



POST-OPERATIVE SOLUTIONS



Post-operative Treatment

Why?

How?

Day 1 Össur Rigid Dressing

Össur Rigid Dressing (ORD) is a vacuum dressing that is used to control edema, prevent knee contracture and to protect the residual limb during the immediate time after a transtibial amputation.



Össur® Rigid Dressing

ORD facilitates early mobilization, simplifies patient care and guarantees a continuously good fit. The bandage also provides excellent night time fall protection during the first weeks.

- Reduces pain
- Shortens wound healing time
- Reduces the risk of stump damage from falls
- Significantly reduces risk of knee contractures

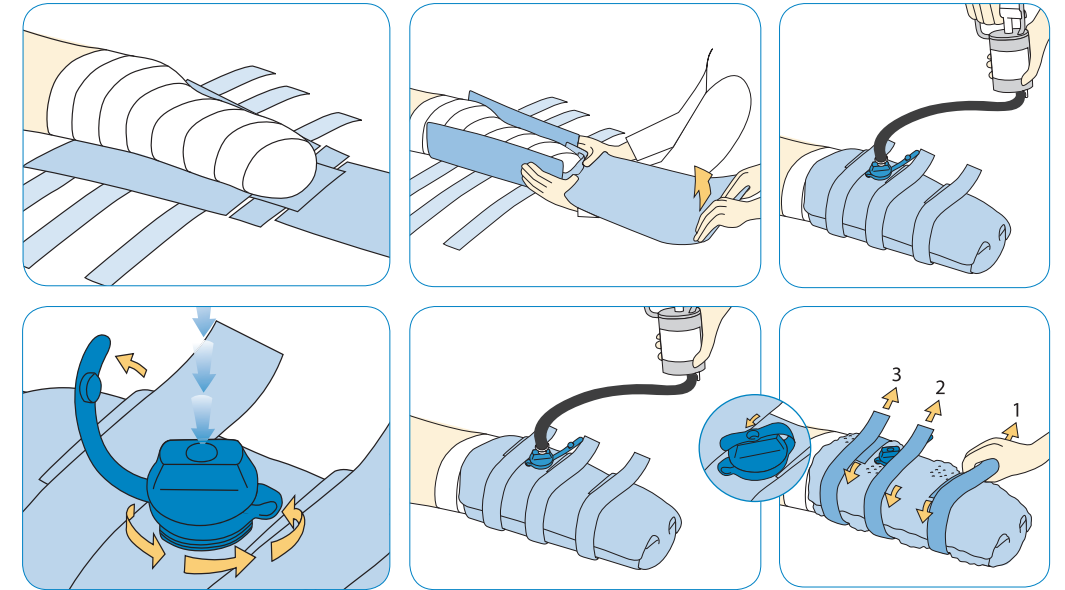
Össur® Rigid Dressing

Fitting instructions

The ORD is fitted and the air is evacuated with the help of a pump. Evacuating the air gives the dressing a good tight fit and guarantees that it remains rigid.

Adjustment

The valve is opened to let in air for reshaping the ORD. When the dressing has been reshaped, the air is pumped out again and the hook and loop straps are readjusted to fit.



± Day 7 Iceross Post-Op Liner

Iceross silicone liners have been used with documented good results since 1997 for early compression treatment of transtibial amputees. Iceross promotes effective and predictable prosthetic rehabilitation. It applies a controlled and proximally decreasing graded compression, regardless of who applies the liner.



Iceross Post-Op Liner

Early treatment with Iceross has been shown to support early mobilization and a more efficient maturation process of the residual limb, enabling early prosthetic fitting for earlier independence from care personnel.

Compression treatment with the Iceross liner moulds the residual limb into a shape ideal for prosthetic fitting, thereby reducing the risk of many complications.

The liner's construction guarantees the same level of control and graded compression regardless of who applies it.

- Efficient maturation process
- Favorable shape for prosthetic fitting
- Guaranteed high quality compression treatment

Iceross Post-Op Liner

If there are no special conditions (such as severe dementia or an uncontrolled infection), compression treatment starts directly after the ORD or after the plaster bandage has been removed 5-7 days post operatively.* Starting early is important, since the biggest volume changes occur during the first few weeks after surgery. Treatment during these weeks makes rehabilitation significantly more efficient with early mobilization.

