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Bandaging can provide both protection and support for the horse while working, traveling, resting or recovering from an injury. For whatever purpose, it is essential that you use proper leg bandaging techniques. Applied incorrectly, bandages may not only fail to do their job, they can cause discomfort, restrict blood flow and potentially damage tendons and other tissue. Fortunately, there is nothing complicated about learning to do this. It simply takes the right materials and a bit of practice. Reasons To Bandage Leg bandages are beneficial for several reasons: Materials A proper leg bandage generally has two or more layers; an ample amount of padding secured by a support bandage and sometimes a protective outer layer. If a wound is involved, gauze pads or a sterile, absorbent dressing may be required as well. Padding is essential for protecting limbs. At least an inch or more soft, cushioning material should be placed between the limb and the bandage to help disperse the pressure evenly and prevent blood flow from being restricted. Roll cotton, sheet cotton or leg quilts work well and are lightweight and comfortable. Generally, the longer a bandage is to remain in place, the greater is the amount of padding needed. There are many choices of bandaging materials, including track or polo wraps, cotton flannels, roll gauze or bandaging tapes, Elastikon and similar products. The bandaging material should be at least two inches wide to avoid a tourniquet-like effect and allow for sufficient overlap as the leg is wrapped. Using stretch fabric makes joint bandaging easier, allows for movement, and is less apt to cut off circulation as long as it is not pulled too tightly. Practice under his or her supervision before doing it on your own. Follow these basic guidelines: Do not begin or end over joints - as movement will tend to loosen the bandage and cause it to come unwrapped. Make sure no lumps or ridges form beneath the bandage. If loose bandages slip, they will not provide proper support and may endanger the horse. Problem areas are usually wet with perspiration. Talk With Your Veterinarian If you have any further questions or concerns about bandaging techniques, do not hesitate to contact your veterinarian. He or she is always happy to explain and demonstrate sound health care practices.

Chapter 2 : Digital Security

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Get Full Essay Get access to this section to get all help you need with your essay and educational issues. Get Access Bandaging Notes Essay Sample A bandage is a material used to provide support either to a medical dressing or an injured part of the body. Bandages, ranging from cloth strips to specialized bandages used for a particular body part, are important components of your first aid kit. There are various bandaging techniques, each target at a particular area of the body or a particular ailment specifically for a relatively speedy recovery and to minimise injuries. Reasons for Bandaging Bandaging helps the dressing to stay firmly on the wound. Bandaging is an effective technique to support a hurt joint. Bandage wrapping helps to reduce swelling. In case of a wound, bandaging helps to stop bleeding. Bandaging helps to restrict the movement of an injured body part. Bandaging Techniques The three most commonly used techniques of bandaging are spiral technique, ascending spica technique and diverging spica technique. Spiral Bandaging Spiral bandaging is the simplest of the roller bandaging techniques. While rolling the bandage, in this method, the turns are done in spiral method, wherein each turn covers the two-third part of the preceding turn. Spiral technique of bandaging is most often used on body parts with uniform circumference, such as leg or forearm. Diverging Spica or Reverse Spiral Bandaging Diverging spica technique is most often used on body parts with varying circumference. Although the turns are made in spiral direction in this technique, the bandage is reversed on itself so that it stays firm on body parts with varying perimeters. Once the bandage is secured, after a few spiral binds, the bandage is rolled with the thumb being placed over the lower border of the bandage on the outer side of the limb. Eventually the bandage is reversed downwards, and after passing it over the fixed thumb it is carried to the opposite side from under the limb, and rolled in reverse spiral technique above the preceding bandage wrap. Ascending Spica or Figure Eight Bandaging Ascending spica is considered to be the most useful technique of roller bandaging. In this method, the bandage is alternately passed upwards and downwards over and under the limb, roughly resembling the figure 8 with each double turn. This technique is most often used over the joints, in case of problems such as joint sprains. Procedure 1 Wash hands. Wear gloves where necessary Assist victim to assume comfortable position on bed or chair and support the body part to be bandaged. Be sure the bandage is rolled firm. Make sure the body part to be bandaged is clean and dry. Assess skin before applying bandage for any breakdown. Observe circulation by noting pulse, surface temperature, skin color and sensation of the body part to be wrapped. When bandaging a joint, ensures flexibility of the joint. Always start and end with two circular turns. Cover the area 2 inches above and 2 inches below the affected area wound. Overlap turns and slightly stretch the bandage. Where possible, leave fingertips or toe tips exposed for observation adequacy of blood circulation. End the bandage on the outer side of the body. Do not end a bandage on wound or at the back of the body. Crepe Bandage Type of woven gauze which has the quality of stretching. Frequently used to retain dressings on wounds of fingers, hands, toes, feet, ears, eyes, head. Adhesive Bandage Use to retain dressing and also used where application of pressure to an area is needed. Secure the end of the bandage with tape, metal clips or a safety pin over an uninjured area. Continue spiral turns at about a degree angle, each turn overlapping the preceding one by two-thirds the width of the bandage. Terminate the bandage with two circular turns, and secure the end as described for circular turns. Place the thumb of the free hand on the upper edge of the bandage. The thumb will hold the bandage while it is folded on it self. Continue the bandage around the limb, overlapping each previous turn by two-thirds the width of the bandage. Make each bandage turn at the same position on the limb so that the turns of the bandage will be aligned. Carry the bandage above the joint, around it, and then below it, making a figure eight-continue above and below the joint, overlapping the previous turn by two-thirds the width of the bandage. Terminate the bandage above the joint with two circular turns, and secure the end appropriately. Continue to pass the vertical bandage backwards and forwards, each time a little to the left and right alternately, locking it with the horizontal bandage. Finally, pass horizontal bandage twice around the head, and

