

HOW TO FABRICATE RIGID DRESSINGS

NON-REMOVABLE RIGID DRESSINGS

A Non-Removable Rigid Dressing extends to the mid thigh level and maintains the knee joint in extension. Ideally, a rigid dressing should be applied in theatre or recovery. Check if the patient requires pain control before starting.

Depending upon the protocols at your facility, these rigid dressings may be applied by theatre nurses, ward nursing staff, physiotherapists, prosthetists or surgeons.

Materials required:

- Bowl of water
- Gloves
- Preferred casting material (Plaster of Paris or fibreglass bandage)
- Soft under-cast padding (e.g. Webril or Softban)
- Talcum powder
- Plaster scissors

Identify location of stump dressings and drains

Carefully inspect the limb, paying particular attention to the location of surgical dressings and drains.



Ensure the limb is supported or lifted off the bed to allow wrapping of the limb with padding and plaster.

Apply padding

Apply padding over bony prominences such as the tibial crest, patella and over the suture line. Loosely apply soft padding to the limb, wrapping from distal stump to mid-thigh.



DO NOT pull the padding tightly.



Apply cast material

Soak the plaster casting bandage in water.

Squeeze off excess water and wrap loosely around the limb, being careful to avoid creating ridges.

DO NOT pull bandages tightly as this will create a tourniquet effect.



Begin distally with figure-eight style of bandaging and continue to mid-thigh level. Be sure to adequately cover the distal end.

Leave some padding exposed at proximal edge. After two layers around the proximal edge, reflect exposed padding back onto the wet plaster and encase in a third layer of plaster to give a smooth edge.



Shape and smooth

Smooth the plaster using your hands. Applying talcum powder as the plaster begins to set will give a clean and smooth finish.



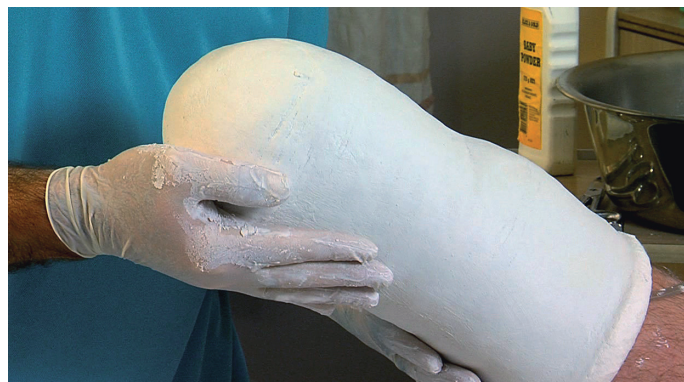
DO NOT allow the limb to rest on the bed until the plaster is sufficiently hardened - this could lead to flattened spots and increased pressure inside the rigid dressing.



Surgical Reviews

The rigid dressing should be left in place until the surgeon or surgical registrar instructs for it to be removed.

Educate the patient regarding the purpose of the rigid dressing and monitor the patient's pain levels. Excessive stump pain may require early removal of the rigid dressing for wound inspection.



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