Treatment is introduced gradually according to a treatment plan. 2 x 4 h/day is considered full treatment, which continues until prosthesis fitting. The aim of gradually increasing the treatment periods is to give the patient, and the residual limb, time to get used to the new conditions and to function as guidelines for personal care.



± Day 22 First Socket

The Modular Socket System (MSS) is a whole new concept in socket manufacturing. Össur's Icecast Pressure casting system enables prosthetists to manufacture a total surface bearing socket with optimal results in a very short space of time.



Modular Socket System

The MSS system is an ideal option for rapid manufacturing of sockets where time is of the essence. It can be used directly on a patient or over a positive mold which makes it great for use in the field or at smaller satellite offices. The MSS is the first CE marked socket available, rated up to 160kg and can be used with the most popular used from the Össur range.

- Complete socket manufacture and fitment on the patient in 90 minutes (about 30' for the socket itself)
- Easy fabrication, assembly and replacement of components
- Tested according to ISO 10328 offering the same fabrication results every time
- CE marked and rated up to 160kg

Modular Socket System

Modular Sockets are created through a unique fabrication process with the Icecast Anatomy Pressure Bladder and the Icelock® 600 series of locking and attachment components. Integrated ContourCell™ shaping chambers are inflated to achieve an anatomically correct socket shape directly on the patient's residual limb. Icecast Anatomy can also be used for conventional Plaster of Paris casting and for sockets that are laminated or thermoformed over a plaster-cast.



A rigid dressing that controls edema is the best way to quick and safe healing and recovery.

1. This study shows that Removable Rigid Dressings (RRD) reduce the healing time by two weeks compared to traditional dressings. The study also shows that RRDs protect the stump from fall injuries.
Deutsch, A., R. D. English, et al. (2005). "Removable rigid dressings versus soft dressings: a randomized, controlled study with dysvascular, trans-tibial amputees." *Prosthet Orthot Int* 29(2): 193-200.
2. Rigid dressings and silicone liners give a significantly improved wound healing in patients with open wounds compared to traditional wrapping. The healing time was shortened by 26 days. The study shows significant positive effects with the use of silicone liners.
Vigier, S., J. M. Casillas, et al. (1999). "Healing of open stump wounds after vascular below-knee amputation: plaster cast socket with silicone sleeve versus elastic compression." *Arch Phys Med Rehabil* 80(10): 1327-30.
3. ORD shows at least the same good results as circular plaster for wound healing and time to casting of a prosthetic socket. ORD also has additional benefits such as easy handling, adjustment and a light weight.
Johannesson, A., G. U. Larsson, et al. (2008). "Comparison of vacuum-formed removable rigid dressing with conventional rigid dressing after transtibial amputation: similar outcome in a randomized controlled trial involving 27 patients." *Acta Orthop* 79(3): 361-9.
4. Removable Rigid Dressings (RRD) shortened hospital stay directly after amputation by 7.2 days. The total rehabilitation time was reduced by 8 days. The time to prosthesis casting was also reduced by 8.8 days.
Taylor, L., S. Cavenett, et al. (2008). "Removable rigid dressings: a retrospective case-note audit to determine the validity of post-amputation application." *Prosthet Orthot Int* 32(2): 223-30.
5. Rigid dressings speed up wound healing significantly after amputation. The study also shows that RRD significantly reduces knee contractures.
Van Velzen, A. D., M. J. Nederhand, et al. (2005). "Early treatment of trans-tibial amputees: retrospective analysis of early fitting and elastic bandaging." *Prosthet Orthot Int* 29(1): 3-12.

Compression treatment starts directly after the ORD or plaster bandage has been removed (5 - 7 days postoperatively).

*Vigier, S., J. M. Casillas, et al. (1999). "Healing of open stump wounds after vascular below-knee amputation: plaster cast socket with silicone sleeve versus elastic compression." *Arch Phys Med Rehabil* 80(10): 1327-30.

Disclaimer

This brochure is not intended as a technical manual. The post-operative treatment protocol described here is only a guideline and circumstances may vary for each individual patient - practitioners should always exercise their discretion as licensed and qualified medical professionals. For more information on product technical protocol and patient post-operative treatment protocol, please do not hesitate to contact us.

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