pin in front. Take the ends behind the head and cross the ends over the apex. Take them over the forehead and tie them. Position the forearm so that the hand is slightly higher than the elbow about a 10 degree angle. Bring the lower portion of the material over the injured arm so that the bottom corner goes over the shoulder of the uninjured side. Tie the two corners together so that the knot will not slip. A triangular bandage sling is usually made from a muslin bandage, but any material that does not stretch such as a fatigue shirt, trousers, poncho, blanket, or shelter-half can be used. Fold, cut, or tear the material into a triangular shape. Ask casualty to try not to move eyes. Place sterile pad or dressing over injured eye. Ask casualty to hold this in place. Bandage dressing in place, covering injured eye. If penetrating eye injury, lie casualty on back, place pad around object and bandage in place. Do not touch the eye or any contact lens. Do not allow casualty to rub eye. Do not try to remove any object which is penetrating the eye. Do not apply pressure when bandaging the eye. If chemical or heat burn, or smoke in eyes, flush with water. Towards the sound side, carry the bandage round to the back of the head, low down in the nape of the neck again, repeat these. Each turn being slightly higher than the previous one as it cover the dressing, but slightly over as it cover the hair. Continue until the whole is covered and complete the bandage by one straight turn around the forehead, pinning where all the turns cross one another some people prefer to take the bandage around the forehead between each turn covering the dressing, but this makes a heavy bulk around the head which is not really necessary. If the casualty is unconscious, check for obstructions in the airway. The dressing and bandaging procedure outlined for the jaw serves a two fold purpose. In addition to stopping the bleeding and protecting the wound, it also immobilizes a fractured jaw. When applying the bandage, allow the jaw enough freedom to permit passage of air and drainage from the mouth. Place the bandage under the chin and carry its ends upward. Adjust the bandage to make one end longer than the other. Take the longer end over the top of the head to meet the short end at the temple and cross the ends over. Take the ends in opposite directions to the other side of the head and tie them over the part of the bandage that was applied first. After the dressing has been applied take two or three turns around the finger to hold the bandage from slipping, then from left to right making the distances neat and even, carry the roll around the finger. The figure of eight, which has the advantage of giving better compression is made by carrying, the bandage away from the person applying it on the upper stroke, then around the hand and toward the person on the down stroke, making the crossing point in the middle of finger, as illustrated, and having each crossing point one half inch higher up than the one preceding. More essays like this:

Chapter 3 : Bandage - Wikipedia

Mihajlo Lojpur, M.D., Ph.D. - Dressing and bandage 3 Figure 4. Triangular bandages BASIC BANDAGING FORMS Each bandaging technique consists of various basic forms of bandaging.

