



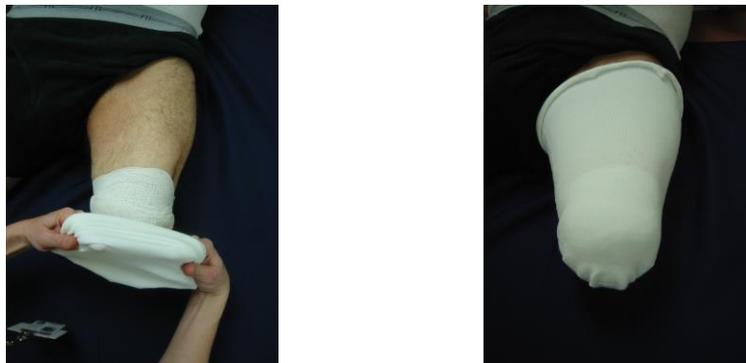
Application Instructions for Transfemoral Shrinker

The Above Knee Shrinker is used as a postoperative dressing for transfemoral amputation. The purpose of the dressing is to control the swelling that is common following amputation surgery. The dressing acts as a protective shield to the amputation wound, yet still provides the medical attendant the ability to inspect the wound. Reapplication provides the caregiver the opportunity to increase compression to the limb as necessary, thereby promoting healing and residual limb maturity.



A sterile non-adherent dressing such as an Adaptic or Telfa Pad is applied to any open or draining areas of the wound **only for the first 3-4 days post surgery.**

A Soft Cling “conforming bandage” is then gently applied to the distal aspect of the residual limb. Use only as much bandage as necessary. Avoid a bulky accumulation of bandage material. In the above right illustration, the Soft Cling bandage has been applied with even and slight compression to the distal tissues.



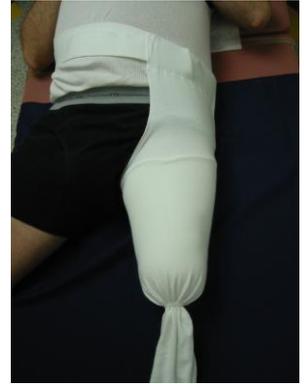
A Soft Sock (a two ply, two way stretch sock) is applied snugly over the limb (Sock #1).

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Continuity of Care Document

Physician Orders Attached

Next, an elastic tubular stockinette with a waist belt is applied over previous sock. The extra length trails below the end of the residual limb. The plastic ring on the stockinette is then positioned tightly at the end of the residual limb.



A double length compression wrap (Ace wrap) is applied over the white stockinette. Start at the top of the thigh with a single circumferential wrap. Continue wrapping in a 'figure of 8' motion with the rest of the Ace wrap.

**This step is not
necessary at this time**



The remaining length of white elastic stockinette is then twisted 90 degrees and reflected back up over the residual limb.

Physician's Orders:

Patient: _____

- *The Above Knee Shrinker should be removed daily and the wound checked for proper healing*
- *The Above Knee Shrinker should be re-applied using the above-described procedure.*

Physician signature: _____ Date _____

If you should have any problems or questions regarding the proper application of the transfemoral shrinker, please call American Orthopedics at 614-291-6454. Please call with d/c information
