

Transfemoral Amputation

Closure:

Test positioning of the flaps

Bring the drain out anterior and lateral

The drain is cut between holes and placed deeply.

Fascial closure

Start the fascial closure by bisecting the posterior muscle flap and then finding the central areas of the quadriceps muscle and tendon to centralize the flap closure.

Several of the central sutures are placed so that the layers are clearly identified. These sutures are tagged before tying to allow good visualization of the layers. After placing 3 or 4 sutures, the central area may be tied and secured. Absorbable 0 dextron type suture is used.

Probing for holes in the fascial closure. A secure fascial closure helps prevent muscle herniation and helps healing.

Subcutaneous closure

Start the subq closure with dermal suture, horizontal placement, using a 2-0 absorbable suture.

Trim excess skin

Trim any excess skin.

Nylon skin closure

Start the nylon skin closure with a 3-0 nylon suture placed in the figure 8 fashion.

Suture drain in place

Suture the drain in place to prevent it from being pulled out, dislodged, or removed early. In an AKA, the dressing is a soft ACE wrap spica around the waist, but the soft dressing can be easily opened to cut the stitch and remove the drain anytime it is ready.

Hook the drain to suction

Clean the leg and remove old blood

©Prosthetics Research Study