The bandage is a convenient and easy to use dressing material. Can be used as a fixed splint, dressing and instead of a tourniquet It is suitable for fixing the parts that are not easy to be wrapped on the shoulders, chest, groin and buttocks. It is used to limit the activities of injured limbs, avoid aggravating injuries, protect wounds, reduce infection, stop bleeding, fix fractures, reduce pain. Easy to carry and easy to use, it is especially suitable for dressing a variety of large-area wounds and wounds in irregular parts of the human body. It is the most widely used dressing dressing. Paypal will automate exchange currency for you if the listing is in another currency which differs from your home country. If you have changed your address, or want us to ship to another address, please change to the new address when you pay us with PAYPAL, otherwise we will not be responsible if the package is lost. International Buyers Please Note: These charges are the buyer responsibility. We will carefully test every item before shipment. The quality is guaranteed! Monday to Saturday 8: Seller assumes all responsibility for this listing. Shipping and handling The seller has not specified a shipping method to Germany. Contact the seller- opens in a new window or tab and request shipping to your location. Shipping cost cannot be calculated. Please enter a valid ZIP Code. Hong Kong, Hong Kong Shipping to: This item will be shipped through the Global Shipping Program and includes international tracking. Learn more- opens in a new window or tab Quantity: There are 10 items available. Please enter a number less than or equal to Select a valid country. Please enter 5 or 9 numbers for the ZIP Code. This item does not ship to Germany Handling time Will usually ship within 2 business days of receiving cleared payment - opens in a new window or tab. Return policy After receiving the item, contact seller within Refund will be given as Return shipping Money back Buyer pays for return shipping Refer to eBay Return policy for more details. You are covered by the eBay Money Back Guarantee if you receive an item that is not as described in the listing.

Chapter 4 : Bandaging Notes | Essay Example

In treating Lymphedema, the use of compression bandaging is the main component of the initial "intensive" phase of complete decongestive therapy, or "CDT", and is performed to reduce limb volume as part of a Lymphedema treatment program.

Bandaging is an important part of lymphedema therapy that can be used during the intensive and maintenance phases. There are usually components of MLLB: Non-adhesive, open weave bandages are often used on the fingers and toes. These products are generally soft and stretchable for comfortable wear. They should be good at absorbing moisture to help avoid infections. Since the fingers and toes move often throughout the day, these bandages must fit well without slipping. These lightweight stockinettes are used to protect the skin under the other layers of compression. Since they are placed directly on the skin, they should also be absorbent to help aid in infection prevention. The next layer applied is a comfortable padding bandage that provides optimal skin protection. These products help ensure even distribution of pressure from the short-stretch bandage layer. They also provide padding around bony areas such as the malleoli. Often times lymphedema can become fibrotic. Special foam pieces can be used in these difficult areas to soften this fibrotic tissue. Foam pads can also be used to protect the skin and fill out any skin folds to make a nice shape for the next layer to be applied. This is the final layer of bandaging. Short-stretch bandages are specially made to provide higher working pressure and lower resting pressure. This system of compression bandaging consists of only two layers: This layer also protects bony areas. It is specially designed with a coating on the one side to prevent the bandages from slipping. This bandage system can be worn up to seven days straight without removal.

Chapter 5 : Bandaging techniques | Veterian Key

This bandage is a lightweight % Cotton bandage that offers protection of bony prominences and absorption of wound exudate. It is primarily used under other forms of compression bandaging and hard casts.

