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### Small Animal Bandaging

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# **Limb Bandages**

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## ***Objective:***

- Learn the components of a bandage
- Learn about possible bandage complications
- Learn the advantages of skin barrier films and adhesive removers

## ***Components of a Bandage:***

The **primary** layer of a bandage is that which is in contact with the wound surface. The contact layer is chosen based on the stage of wound healing, the degree of contamination of the wound, and amount of exudate coming from the wound. The **secondary** layer of a bandage is the absorbent layer that draws and removes wound exudate. It should be applied thick enough that strikethrough is not anticipated prior to the next scheduled bandage change. This will maintain a capillary effect across the bandage. The **tertiary** layer simply holds the bandage together and protects it from the environment.

## ***Modified Robert Jones Bandage (soft padded bandage)***

What you will need:

- Appropriate primary layer to cover the wound (Telfa pad)
- White tape
- Tongue depressor (Optional)
- Cast padding
- Roll gauze (Cling)
- Vetwrap

**Step 1:** Place patient in lateral recumbency. (Tip: when bandaging proximal to the elbow or stifle joints, have the affected leg up). Have the assistant hold limb parallel to the table.

**Step 2:** Stirrups are used to prevent the bandage from slipping off the limb. The intact skin should be thoroughly dried to allow the tape to adhere. Using the white tape, apply a strip to both the medial and lateral, or anterior and posterior portions of the distal limb, extending 4-6 inches beyond the paw. **Caution:** do not place tape over accessory carpal pad, traction may result in necrosis. Sandwich the tongue depressor between the two strips of tape that extend beyond the paw.

**Step 3:** Using the cast padding, hold the cast padding close to the patient. The roll should be held parallel to the limb, with the free end towards the patient. This allows the padding to be easily applied, while maintaining even tension. Begin at the toes and proceed proximally with a 50% overlap of the cast padding, avoiding wrinkles in the bandage. (When working with a forelimb, place a small piece of cotton between the dewclaw and the limb to provide ample padding between the two as to prevent a wound.) Cast padding cannot be applied too tightly, as it will tear if placed under too much tension. If placed too loosely, it will cause the bandage to bunch up and create wrinkles. Small donuts can be fashioned out of additional cast padding to be placed around bony prominences to prevent pressure sores. Apply 2-3 layers of cast padding. Some portions of the bandage may need extra padding to make the bandage uniform in size and shape.

**Step 4:** Using the rolled gauze, begin at the toes proceed proximally with a 50% overlap. Apply even tension to *lightly* compress the cast padding. Allow a 1-2 mm portion of the cast padding to remain visible at both the proximal and distal portion of the bandage. A 1 inch strip of tape can be used to hold the gauze in place. **DO NOT** place tape circumferentially around the limb. \*If a splint needs to be placed, insert now and hold in place with another layer of cling up the entire limb. Additional padding may need to be placed at the corners/edges of the splint to prevent rubbing or pressure sores.

**Step 5:** Peel the tape off of the tongue depressor. Rotate the tape 180 degrees and fold up onto the bandage. This should now reveal the center two toes to allow owners and staff to monitor for swelling.

**Step 6:** Using Vetwrap, begin at the toes proceed proximally with a 50% overlap. This layer is just to cover the previous layers, and should be applied without tension (i.e. – you should still be able to see the small wrinkles inherent in Vetwrap). Allow a 1-2 mm portion of the cast padding to remain visible at both the proximal and distal portion of the bandage.

### ***Bandage Care and Complications***

Bandages should be kept clean and dry. If the bandage becomes wet, soiled, slips, or if strikethrough is noted, it should be changed immediately. Similarly, if there is any swelling noted (especially of the toes in a limb bandage), a foul odor from the bandage, or if the animal is suddenly extremely interested/bothered by the bandage, a bandage change should be performed. Animals should not be allowed to lick or chew the bandage, so an e-collar is placed to be worn at all times. A plastic bag or empty 1L fluid bag can be fashioned to cover limb bandages when walking an animal outside. These should be removed immediately once indoors.

Ischemia and necrosis are likely the most frightening complications of bandage use. Proper technique in placing bandages can go a long way in preventing this. However, it is imperative that clients care for the bandage properly, and return when scheduled for bandage changes. A routine (non-emergent) bandage change should be performed every 2-3 days for a mildly

exudative wound, or as needed for a markedly exudative wound. Certainly bandages can be kept on longer if they are placed for immobilization of a joint, which can be replaced weekly. Keep in mind that bandages can *cause* wounds over bony prominences, or at an area of motion/friction. Proper padding and planning can minimize the chances of any bandage associated wounds prior to placing the bandage. Regular maintenance is suggested to diminish the incidence of complications. Clients should also be warned regarding any and all complications. Unless directed by a veterinary professional, **under no circumstance** should an owner modify a bandage as catastrophic damage could occur if modified improperly.

Spraying the intact skin with a sting free skin barrier film will help with tape adhesion and may also prevent stripping of the skin when the adhesive is removed. Proper skin preparation is necessary to help keep intact skin healthy and to better utilize adhesive bandages. Island dressings are excellent for low to dry wounds or to protect incisions.