

NHS Forth Valley



**Compression Therapy
Guidance
for Lower Limb Care**

Contents

Introduction	3
Choosing the Right Type of Garment	5
The 6 S's of Chronic Oedema.....	6
Types and Indications of Hosiery.....	7
Compression Therapy Selection Guide for VENOUS AETIOLOGY – No red flags	9
Compression Therapy Selection Guide for MIXED AETIOLOGY Leg Ulcer – TREATMENT ..	10
Compression Therapy Selection Guide for HEALED Leg Ulcer - MANAGEMENT / MAINTENANCE – No Red Flags.....	11
Compression Bandaging.....	12
Compression Bandaging Continued	13
Compression Accessories – Toe Caps.....	14
Compression Hosiery – Hosiery Kits.....	15
Compression Hosiery Circular-Knit - RAL Standard	16
Compression Hosiery Circular-Knit - RAL Standard Continued	17
Compression Hosiery – British Standard	18
Compression Hosiery - RAL Standard - Custom-Fit/Made-to-Measure	19
Compression Wrap Systems	21
Additional Products.....	22
Quick Guide to Compression Decision Making.....	24
Leg Ulcer Treatment Algorithm	25
Lower Limb – Recommendations for Clinical Care	26
Chronic Oedema and Wet Legs Algorithm Assessment	27
Chronic Oedema and Wet Legs Algorithm Management Plan.....	28
Supporting Information.....	29
Links to Measuring Forms.....	30
References	31
Addition Links	32

Introduction

Compression therapy is the main choice and gold standard therapy for the prevention and management of venous leg ulcers (O'Meara et al, 2012; Harding et al, 2015; Wounds UK, 2019; NICE, 2017). Compression applies graduated pressure to the leg with the highest pressure at the ankle, gradually reducing towards the knee. Compression increases venous blood flow up the leg allowing fluid to drain from the tissues into the venous and lymphatic system, thereby reducing oedema (Moffatt et al, 2007).

Compression therapy can be perceived as painful and, in practice, healthcare professionals often avoid using compression in patients with painful ulceration (Wounds UK, 2016). However, compression can relieve pain associated with venous disease and delaying treatment can cause patients more harm. The risks of not actively treating with compression include delayed healing, increased pain and discomfort and increased financial costs.

Compression hosiery is most commonly used post-ulcer healing to control oedema and reduce venous hypertension, both of which help prevent ulcer recurrence. However, compression hosiery may also be used when there are early signs of venous insufficiency to help prevent the development of an ulcer (Wounds UK, 2014). For active ulceration there are options of compression hosiery kits, compression wrap systems and compression bandage systems. Compression therapy, whether using bandages or hosiery, is fundamental to venous ulcer healing, oedema control and ulcer prevention.

While it is important to use the highest level of compression possible, quality of life is a vital issue, and patient needs should be taken into account. The choice of bandage or hosiery system therefore requires selection on an individual basis.

The choice for clinicians when choosing compression hosiery is vast and frequently bewildering. Experience and the literature suggest that often inappropriate choices are made. Patients who are supplied with ill-fitting and inadequate garments, are understandably reluctant to wear, resulting in poor patient outcomes and wasted costs.

This Compression Therapy Guidance for Lower Limb Care aims to help the Health Care Professional (HCP) working across all settings, better understand the different types of compression systems that are available and to be able to assess for, and select more accurately, the correct compression therapy for their patients. Several companies manufacture and supply hosiery across NHS Forth Valley, we have developed straightforward guidance on product detail and indications for use so that health care professionals are able to make simple and clear choices when selecting hosiery that will meet the needs of our patients.

Patients who present with venous ulceration should be considered for immediate compression therapy in order to reduce the risk of chronicity (Wounds UK, 2016). Although venous ulcers are the most common leg ulcer aetiology, many patients present with a number of other contributory comorbidities so lower limb ulceration is often multi-factorial. Individuals with mixed aetiology, with Ankle Brachial Pressure Index (ABPI) between 0.5 and 0.8 can also benefit from the use of modified compression, under the care of a specialist team (Harding et al, 2015, Wounds UK, 2016).