A dressing should be large enough to totally cover the wound, with a safety margin of about 2. A sterile dressing may be used to control bleeding from a major wound or to absorb any discharge from a minor wound. Dressings vary greatly in nature and size, so it is important to select the correct dressing for use on a specific wound. A sterile dressing which is past its expiry date should NOT be used. A bandage is used in combination with a dressing where a wound is present. A roller bandage is used to secure a dressing in place. A triangular bandage is used as an arm sling or as a pad to control bleeding. It may also be used to support or immobilise an injury to a bone or joint or as improvised padding over a painful injury. A tubular gauze bandage is used to retain a dressing on a finger or toe. Dressings

Sterile wound dressings Wound dressings will be in a sterile packet, which should be opened carefully by a person with clean or gloved hands. Then, to avoid contamination of the sterile dressing, it is not removed from the opened packet until the wound is ready to be covered. Dressings used to control bleeding must be bulky to ensure that adequate pressure is applied over the injured area. Some major wound dressings are labelled as BPC or BP because they are listed in the British Pharmacopoeia and consist of a sterile combine dressing with attached bandage. Sterile gauze squares are used mainly for cleaning a wound. Cotton wool should NOT be used because of loose cotton fibres that might stick to the wound during healing. Sterile non-adherent dressings

Very light dressings are used on a minor wound to aid healing and most have a non-adherent surface. A non-adherent dressing is often covered on one or both sides with a plastic film containing many perforations. If only one side has a plastic film, that is the side to be placed against the wound. This allows fluids to pass through into an absorbent layer, to keep the wound dry. Other types of non-adherent dressing have a special synthetic coating on one or both sides to prevent adhesion to the wound surface. The non-adherent layer is always placed against the wound. Non-adherent dressings are used for extensive surface wounds such as an abrasion graze or burn. Improvised dressings

In an emergency a dressing may be improvised from a range of materials. To control bleeding a bulky pad may be made from a bundle of several facial tissues or from any clean, non-fluffy material. For a minor burn or scald, a piece of clean plastic kitchen wrap may be used initially. However, if the burn is serious, it is vital to use only sterile coverings to avoid the risk of infection. Cooling should be continued until a sterile dressing is available.

Bandages Roller bandages vary greatly depending on how they are to be used. A roller bandage is used to:

Applying roller bandages A roller bandage needs to be chosen carefully to ensure that it is the correct width for the body part involved. As a general guide, the following widths are recommended: It is best to use a bandage with some degree of stretch in the weave. This will make the bandage easy to use and more likely to stay in place for many hours. However, the correct application technique is essential to provide comfort and adequate support for the affected part.

Basic steps to successful use of a roller bandage: Bandage the part in the position of greatest comfort to the patient. Support the part adequately before starting to apply the bandage. Begin with a locking turn to hold the start of the bandage securely under each following turn. Work from the middle of the body or limb in an outwards direction. Work from the narrowest part below the dressing and work upwards. Ensure that each turn covers two-thirds of the previous turn. Cover totally any dressing and padding used. Finish with a straight turn at the end of the bandage. Secure the bandage with a safety pin or adhesive tape. Avoid the use of metal clips because they are less secure and can fall out during activity.

Applying a roller bandage to the lower arm or leg: Apply a dressing or padding over the affected area. Start with a diagonal, locking turn below the dressing or padding to secure the dressing. Continue up the limb, covering two-thirds of each previous turn. Finish with a straight turn to secure the bandage and fasten it with a pin or adhesive tape.

Applying a roller bandage to the elbow or knee: Start with a full turn over the point of the elbow or knee to secure the bandage. Make a second turn just below the first, exposing one-third of the initial turn over the point of the elbow or knee. Make a third turn just above the first, again exposing one-third of the initial turn over the point of the elbow or knee. Continue with one or two more turns alternately working

from below to above the affected joint, until the dressing or padding is fully covered. Avoid any extra turns that will cause pressure on the inside surface of the joint. Finish with a full turn above the elbow or knee and secure the bandage with a safety pin or adhesive tape. Applying a roller bandage to the hand or foot: Start with a diagonal, locking turn around the wrist or foot. Carry the bandage across the back of the hand or foot to the base of the little finger or little toe and then make a complete turn around the fingers or toes. Repeat these turns working upwards with each turn until the dressing or padding is covered. Finish with a circular turn around the wrist ankle and secure the bandage with a safety pin or adhesive tape. Triangular bandages

Triangular bandages are usually made from a metre square of cotton or calico that is cut in half diagonally. The bandage can be used in various ways as a sling or for immobilisation of broken bones and soft tissue injuries.

Sling In the open form as a sling to support an upper body injury.

Broad-fold bandage As a broad-fold bandage with the apex folded down to the base twice to immobilise a lower body injury.

