

# Above Knee Stump Bandaging

G F Lamb, NZ Artificial Limb Board

Successful shaping of a stump by bandaging requires:



- effective bandage material – I prefer Seton Elset 'S'
- effective bandage size –15cm, or for larger stumps 2 x 15cm bandages sewn end to end
- the bandaging to extend above the hip joint to provide low tension suspension
- learning to keep the bandage always applied to the leg; lifting it off creates bad tension lines
- all tensioning turns to be long spirals
- a conical pressure gradient on the stump
- the avoidance of congestion in the stump; congestion causes swelling and PAIN
- fixation of the bandage with several safety pins, NOT adhesive tape. Safety pins 'sew' the bandage layers together, so help to maintain the shape achieved.

**1 Position:** Bandaging is most effectively done with the patient standing on the other leg, and supported by holding on to furniture etc.

The bandager is best kneeling behind the patient on the amputated side at 45° to the coronal plane.

Nb. Bandaging over underclothing is done in this poster for demonstration purposes only. In practice above knee bandaging needs to be done with the patient naked so that underclothing can be worn and removed without affecting the bandage.



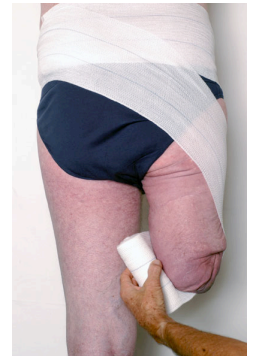
**2 START** the bandage at the contralateral loin. Take an anchoring turn around the waist.



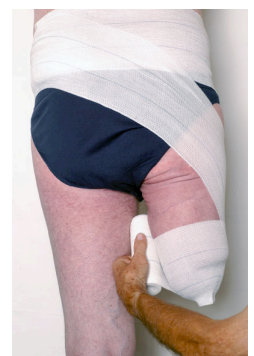
**3** The bandage now travels down over the buttock to the lateral side of the stump spiralling towards the front *pulling the stump into full extension at the hip*, reaching the medial aspect of the distal stump. This turn is not specifically tensioned but provides a good surface for later turns to slide on.



**4** A turn around the stump then spirals back up the stump towards the groin and under the perineum emerging on the buttock where it crosses the original bandage.



**5** It then travels around the waist as a suspensory turn until it descends over the buttock of the amputated side once more and spirals down the stump. This turn is beginning to apply tension over the distal part of the stump by paying out less bandage than the distance covered. It is essential that the bandage be kept fully applied to the stump throughout to avoid uneven tension lines. At the stump tip only about 2/3 of the width is applied to the stump. The remaining third will automatically close in over the end of the stump.



- 6 The bandage is then spiralled up to the hip as before and the whole sequence repeated varying the precise route of the turns to achieve the shaping required until all the bandage is used.



It is **important** to ensure that

- a) the **hip joint is kept extended** throughout



- b) at least one turn of the bandage reaches up into the perineum and one turn right up to the groin crease to avoid the production of fat rolls in those susceptible places.



back view



front view

- 7 The bandage is then secured with 2 or 3 **safety pins** which act to sew the layers of the bandage together by catching all layers. The pins work best at cross over points of the bandage but beware leaving them placed so as to make lying or sitting miserable.



- 8 **CHECK** that the bandage tension is graded, maximal distally and reducing from there proximally. **CHECK** that the bandaging has shaped the stump as intended. **CHECK** that the waist anchoring turns are loose enough to get a hand under comfortably (most important). **CHECK** that the hip is free to move from full extension to 90°.

- 9 Tell the amputee that their bandage should feel firm but **never painful**.

**PAIN = CONGESTION, so  
TAKE THE BANDAGE OFF.**