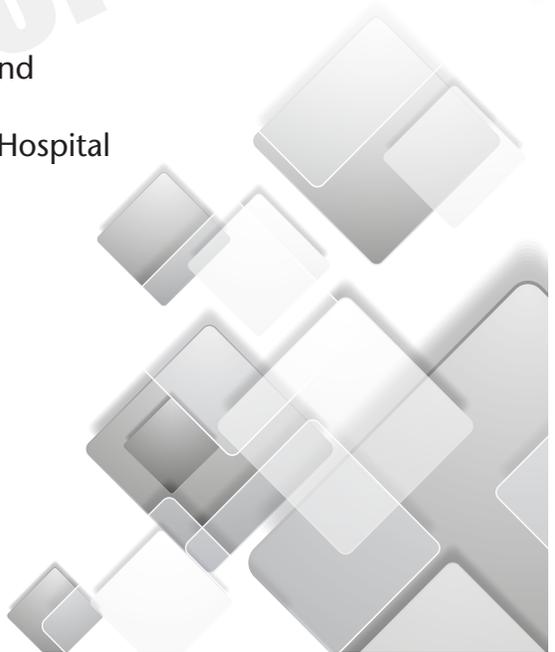
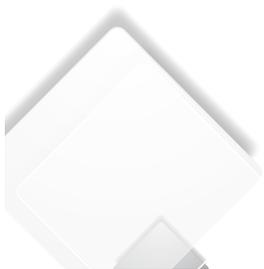


A Guide for New Trans-Femoral Amputees Stump Socks – “How Many Should I Wear?”

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A question which new patients and their carers frequently ask is:

“How do you decide how many stump socks should be worn with the prosthesis?”

Regardless of the level of amputation, most new patients will wear one or more stump socks with their prosthesis. Stump socks protect the stump and also help with any volume changes.

By changing and washing the socks every day this helps keep the stump healthy and reduces the risk of infection. We will give you several stump socks so that you can change your socks every day.

Following the initial surgery, your stump may retain fluid (we call this oedematous). As the wound heals, the fluid reduces and the stump becomes smaller. On the other hand, some people who have been quite ill before surgery and have lost weight, may gain weight as their health improves and their stump may increase in size.

This leaflet will describe the stump/socket relationship for the **new trans-femoral or above the knee** amputee.

Trans-Femoral Amputees: Socket Fit

There are different shapes of sockets available but there are features common to them.

The posterior brim (back seating area) of the socket provides a generous surface to support the ischial tuberosity (bottom bone) and the gluteal muscles. The other surfaces, the front, the inside and the outer walls of the socket, are designed in different ways to provide pressure to allow control of the stump while you are walking. They are contoured at the front and inside edge to relieve the prominent bones and tendons.

First Fitting

At first the Prosthetist will try the leg with a terry towelling sock and will hope to feel a little resistance as you slide into the socket. If the socket seems too tight they will try a thinner sock. You will stand supported by the parallel bars and the Prosthetist will examine around the top edge of the socket. They will ask you to lean forward at the hip, so that they can examine the location of the ischial tuberosity (bottom bone) and the soft tissue. When you straighten up they can check the rest of the socket brim.

If all of the tissue is contained within the socket brim, the ischial tuberosity and soft tissues are supported in the seating area and you are comfortable in weight-bearing, it is likely that the socket is a good fit. It is worth saying that almost all trans-femoral amputees initially feel pressure on the ischial tuberosity, but as activity increases this becomes more tolerable.

If there is a soft tissue roll at the anterior (front) or medial (inside) edge of the socket, your stump may have increased in size since casting and you can try a thinner sock.

The volume of the stump may not change uniformly. There may be an increase in weight or musculature around the hip which can result in the socket becoming tighter at the top. Or if you lose weight the socket may become loose.

The Prosthetist will be able to make adjustments to the socket by adding socks, half-socks*, pads or linings if it has become loose. When the Prosthetist decides that changing combinations of socks and adding pads or linings to the socket no longer helps, they may consider casting for another socket.

For a number of months after your amputation, you should continue to use the compression or shrinker sock when not wearing the leg, as this will help to improve healing and regulate stump volume.

*A half-sock is a regular stump sock which has had the 'toe' cut off and the remaining 'tube' is used at the top or bottom of the stump, along with other stump socks, to improve socket fit.

Contact Details

Opening Times: Monday to Friday 8.30am to 4.30pm

Telephone: 0300 790 0129

(Monday to Friday: 8.45am to 4.15pm).

An answerphone is available if the phone lines are busy.

Website:

www.nhsggc.org.uk/your-health/health-services/westmarc

Email: westmarc@ggc.scot.nhs.uk

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