

Complex management in postamputative situation of the upper leg

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Introduction:

Amputations of the lower limbs are always extreme situations for patients. However, the quality of postamputative management decides if such an occurrence means the end or a new beginning for person affected.

Postamputative management needs a really narrowly and coordinated interdisciplinary and interprofessionally cooperation.

For postamputative management optimal stump healing is one of the primary objectives. Postamputative compression therapy is an effective procedure to release shorter time to healing due to oedema reduction and stump forming (1, 2).

Material and Methods:

A complex case of a complicated postamputative treatment after amputation of the upper leg is shown. The 77 years old male patient generated a postoperative wound infection after amputation at severe occlusive arterial disease. Surgical re-intervention with the consequence of healing per secundam intentionem was necessary.

With help of coordinated care, such as surgical debridement, local and systemic anti-infective treatment, modern moist wound healing measures and early compression therapy for stump modelling a surprisingly and well-functionally result was achieved. Early rehabilitation associated with increased quality of life for the patient was the success.

Short stretch compression therapy was used because of best database in international literature, excellent evidence in such cases and comfort for patient.



Fig. 1: Example for postamputative problematic stump

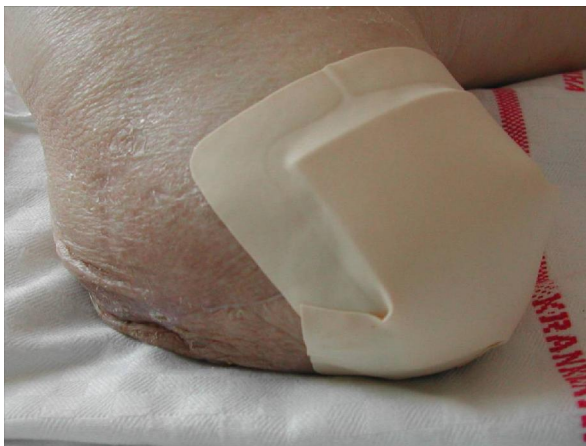


Fig. 2: Wound management after debridement using a PU foam dressing (Suprasorb® P, Lohmann & Rauscher)



Fig. 3: Final phase in wound management using a collagen dressing (Suprasorb® C, Lohmann & Rauscher)



Fig. 4: Result of compression with short stretch bandages (Rosidal® K, Lohmann & Rauscher)

Results and Discussion:

The coordinated management of postamputative wound healing disorders plays the decisive role for patient's future (prevention of systemic complications; possibility of an early rehabilitation; prevention of long-term or permanent immobilisation). All that was just possible as the result of coordinated interdisciplinary and interprofessionally management. Infection control and conditioning of the secondary healing wound were basic requirements for the achievement.

Simultaneously the compressive stump modelling with short stretch bandaging afforded the attainment of good clinical functionality. This was the most important condition for timely prosthetic care.

Short stretch bandaging seems to be a convenient and effective technique for stump forming with decreased risk of arterial indisposition. No reduction in quality of life under compression therapy (pain, discomfort) was combined with excellent clinical results.

References

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