Narrow-fold bandage As a narrow-fold bandage with the broadfold bandage folded in half to control severe bleeding, or for immobilisation of a lower limb. As a collar-and-cuff sling for an upper body injury.

Pad As a folded pad after the ends of the narrowfold bandage have been brought into the centre three times, and for use on a major wound or as padding.

Tying a reef knot with a triangular bandage When using a triangular bandage it is important to use a reef knot to secure it in place. Wrap the left end of the bandage over and then under the right end to start the knot. Wrap the right end over and then under the left end to complete the knot. Pull the knot tightly from both sides to ensure that it will lie flat. Simply choose two paired ends as they come out of the knot at one side. Then pull the ends apart steadily until two loops form and can be slipped off one end.

Arm sling This sling is used to support a lower arm or hand injury and for rib or collarbone fractures. Encourage the patient to hold the affected arm across the body in the position of greatest comfort. First hold the bandage with the base running down the centre of the body and the point to the elbow on the affected side. Gently slip the top point under the supported arm and wrap it around the back of the neck until it rests on the shoulder of the affected side. Lift up the lower point and take it to meet the upper point at the side of the neck on the affected side. Use a reef knot see above to tie the ends together just above the collarbone to avoid any pressure on the back of the neck. Adjust the sling so that the fingertips are clearly visible and then bring the point forward and fasten it to the sling with a safety pin. Finally, check the circulation in the fingers and compare the tissue colour with the fingertips on the unaffected arm. If there are any signs of an impaired circulation, loosen or remove the sling and any underlying bandages.

Elevation sling This sling is used for an arm or finger injury where the patient needs the hand and arm to be held in an elevated position. Encourage the patient to hold the affected arm across the body with the fingers pointing to the opposite shoulder tip. Gently place the bandage over the supported arm and carry the top end around the front of the neck until it rests on the unaffected shoulder. Gently wrap the lower half of the bandage along the affected arm. Carry the free end of the bandage from the elbow across the back to the opposite shoulder tip. Gently twist the top point around the fingers, but avoid placing pressure on any injury. Tie the two ends together with a reef knot see above and place it just above the collarbone to avoid any neck pressure. At the point of the elbow smooth the loose fabric forwards along the arm under the sling. Secure the sling firmly at the elbow with a safety pin or tape.

Collar-and-cuff sling This sling is used to hold the lower arm and hand in an elevated position where a full elevation sling is either not required, or for patient comfort in very hot weather. The sling is made with a narrowfold bandage used as a clove hitch. Make a clove hitch with two large loops of the bandage. One loop is made with the bandage end pointing upwards and the other end pointing downwards. Fold the two loops inwards towards the middle, ensuring that both ends are trapped between the loops. Then gently slide the two loops over the hand and lower arm with the ends hanging downwards.

Chapter 6 : St John first aid guide for dressings and bandages

A bandage is a piece of material used either to support a medical device such as a dressing or splint, or on its own to provide support to or to restrict the movement of a part of the body. When used with a dressing, the dressing is applied directly on a wound, and a bandage used to hold the dressing in place.

