

Blistering or Redness:

Some patients experience skin blistering on the very end of your residual limb. *This can be caused if you fail to flatten the liner and place it firmly against your limb before rolling the liner up* (Figure 1). Also, if the liner becomes too large because your limb reduces in size significantly, blistering on the end can also occur. In that case, you should contact CPO to obtain a smaller liner.

Blistering or redness is also possible under the upper edge of the gel liner. *This is usually caused by pulling up the liner edge rather than rolling it up* (Figure 2). If you roll it up and still experience redness under the upper edge of the liner, apply A & D OINTMENT or a special silicone lubricant (available from CPO) only under the upper two inches of your liner to allow the liner to slide on your skin.

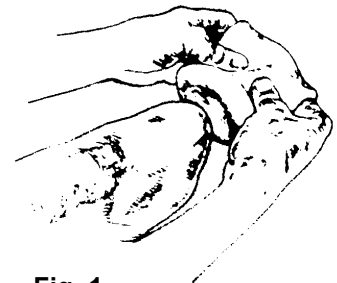


Fig. 1

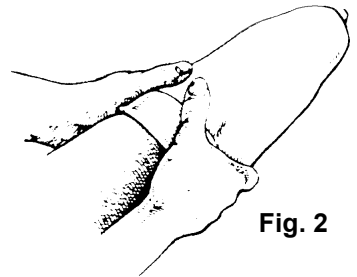


Fig. 2

Pink, itchy patches

Thoroughly wash the inside of your liner after use each day with a mild, hypoallergenic, unscented soap like clear ivory liquid dish detergent (Figure 3). If you fail to wash your liner properly and alternate liners daily, you will develop a fungus similar to athlete's foot. Application before bedtime with an anti-fungal ointment such as TINACTIN for nearly two weeks is necessary. Particularly stubborn dermatitis can be treated with MICATIN (over the counter), TRIAMCINOLONE CREAM, CICLOPIROX or BACKTROBAN (all by prescription). In very rare cases, eczema may develop and can be successfully treated under the care of a dermatologist with ELOCON ointment (by prescription). In cases of chronic fungal problems, the inside of the liner should be cleaned with a solution of either 1-2 vinegar/water or 10% bleach/water solution.

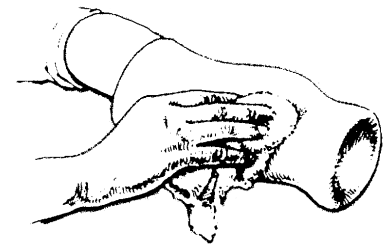


Fig. 3

Chronic perspiration under liner

Generally, patients do not experience perspiration except during very vigorous activities such as when running. *It is common, however, to notice beads of perspiration form on your skin immediately after removing your liner.* Some patients have chronic perspiration problems inside their gel liners with strenuous physical activity. A number of unscented antiperspirants have been effective. Those are CERTAIN DRI (over the counter) and DRY SOL (by prescription); however, both can cause skin irritation and should initially be used sparingly. Alternatively, for amputees whose skin reacts to the aluminum chloride in those antiperspirants, two over-the-counter natural products, Crystal Body Deodorant and Thai Deodorant, can be used. The antiperspirant is typically applied before bedtime.

To bathe your residual limb, use mild, unscented soap and rinse well. Bath soaps like Lever 2000, Dial and Irish Spring, therefore, *should be avoided*. Refrain from applying lotions and creams on your residual limb in the morning before applying your gel liner.

With proper liner cleaning and donning, the vast majority of patients experience no skin problems from using a gel liner. No one has been found to be actually allergic to the liners.

CPO- Seattle (206) 328-4CPO

CPO- Bellevue (425) 454-4CPO

CPO- Kirkland (425) 821-4CPO