

# Robert Jones Bandage



## Disclaimer

A series of booklets has been developed by the Clinical Skills Lab team (staff, recent graduates and students) from the School of Veterinary Sciences, University of Bristol, UK.

Please note:

- Each booklet illustrates one way to perform a skill and it is acknowledged that there are often other approaches. Before using the booklets students should check with their university or college whether the approach illustrated is acceptable in their context or whether an alternative method should be used.
- The booklets are made available in good faith and may be subject to changes.
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Year Group: BVSc3 +



### Equipment for this station:

- An assistant
- A dog model
- Micropore tape (*N.B. Zinc oxide tape is more commonly used in a real patient*)
- Cotton wool (for padding between toes)
- Padding layer e.g. gamgee (*N.B. In a real patient cotton wool is typically used - but gamgee is better for re-use*)
- Conforming bandage e.g. Knit-Fix, Easifix
- Cohesive dressing e.g. Vet Wrap, Co-Flex
- Dressing scissors
- Lollipop stick

### Considerations for this station:

- Bandaging material is expensive. Please re-roll and re-use materials.
- Robert-Jones bandaging is a more an advanced skill than other types of bandage. Therefore, ensure you are competent at e.g. foot and catheter bandages first as they are used more commonly.

Anyone working in the Clinical Skills Lab must read the 'CSL\_I01 Induction' and agree to abide by the 'CSL\_I00 House Rules' & 'CSL\_I02 Lab Area Rules'

Please inform a member of staff if equipment is damaged or about to run out.



# Clinical Skills: Robert Jones Bandage



1  
Work in pairs. One person applies the bandage, one person is the assistant.  
Ask the assistant to restrain the dog in lateral recumbency, with the leg to be bandaged uppermost.  
Always select all equipment and open any packaging before starting.



2  
Measure 2 lengths of the micropore tape, sufficient to reach 15-20cm up the leg and have a 10-15cm overlap at the toe. Place one piece of tape on each side of the leg to form 'stirrups'. In the real patient the placement of the 'stirrups' will depend on the position of the wound.  
N.B. Zinc oxide tape is more commonly used in a real patient than micropore tape.



3  
Stick the tape to the lollipop stick, one piece on each side. This stops the tape from sticking to itself. Let go of the tape and lollipop stick; continue with the next steps.



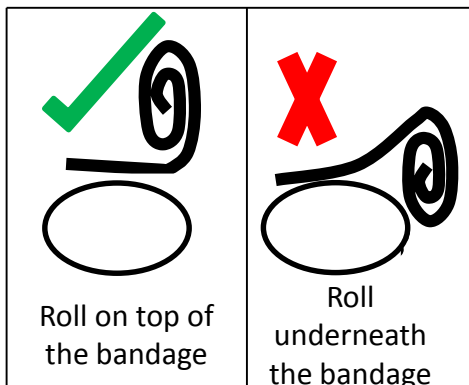
4  
In the real patient, the next step is to place small strips of cotton wool between the digits including the metacarpal/tarsal (dew claw) if present. The purpose is to stop the toes rubbing inside the bandage.



5  
Place the padding layer: Start level with halfway up the toe nails and roll around the leg from toe to elbow (keeping the roll on the top – see diagram for correct roll position). Use the entire roll of gamgee provided.  
In the Clinical Skills Lab gamgee is used whereas in practice cotton wool would more typically be used.



6  
The padding layer is wrapped around at least 4-5 times.





# Clinical Skills: Robert Jones Bandage



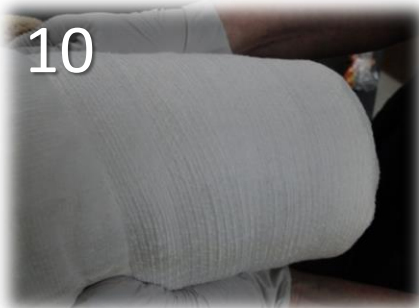
7  
Take hold of the 'stirrups' which are still attached to the lollipop stick.



8  
Remove one side of the tape from the lollipop stick, twist and stick onto one side of the leg over the gamgee.



9  
Repeat with the other piece of tape (and put the lollipop stick back in the box for the next person to use).



10  
Place the conforming bandage to compress the gamgee. Ensure it is firm and even and covers all of the gamgee. Each layer of bandage should overlap the last layer by about half the width of the bandage. It should be pulled fairly tight to compress the gamgee evenly underneath.



11  
Secure the end of the conforming layer with a small piece of tape.



12  
Cover the bandage with a cohesive dressing e.g. Vet Wrap or Co-Flex. It is not necessary to stretch bandage out before wrapping it as there is a protective padding layer and the bandage is to be compressive. Each layer of bandage should overlap the last layer by about half the width of the bandage.



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# Clinical Skills: Robert Jones Bandage

13



When the cohesive layer reaches the top of the leg cut the bandage and stick it to itself.

14



Check the middle part of the paw is still exposed. In the real dog this would be the 2 middle toes.

15



Check that the bandage isn't too tight. It should be possible to put 2 fingers between the bandage and the leg. When you flick the bandage it should sound like a ripe melon if it has been applied with sufficient tension.



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# Resetting the station: Robert Jones bandage

1. Remove all bandages from the models by unwrapping them; do not cut the bandage off.
  - Unroll the cohesive (outer) bandage and roll up.
  - Unroll the conforming layer and roll up.
  - Remove the stirrups carefully from the gamgee and try not to rip the gamgee if possible.
  - Roll up the gamgee.
2. Place all the materials, tape, lollipop stick, scissors etc. in the tray or box on the table.

*Station ready for the next person:*



Please inform a member of staff if equipment is damaged or about to run out.



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# I wish I'd known:

## Robert Jones bandage

- See the 'Oops' dog station ('CSL\_B05 Bandaging Oops') for examples of what can happen if a bandage is too loose or too tight...
- Many problems can be avoided by thoroughly checking the bandage once you have placed it, and by regularly checking the animal whilst it has the bandage on.
- If an animal nibbles its bandage, don't assume it is just being naughty – it may be a sign of pain or discomfort.
- Remember to cover the foot in a plastic cover (e.g. an old drip bag) if taking the dog outside.
- When removing zinc oxide tape, soak in surgical spirit first to prevent it ripping the animal's fur.