Compression Therapy with Bandages and Elastic Compression Garments Without the beneficial support provided by both forms of compression garments and bandages, lymphedema physical therapy treatment would not be possible. It is helpful to understand precisely how these forms achieve the desired affect limb reduction and how they complement each other in the successful lymphedema training and treatment. The circulation of lymph is important in maintaining normal tissue homeostasis throughout the body. Because of the disturbed lymph drainage in lymphedema, this equilibrium collapses, protein-rich fluid accumulates in the tissue spaces, the colloid-osmotic pressure rises, and all of these events favor ultrafiltration. By raising the tissue interstitial pressure by means of an external force the compression bandage, the effective ultrafiltration pressure is reduced, less fluid accumulates, and less fluid has to be removed from the tissue spaces, thereby improving the lymphedema. In the extremities, the activity of the skeletal muscles is an important factor in lymph transport. During contraction of an arm or a leg muscle, the venous and lymphatic systems propel the fluids they contain toward the heart. This results in a more rapid flow and a decompression of both systems. In order to preserve this process, normal tissue skin and muscle and joints are essential. In lymphedema these elements are damaged. The skin is overstretched and, following decongestion of the lymphedema via CDT, skin and tissue pressure is further diminished. The use of external compression bandages compensates for this diminished tissue pressure and thus improves the efficiency of the muscle and joint pumps. Each MLD treatment decongests the limb and helps return it to a more normal size. The reduction of edema volume and the elastic insufficiency of the skin make refilling of the limb with edema fluid quite easy. Because compression bandages make up for the diminished tissue pressure of the skin, they prevent the re-accumulation of evacuated, stagnating lymph fluid and thereby maintain the result of the MLD treatment. Lymphedema in a later stage is associated with thickening of the skin and hardening of the limb. This hardening is due to the proliferation of connective and scar tissue. In order to soften this connective tissue buildup, special techniques during the MLD treatment are needed. Additional softening and breakdown of this fibrotic tissue is obtained by including foam rubber padding materials within a moderately-tight bandage. This achieves a localized pressure increase in the affected area. Muscular activity further acts upon these fibrotic areas, loosening and breaking up accumulated deposits of scar and connective tissue. In addition to the listed beneficial effects of compression bandages in lymphedema, they are also valuable in venous disorders.

Two Forms of Compression: Garments and Bandages The nature of compression varies greatly when a comparison is made between short stretch bandages and elastic compression garments. Both are necessary complements to a program of Complete Decongestive Therapy but must only be utilized by competent and well-trained therapists. The distinction lies in the working and resting forces generated by these two forms of compression.

Working and Resting Pressure When a short stretch compression bandage is applied to the lymphedematous limb it supports the tissues without "squeezing" because its fabric does not contain elastic materials. This means that the bandage is not capable of shortening around the limb after application and is therefore not exerting ever-increasing pressure during inactivity. This dynamic is called resting pressure and is considered safe and comfortable for long-term treatment. Conversely, the stability of the bandage creates a very high resistance to stretch when pressure is applied through internal muscle contraction and joint movement. This force is called working pressure. The multi-layering of these bandages creates a soft "cast-like" environment which fully resists these forces and further prevents refilling of evacuated lymph fluid. Additionally, the exercise regimen prescribed for each patient is maximized by this working pressure as these forces promote further lymph removal. Garments are considered a necessary complement to effective lymphedema management for various reasons. The compression garment liberates the patient from continual wearing of bandages which, due to the multi-layering and integrated padding components, become quite bulky

and cumbersome. The single layer support of compression garments is a welcome addition to daily homecare. Typically patients remove bandages upon awakening in the morning and apply either a compression sleeve arm patients or stocking leg patients. The compression garment allows for a non-bulky and natural limb contour while maintaining limb size in a nearly edema-free state. Another important benefit to compression garments is the integrated medically-correct "compression gradient. A gradient is of paramount importance for effective lymphedema management because lymph fluid must be allowed to flow toward the trunk efficiently, thus allowing for drainage and limb reduction. Whereas bandages generate high working pressures, compression garments generate low working pressures due to the elastic materials utilized in their construction. Garments generate very high resting pressures while bandages generate low resting pressure. For these reasons the comfort of a garment is not as high at night as is therefore discouraged for nighttime use. Also, due to their low working pressures, garments will permit some fluid to return to the limb. It is for these reasons that a well-rounded approach to compression therapy involves a daily rotation between both bandages and garments. Daily accumulations of lymph are removed during bandaging sessions and limb cosmesis is maintained through daily garment application. Compression Gradient and Mobility After the compression bandage is applied, care should be taken to insure that the proper pressure gradient exists. In a medically-correct compression garment the gradient is automatically integrated into the construction materials through sophisticated manufacturing and testing methods.

Chapter 7 : Bandages | Short & Long Stretch | Compression Therapy

Bandaging can provide both protection and support for the horse while working, traveling, resting or recovering from an injury. For whatever purpose, it is essential that you use proper leg bandaging techniques.