The recommendation for wounds on the leg to be treated with mild compression is based on the British Lymphology Society view that, providing people with '**RED FLAG**' symptoms (such as the symptoms of arterial insufficiency) are excluded, the benefits of first line mild compression outweigh the risks, even for people without obvious signs of venous insufficiency. In most clinical situations, it is not possible to precisely measure the level of compression that is applied since this is dependent on several factors including ankle circumference, choice of compression system and clinician skill. For the purpose of this guidance, 'mild graduated compression' is defined as a compression system that is intended to apply 20mmHg or less at the ankle. This is based on the World Union of Wound Healing Societies definition of 'mild graduated compression' and is intended to illustrate what is meant as 'mild graduated compression' rather than being a precise level of compression required.

Prior to any application of compression bandaging or hosiery the HCP must have undertaken a comprehensive assessment before any compression therapy is selected.

Any patient presenting with a lower limb wound should undergo a thorough holistic assessment **within two weeks** of initial contact so that appropriate management can be started as soon as possible. This includes a vascular assessment (Doppler) to include an ABPI/TBPI and completion of relevant documentation: The Leg Ulcer Pathway. Based on the clinical presentation of the lower limb and the vascular assessment, an accurate diagnosis will be made. Only once complete and if clinically appropriate, compression therapy selection can commence based on the following guidance:

ABPI 0.8 – 1.29 (TBPI > 0.7)	ABPI 0.51 – 0.79 (TBPI 0.65 – 0.69)	ABPI < 0.5 (TBPI <0.64)
Safe to compress	Compress only with specialist advice	Do not compress

Following a full holistic assessment is important to ensure appropriate management of lower limb conditions. The Chronic Oedema and Wet Legs Algorithm (page 26 & 27) is available to guide holistic assessment and management of patients with Chronic Oedema.

Choosing the Right Type of Garment

Compression level - it is important to choose the right level of compression to ensure the optimum outcome is achieved for the patient, this is also helping to prevent incidences of cellulitis, lymphorrhoea (leaky legs), and rebound oedema.

Static stiffness - this is in effect how elastic or non-elastic the garment is and will be determined by the knit of the garment and / or the layering of the garment. The more layers that are applied, the stiffer the garment / bandage becomes.

An elastic garment (circular-knit) is like a water balloon: the more fluid you fill it with, the more it expands. The resultant effect is that the garment may not contain the oedema (depending on severity) and the limb will continue to swell, and the leg may potentially break down due to a tourniquet effect.



An inelastic garment (flat-knit), or one with a higher static stiffness is like a paper cup: as you fill it with fluid it remains the same shape, and more stubborn oedema is contained, preventing rebound and potential tourniquet effect to parts of the limb.

Circular-knit garments are knitted without a seam and tend to be more elastic/stretchy. They are designed to fit the graduations of a normal limb. Because of the way they are knitted, the circumferential fibers are always trying to rebound to their original shape which means they can tourniquet if the limb does not meet the graduation within the garment. Flat-knit (often with a seam) has no circumferential fibers so fit better over misshapen legs. An elastic garment will not provide the 'wall' for the muscles to work against and will not hold it's shape, just like a water balloon.

A point to note is that an elastic garment will always try and revert to its original shape, so any areas of abnormality, skin folds or flexure points can cause pain due to the garment digging in.

Once identified, order one pair of the correct garment to ensure suitability. If garment is appropriate, re-order second pair.



CASE for Chronic Oedema

RAL classification

RAL CCL	British CCL
CCL 1 18 - 21mmHg	CCL 1 14 - 17mmHg
CCL 2 23 - 32mmHg	CCL 2 18 - 24mmHg
CCL 3 34 - 46mmHg	CCL 3 25 - 35mmHg

The 6 S's of Chronic Oedema



Story

Carry out a full patient centered assessment which covers the following:

- Past & current Medical history
- Medication
- Oedema history
- Pain
- Nutritional status
- Physical function
- Psychosocial
- Vascular assessment i.e. ABPI

(Factors that may affect ABPI)

- Diabetes
- Oedema
- Renal disease
- Rheumatoid arthritis
- Arteriosclerosis
- Cardiac arrhythmias



Self-care

For patients with chronic oedema, it is crucial, where possible, that they engage in their care.

