1. PURPOSE

1.1 Safe application of stump bandaging to ensure swelling is controlled and stump is shaped for prosthetic wear.

2. POLICY

2.1 Stump bandaging is commenced as ordered by the practitioner. It usually starts after the dressing is reduced and drains are removed (3 - 4 days post-op) and continues until the client receives a stump shrinker or an artificial limb. **To control edema and help shape the stump the bandage should be worn day and night.**

2.2 Bandage should be removed for stump inspection:

2.2.1 at least twice each day
2.2.2 when bandage becomes loose or wrinkled
2.2.3 when bandage causes discomfort and/or pain

**Note:** When able, the client is encouraged to remove bandage q2-4h to inspect skin, massage stump and practice wrapping bandage.

2.3 Stump positioning reminder sheet (see Appendices) is to be hung near the client’s bed to remind all health care providers and client of proper positioning and posture at all times.

2.4 Diagonal (figure eight) turns will be used when bandaging. Circular turns can restrict the circulation. There should be no wrinkles in the bandage as these can produce blisters. (See Appendix A for bandaging diagrams).

3. PROCEDURE

3.1 Supplies:
- Above-Knee Amputation: 2-3 lengths of 4 – 6” elastic bandage
- Below-Knee Amputation: 2-3 lengths of 3 – 4” elastic bandage
- Above and Below Elbow Amputation: 2-3 lengths of 3-4” elastic bandage.
Note: Bandages are easier to work with if the lengths are sewn together, OT may be able to assist with this. If not sewn together, ensure bandages overlap smoothly.

Note: General guideline for bandage selection size is bandage width should be roughly ¾ the width of the stump.

3.2 Principles of stump bandaging. See diagrams in Appendix A.

Note: Physiotherapy/Occupational Therapy should be consulted for all amputations. They may decide to implement stump shrinker as an alternative to stump bandaging.

3.2.1 Use firm tension (~2/3 the limit of elasticity) over the end of the stump and decrease gradually as the bandage is wrapped up the limb utilizing ‘figure eight’ bandaging technique.

Note: Ensure even pressure gradient from one side to the other as you move proximally.

Note: Overlap diagonal turns by ½ bandage width during the wrapping process.

Note: Initially the wrap may have minimal tension. Tension should be increased as the wound heals and client comfort improves.

Note: Rewrap if the patient complains of increased pain, this indicates the wrap is probably too tight impairing circulation and/or placing pressure on peripheral nerves.

3.2.2 Bring in the stump edges to promote a conical stump shape.

3.2.3 Anchor the bandage above the proximal joint to prevent it from sliding off the stump.

Note: This is more important if the client is standing or ambulating quite a bit.

Note: Safety pins may be used to attach the anchor strap to the rest of the bandage.

Note: Do not cover the joint unless it is severely swollen.

3.2.4 Change and wash the elastic bandages as needed. Hand wash in warm water and gentle soap; lay them flat to dry.

3.3 Principles of stump positioning

3.3.1 Prevent contractures – avoid long periods in one position, keep joints at maximum extension as much as possible. See Appendix B & C.

3.3.2 Encourage ROM and muscle strengthening exercises.

3.4 Continuing Stump Care (after incision line is healed)

3.4.1 Wash and dry limb thoroughly q shift, remove all soap residue. Do not soak stump as this may increase edema. Inspect stump regularly.

3.4.2 Gradually condition stump for prosthesis by encouraging client to push stump against firm surfaces, massage healed stump to soften scarring, reduce tenderness and improve circulation.
4. REFERENCES

Physiotherapy Department - Royal University Hospital. January 2012.


Appendix A

Stump Bandaging Diagrams

A: Above-Knee Amputation (or as posted at bedside by Physiotherapist)

[Diagram showing stump bandaging for above-knee amputation]

Source: Physiotherapy Department, Royal University Hospital
Saskatoon, Saskatchewan S7N 0W8

B: Below-Knee Amputation

- Same technique as the above-knee amputation. Secure bandage by wrapping around the distal thigh above the knee joint.

[Diagram showing stump bandaging for below-knee amputation]

Source: Physiotherapy Department, Royal University Hospital
Saskatoon, Saskatchewan S7N 0W8

C: Above-Elbow Amputation

- Same technique as the above-knee amputation. Secure bandage by wrapping across back, around shoulders and secure to the arm tensor.

[Diagram showing stump bandaging for above-elbow amputation]
### Positioning for Above-Knee Amputation

<table>
<thead>
<tr>
<th>DO...</th>
<th>DO NOT...</th>
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<tbody>
<tr>
<td>RAISE FOOT OF BED TO ELEVATE</td>
<td>PLACE PILLOW UNDER STUMP</td>
</tr>
<tr>
<td>KEEP LEGS TOGETHER</td>
<td>PLACE PILLOW BETWEEN THIGHS</td>
</tr>
<tr>
<td>LIE ON YOUR STOMACH, BED FLAT</td>
<td>SIT OR LIE WITH HEAD OF BED UP FOR LONG PERIODS</td>
</tr>
<tr>
<td>MOVE STUMP FORWARD AND BACK AS IF FOOT THERE, AND REST WITH STUMP DOWN</td>
<td>WALK OR REST WITH STUMP UP</td>
</tr>
</tbody>
</table>

REMINDER SHEET to be hung over the patient’s bed to remind ALL health care workers and the client of PROPER positioning and posture at ALL times.
### Positioning for Below-Knee Amputation

<table>
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<tbody>
<tr>
<td>RAISE FOOT OF BED TO ELEVATE</td>
<td>PLACE PILLOW UNDER KNEE</td>
</tr>
<tr>
<td>KEEP LEGS TOGETHER</td>
<td>HANG STUMP OVER BED</td>
</tr>
<tr>
<td>LIE ON STOMACH, BED FLAT</td>
<td>SIT OR LIE WITH HEAD OF BED UP FOR LONG PERIODS</td>
</tr>
<tr>
<td>PLACE BOARD UNDER STUMP</td>
<td>LIE OR SIT WITH KNEES BENT</td>
</tr>
<tr>
<td>MOVE STUMP FORWARD AND BACK AS IF FOOT THERE, AND REST WITH STUMP BACK</td>
<td>WALK OR REST WITH STUMP FORWARD</td>
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