Bandages and dressings Definition Bandages and dressings are both used in wound management. A bandage is a piece of cloth or other material used to bind or wrap a diseased or injured part of the body. Usually shaped as a strip or pad, bandages are either placed directly against the wound or used to bind a dressing to the wound. A dressing can consist of a wide range of materials, sometimes containing medication, placed directly against the wound. Purpose The purposes served by dressings include protecting wounds; promoting healing; and providing, retaining, or removing moisture. Bandages can be used to hold dressings in place, to relieve pain, and generally to make the patient comfortable. Elastic bandages are useful to provide ongoing pressure on wounds such as varicose veins, fractured ribs, and swollen joints. Description In recent years, there have been tremendous advances in the design and composition of bandages and dressings. The field is becoming increasingly complex, and there are numerous reports of health care workers applying inappropriate products. Wound-care materials come in a wide variety of product classes, including the following: These are derived from brown seaweed and contain calcium alginate, which turns into a sodium alginate gel when it comes in contact with wound fluid. They are available as pads or ropes. These are composites of biological often animal-derived and synthetic materials such as polymers. These are made from collagen, a protein obtained from cowhide, cattle tendons, or birds. They are available as particles or gels. These are similar to plastic adhesive strips and include an adhesive border, a non-adhesive or semi-adhesive surface that is applied to the wound, an absorbent layer, and a bacterial barrier. A low-adherent layer of perforated or woven polymer material designed to stop a secondary absorbent dressing from sticking to the surface of a wound. This woven fabric of absorbent cotton is available in a number of formats and materials, including cotton or synthetic, non-impregnated, and impregnated with water, saline, or other substances. Gauze is sold as surgical swabs, sheets, rolls, pads, sponges, and ribbon. These short-chain proteins affect specific target cells. They exist naturally in humans, and can be transplanted from one part of the body to another or manufactured outside the body. Used for leg ulcers, minor burns, pressure sores and traumatic injuries, these self-adhesive dressings form a gel as they absorb fluid from the wound. They consist of materials such as sodium carboxymethylcellulose an absorbent , pectin, and gelatin that are attached to a foam sheet or a thin polyurethane film. Similar in appearance to cotton, carboxymethylcellulose fibers turn into a gel when they come into contact with wound fluid. They are available as ribbons or pads and are highly absorbent. These are sold as sheets and in gel form, and are primarily used to supply moisture to wounds. Depending on the state of the tissue, they can either absorb fluid or moisten the wound. An electrically conductive aloe vera gel is available to provide electrotherapy to wounds. These foamed-gel products consist of multiple layers. The surface layer is designed to expand to fill the contours of a wound and, at the same time, draw away fluids. These are designed to apply external pressure to improve blood flow and resolve chronic edema in the feet and legs. They are available in a broad range of formats, including stockings, compression bandages, or pneumatic pump. These are sheets of foamed polymer solutions with small open chambers that draw fluids away from the wound. Some of these foam products offer adhesive surfaces. They are available as sheets and rolls, as well as in various other formats suitable for packing wounds. Also known as allografts or skin equivalents, these are obtained from human cells cultured and expanded in vitro from neonatal foreskins. These are particles, hydropolymers, or foams that act like the material inside diapers, with a high capacity for rapid absorption. These consist of a thin, clear polyurethane sheet that, on one side, has a special adhesive that does not stick to moist surfaces like those found on a wound. They prevent bacteria and fluids from entering the wound through the dressing, but allow limited circulation of oxygen. These can be bought as powders or pastes, or in strands or beads. They are used to fill wounds and also absorb wound fluid. Equipped with a special collection system for wounds that have a high flow of secretion, they are designed to contain odors and to be easily drained. Other assorted wound-care products. These include adhesive bandages, surgical tapes, adhesive skin closures,