Self-management can offer a means to maintain or even improve the capacity to live well over time, and is seen as a dynamic and empowering method of long-term management

To engage in their own care, patients must be:

- Willing
- Health literate i.e. ability to understand instructions in relation to their medication/care plan
- Central to decision making
- Central to care delivery



Site

The location of the swelling gives clues as to the possible underlying causes and informs where compression should be applied. The whole leg should be examined, so remember the lower limb constitutes the leg from the groin down to the toes, not just below the knee

Assessment of the site should aim to identify:

- Is the swelling acute or chronic?
- Does the swelling affect one limb (unilateral) or both (bilateral)?
- Is swelling localised or more generalised?
- Is the swelling extending into the trunk? If so, please seek specialist advice and refer, mild compression can still be applied as per guidelines



Skin

Dryness and dehydration of skin is observed in old age, so use moisturisers to retain moisture which helps to make the skin soft and supple and offer a natural barrier to infection.

Encourage the patient to wash and dry the area daily and gently and make sure water is not too hot, also to pay attention to awkward areas. Stretched skin can become very dry and cracked and can become port of entry for bacteria. Moisturise daily with a bland cream, to lessen risk of irritation.

With regards to application, apply gently, with final stroke in downwards fashion to prevent folliculitis

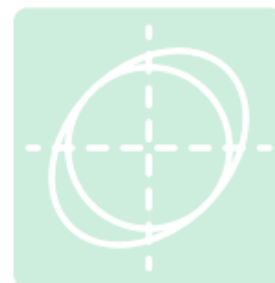
Things to mindful of:

- Pigmentation
- Cellulitis
- Lymphorrhea
- Hyperkeratosis
- Wounds
- Fungal Infections
- Papilomitosis



Size

The size of the limb can influence compression choice and can indicate the need for intensive therapy i.e. bandages or wraps, to reduce swelling before maintenance therapy



Shape

It is important to note the shape of the patient's limb since it will influence product choice when selecting compression therapy for the management of chronic oedema

Things to consider:

- Regular or irregular shape
- Skin folds
- Does swelling extend to the thighs
- Does swelling extend to the toes

Types and Indications of Hosiery

Before prescribing compression garments, the class must be specified (Wounds UK, 2015). The compression classes relate to the amount of mmHg (millimeter of mercury) of compression provided in the garment. The values of mmHg differ depending on where they are made.

British Standard garments provide less compression than German RAL (often referred to as European standard) alternatives. The table below highlights the different compression classifications and levels of compression:

	Class 1	Class 2	Class 3
British Standard	14 - 17 mmHg light	18 - 24 mmHg moderate	25 - 35 mmHg firm
RAL Standard	18 - 21 mmHg moderate	23 - 32 mmHg firm	34 - 46 mmHg very firm

The compression class is usually determined based on the severity of the patient's symptoms, following a holistic assessment, inclusive of a vascular assessment and considerations of other comorbidities along with patient preferences and tolerances (Harding, 2015).

British Standard Hosiery

British standard is highly elastic and therefore are not suitable for patients with moderate limb swelling/oedema but suitable for a 'normal' shaped leg, with little oedema. Three months guarantee.

RAL Standard Hosiery

RAL garments are stiffer allowing for better management of oedema and have a manufacturer guarantee of six months.

More choices in sizes (extra wide calf sizes and shoe size available)

There are also two methods of manufacturing hosiery to consider when making selection flat-knit or circular-knit:

Often the choice of style is depending on the individual need of the patient. Elwell (2016) identified that it is important to include patients in the decision-making process to ensure that the selected garments are deemed acceptable for patients' daily activities to aid concordance. Hosiery application can be difficult, however, to be effective they need to be worn. One of the biggest influencers on garment selection is whether patients can get the garment on and off. A degree of dexterity is required and individual factors, such as comorbidities, need to be considered along with the provision of applicator aids where appropriate (National Institute for Health and Care Excellence, 2013).

Flat-Knit Compression Hosiery

Flat-knit garments are knitted flat on a machine, then sewn into a leg shape with a seam. This results in a stiffer garment, which is particularly helpful in patients with lymphoedema or chronic oedema, distorted limb shapes and deep skin folds as the fabric is less pliable and is less likely to dig in skin folds or roll down causing damage to the skin (Anderson and Smith, 2014).

The garment lies over joints and oedematous areas instead of collecting in skin creases like a tourniquet. Suitable for patients with a high BMI. Can be applied over ulcers if exudate is fully contained in the dressing. Flat-knit is usually used for made-to-measure garments because it can be more readily adapted to limb shape distortion (Lymphoedema Framework, 2006).

