

University of Groningen

**Author's reply (to letter Woodburn et al. A randomised trial of rigid stump dressing following trans-tibial amputation for peripheral arterial insufficiency) (letter)**

Geertzen, J.H.B.; Emmelot, K.; Klinieken, I.; Dijkstra, P.U.

*Published in:*  
Prosthetics and Orthotics International

**IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.**

*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2004

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Geertzen, J. H. B., Emmelot, K., Klinieken, I., & Dijkstra, P. U. (2004). Author's reply (to letter Woodburn et al. A randomised trial of rigid stump dressing following trans-tibial amputation for peripheral arterial insufficiency) (letter). *Prosthetics and Orthotics International*, 28(2), 192-192.

**Copyright**

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

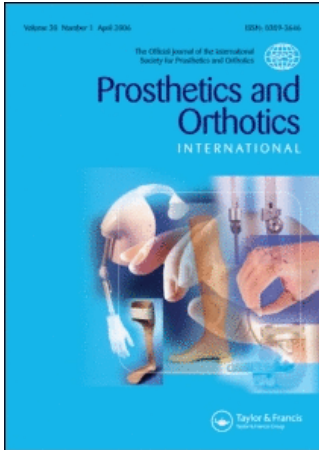
The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

**Take-down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

This article was downloaded by:[University of Groningen]  
On: 18 March 2008  
Access Details: [subscription number 770299803]  
Publisher: Informa Healthcare  
Informa Ltd Registered in England and Wales Registered Number: 1072954  
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Prosthetics and Orthotics International

Publication details, including instructions for authors and subscription information:  
<http://www.informaworld.com/smpp/title~content=t714595820>

### Letter to the editor

Jan H.B. Geertzen <sup>a</sup>, Kees Emmelot <sup>b</sup>, Pieter U. Dijkstra <sup>c</sup>

<sup>a</sup> Professor in Rehabilitation Medicine, University Hospital, Groningen

<sup>b</sup> Doctor in Rehabilitation Medicine, Isala Klinieken, Zwolle

<sup>c</sup> Clinical Epidemiologist, University Hospital Groningen, The Netherlands

Online Publication Date: 01 August 2004

To cite this Article: Geertzen, Jan H.B., Emmelot, Kees and Dijkstra, Pieter U.

(2004) 'Letter to the editor', Prosthetics and Orthotics International, 28:2, 192

To link to this article: DOI: 10.1080/03093640408726705

URL: <http://dx.doi.org/10.1080/03093640408726705>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

## Letter to the Editor

Dear Editor

Following the publication of the article "A randomised trial of rigid stump dressing following trans-tibial amputation for peripheral arterial insufficiency" by Woodburn, Sockalingham, Gilmore, Condie and Ruckley in the April 2004 issue of Prosthetics and Orthotics International we felt that a response was necessary. Our combined thoughts and opinions can be found below.

This is one of the few prospective investigations in rigid stump dressings following amputations. It is well written but we would like to comment on the paper and some statements in the paper ask for some kind of clarification.

Since 14 surgeons participated in this study it is clear that surgical skill and surgical preference of amputation (skew flap or long posterior flap) will introduce serious bias in the outcome of this study. It is not clear from the text if and how the authors have analysed the distribution of surgical procedures and the distribution of the surgeons over the intervention group and the control group. Besides, these surgeons were working over 7 different centres. All these centres have their own influence on post-amputation rehabilitation determined by equipment of the hospital nursing staff, physiotherapy, household facilities, behaviour and professional skills etc. Again it is not clear from the text if and how the authors have analysed the distribution of the different centres over both groups. Apart from this no detailed information about the randomisation procedure was provided.

The authors state that if the rigid dressing was removed after 7 days and the wound was inspected and satisfactory plaster was then reapplied. The authors do not describe criteria for "satisfactory", further the procedures if the wound is not satisfactory are not described; in that case it is unclear if the patient is considered as a drop-out or not fitted (see Table 1).

"At a time when the nursing and physiotherapy staff felt that referring for limb fitting was appropriate, the final decision as to

the suitability of a limb for casting was made by the local prosthetic team who were blinded to the post-operative dressing regime employed". This procedure indicates that the decision was based upon clinical expertise and not upon strict criteria in the research protocol provided for limb fitting. It might be that the prosthetic team was kept blind for the postoperative stump care but a prosthetist has to identify stump care by means of inspection and palpation and measuring. It is not clear from the text and the tables which patients completed the trial and which patients did not complete the trial.

Finally it is not clear from Figure 2 what the actual numbers of days were to prosthetic fitting (mean, sd, range or median and interquartile ranges). Therefore it is impossible to use these data for a meta analysis or future trial planning.

We admit that it is very difficult to initiate a multicentre trial as described by Woodburn *et al.* However, we believe that the authors ought to show some more detailed information especially the differences between the different surgeons, and/or different used procedure and/or the comparability of the groups. As a result this study is not repeatable. We hope the authors can clarify our questions and remarks and secondly we hope that this letter invites other readers to write to the editor and initiate discussion about papers in general but especially on this subject published in this journal.

*Yours sincerely*

Jan H.B. Geertzen, MD, PhD  
Professor in Rehabilitation Medicine  
University Hospital Groningen

Kees Emmelot MD, PhD  
Doctor in Rehabilitation Medicine  
Isala Klinieken, Zwolle

Pieter U Dijkstra PT, MT, PhD  
Clinical Epidemiologist  
University Hospital Groningen  
The Netherlands