept in hyperextension throughout the procedure.



Fig. 1

B. Recurrents

1. Begin recurrents, vertical turns, on the anterior surface of the stump just inferior to the level of the inguinal ligament. Fig. 1.

2. The bandage is passed over the distal end of the stump posteriorly to the gluteal crease.

3. The amputee assists by holding recurrents in place.

4. Two additional recurrents are made passing over the medial and lateral aspects of the end of the stump in that order.

Anchoring Recurrents

Fig. II



C. Anchoring Recurrents

1. The recurrents are then anchored by several horizontal circular turns of the bandage. Fig. II.

2. When anchoring the recurrents, the circular turns begin at the lateral side and run posteriorally to the medial side. This is important later when the hip spica is made—the bandage must run from medial to lateral on the anterior surface.

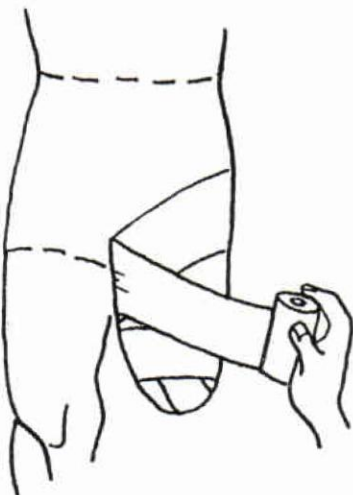


Fig. III



Fig. IV

D. Oblique (circular) Turns

1. When the recurrents are finally secured, the bandage is brought down and around the stump and up again using oblique turns or a modified figure eight. Fig. III.

2. Pressure must always be up and out at the distal portion of the stump. This eliminates dog ears and the formation of creases, Fig. IV.

3. Never use circular turns which are not oblique as they tend to constrict circulation.

Hip Spica



Fig. V



Fig. VI



Fig. VII

E. Hip Spica

1. The hip spica serves the dual purpose of anchoring the bandage and covering the tissue high in the groin and the lateral surface of the hip. This eliminates any possibility of formation of bulges in this area, which occur frequently when a hip spica is not used.

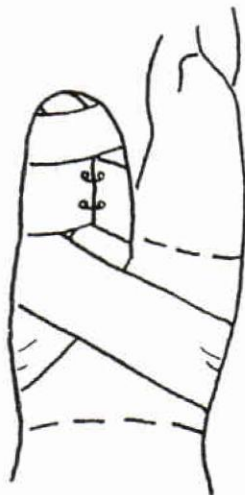
2. The spica should generally be started from the anterior medial aspect of the stump and run laterally across the anterior surface of the stump in the inguinal region. (left above) Fig. V.

3. The bandage is carried around the body on a level with the iliac crest. (center above) Fig. VI.

4. Return to the stump, making a figure eight and again around the pelvis. Finish the bandage by making oblique turns on the stump. (right above) Fig. VII.

Anchoring Bandage

Fig. VIII



F. Anchoring Bandage

1. When anchoring the bandage use safety pins. It should be fastened where bandage ends and at crossing of the spica at the hip. Fig. VIII

2. CAUTION—Don't use clips. Friction against clothing or bed loosens them. Always pin the end of the bandage at lateral or anterior surface of stump.

WHAT'S NEW(S)

The National Amputation Foundation recently acquired by purchase the entire premises at 12-45 150th St., Whitestone, Queens, N. Y. According to Paul Ramaglia, president of the Foundation, the purchase fulfills a long-time need for permanent headquarters.

From these quarters the Foundation will intensify its program of at-the-hospital guidance and aid to unfortunates facing emergency amputation, as well as to survivors of outright loss of limb.

Ultimate aim of the hospital program is rehabilitation of new amputees of every race, color and creed. Other services extended without fee or obligation include advice on legal, personal and physical problems, group therapy, psychological counsel, job placement, and orientation on the use of a "new" limb, to name but a few.

Amputee veterans of World War I and II and the Korean conflict constitute the membership.