surgical swabs, paste bandages, specialty absorptive dressings, support bandages, retention bandages, elasticized tubular bandages, lightweight elasticized tubular bandages, foam-padded elasticized tubular bandages, and plain stockinettes. Just as there is a large selection of bandage and dressing products to choose from, there is also a broad range of applications for these products: Alginate dressings are used on wounds that exude moderate to heavy amounts of fluid. They are useful for packing wounds, although strip-packing gauze may be preferable for deeper wounds because it is easier to retrieve. Common applications of alginate dressings include treatment of acute surgical wounds, leg ulcers, sinuses, and pressure sores. These dressings should not be used on third-degree burns. Neither are they advisable for wounds that are dry or are secreting only small amounts of fluid, because their powerful absorbing capability may dry out the wound. These are primary dressings that need be covered by a secondary dressing. Biosynthetic dressings are used on burns and other wounds. Another application is as a temporary dressing for skin autograft sites. Some persons may be allergic to these dressing materials. Collagen dressings are believed to hasten wound repair and are often used on stubborn wounds. They are most effective on wounds that contain no dead tissue. Collagen dressings should not be used in dry wounds, third-degree burns, or on any patient who is sensitive to bovine cow products. Composite dressings are sometimes used alone, sometimes in combination with other dressings. Deep wounds should first be packed with wound-filler material. These dressings should not be cut, and are not recommended for use on third-degree burns. Contact layers are designed for use in clean wounds that contain no dead tissue. They are not recommended for infected, shallow, dry, or infected wounds, or on third-degree burns. Gauze is used to pack wounds, and also for debridement and wicking. It is especially desirable for packing deep wounds. When using gauze to pack wounds, a loose packing technique is preferred. These have highly specific applications against such conditions as diabetic foot ulcers involving disease of the peripheral nerves. Growth factors are heat sensitive and often require refrigeration. These are not recommended for persons with benign or malignant tumors. Hydrocolloid dressings are used for leg ulcers, minor burns, pressure sores, and traumatic injuries. Because they are not painful to remove, hydrocolloid dressings are often employed in pediatric wound management. Because of their absorbent capabilities, they are used on wounds that are secreting light to moderate amounts of fluid. Hydrofibers are highly absorbent, so they are particularly useful for wounds that are draining heavily. For this reason, they are not recommended for dry wounds or wounds with little secretion, because they may result in dehydration. Hydrofibers should not be used as surgical sponges or on third-degree burns. Hydrogels are often used on wounds that contain dead tissue, on infected surgical wounds, and on painful wounds. They should not be used on wounds with moderate to heavy secretions. As with all dressings, it is important to check and follow the directions of the manufacturer. In the case of hydrogels, directions on some products indicate they are not to be used on third-degree burns. Hydropolymers are typically used on wounds with minimal to moderate drainage. They are not indicated for dry wounds or third-degree burns. A medical doctor should be consulted before using these products on people with edema. In many cases, topical dressings are used under these products. Polyurethane foam dressings are very absorbent and are typically used on wounds with moderate to heavy secretions. They should not be used on third-degree burns or on wounds that are not draining or that have sinuses or tunneling. Skin substitutes are a relatively new product category, approved for treating venous leg ulcers. It is often advisable to cut slits in the artificial skin, so that wound secretions underneath do not lift the newly applied skin. Superabsorbents are employed on wounds that are secreting heavily, or in applications requiring extended wear. A packing material is commonly employed under this product. Superabsorbents should not be used on third-degree burns or wounds that are either dry or have minimal secretions. Transparent films are often employed as a secondary cover for another, primary dressing. They are used on superficial wounds and on intact skin at risk of infection. It is important to remove transparent films very carefully to avoid damaging fragile skin. Wound fillers are primary dressings that are usually used in conjunction with other, secondary dressings. Wound fillers are considered appropriate for shallow wounds with little or moderate secretions. They are not appropriate for use in third-degree burns or in dry wounds. They are similarly not recommended for wounds with tunnels or sinuses. Wound pouches are useful in treating wounds with high volumes of secretion. They are not suitable for dry wounds. Recommended intervals between dressing changes vary widely among

product classes.

Chapter 8 : Bandaging | Compression Therapy Wraps | Lymphedema Bandages & Supplies

A bandage is used in combination with a dressing where a wound is present. A roller bandage is used to secure a dressing in place. A triangular bandage is used as an arm sling or as a pad to control bleeding.

Chapter 9 : 5 Ways to Apply Different Types of Bandages - wikiHow

How to Apply Different Types of Bandages. In this Article: Article Summary Applying a Strip Bandage Applying a Wrap/Elastic Bandage Learning the Basics of Bandaging Bandaging a Minor Wound Bandaging Serious Wounds Community Q&A.