Circular-Knit Compression Hosiery

Circular-knit hosiery is knitted with a single weft thread on a cylinder producing a seamless stocking. The fabric tends to be finer, and patients often find these garments cosmetically more acceptable to wear, which helps with concordance (Stanton et al, 2016). The elastic nature of circular-knit garments means that the compression is at its highest at the narrowest part of the limb, which is usually at the ankle. This means that circular-knit hosiery can often be contraindicated for patients with misshapen limbs, or where the narrowest part of the limb is not the ankle.

Compression Therapy Selection Guide for **VENOUS AETIOLOGY** – No red flags

No clinical signs of arterial disease - ABPI 0.8 – 1.29 or TBPI > 0.7			
<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is “normal” or “near normal”</p> <p>and</p> <p>Skin on leg is otherwise healthy</p> <p>and</p> <p>There is no reducible oedema</p>	<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is “normal” or slightly distorted</p> <p>and</p> <p>Reducible oedema is minimal</p> <p>Applying hosiery kit is difficult</p>	<p>Exudate is not contained well within dressing</p> <p>and/or</p> <p>Oedema needs reducing</p> <p>and/or</p> <p>Leg shape is poor</p> <p>and/or</p> <p>Skin on leg is in poor condition</p> <p>and</p> <p>Trained healthcare professionals are available to reapply as needed</p>	<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is distorted</p> <p>and/or</p> <p>Oedema has been reduced as much as practicable</p> <p>and/or</p> <p>Skin condition on leg needs improving</p> <p>and/or</p> <p>Circular-knit hosiery kit is not comfortable</p> <p>Seek specialist advice if needed</p>
<p>Offer</p> <p>Compression Hosiery Kit (40mmHg)</p>	<p>Offer</p> <p>Inelastic Compression Wrap System (40mmHg)</p>	<p>Offer</p> <p>Compression Bandage System (40mmHg)</p>	<p>Offer Inelastic Compression Wrap System (40mmHg)</p> <p>or</p> <p>MtM Flat-knit Hosiery CCL 2</p>
<p>e.g. JOBST® UlcerCare</p>	<p>e.g. JOBST® FarrowWrap® 4000</p>	<p>e.g. Actico™, UrgoKTwo™, Coban™ 2layer</p>	<p>e.g. JOBST® FarrowWrap® Strong or JOBST® Elvarex® Custom-Fit</p>

Alternative brands and products are available, please select these on suitability for your patient.

Compression Therapy Selection Guide for MIXED AETIOLOGY Leg Ulcer – TREATMENT

Seek specialist advice before applying any compression - ABPI 0.51 – 0.79 (TBPI 0.65 – 0.69)			
<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is “normal” or “near normal”</p> <p>and</p> <p>Skin on leg is otherwise healthy</p> <p>and</p> <p>There is no reducible oedema</p> <p>Suitable for patients or carer to self-care</p>	<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is “normal” or slightly distorted</p> <p>and</p> <p>Oedema needs reducing</p> <p>Suitable for patients or carer to self-care, if applying hosiery is difficult or uncomfortable for the patient</p>	<p>Exudate is not contained well within dressing</p> <p>and/or</p> <p>Oedema needs reducing</p> <p>and/or</p> <p>Leg shape is poor</p> <p>and/or</p> <p>Skin on leg is in poor condition</p> <p>and</p> <p>Trained healthcare professionals are available to reapply as needed</p>	<p>Exudate is contained within dressing</p> <p>and</p> <p>Leg shape is distorted</p> <p>and/or</p> <p>Oedema has been reduced as much as practicable</p> <p>and/or</p> <p>Skin condition on leg needs improving</p> <p>and/or</p> <p>Circular-knit hosiery is not comfortable</p> <p>Seek specialist advice if needed</p>
<p>Offer</p> <p>Circular-knit Hosiery Class 1 (18-21mmHg) RAL</p> <p>Or</p> <p>JOBST® UlcerCare Liners (17 mmHg)</p> <p>e.g., JOBST® UlcerCare Liners, JOBST® Opaque®, JOBST® UltraSheer®</p>	<p>Offer</p> <p>Compression Wrap System (20 – 30mmHg)</p> <p>e.g., JOBST® FarrowWrap® Lite</p> <p>or</p> <p>Flat-knit Hosiery Class 1 (18-21mmHg)</p> <p>e.g. JOBST® Elvarex®</p>	<p>Offer</p> <p>Reduced Compression Bandages (20 mmHg)</p>	<p>Offer</p> <p>Flat-knit Hosiery Class 1 (18-21mmHg)</p> <p>Check for suitability. If no improvement seek advice of TVS to increase compression to CCL 2</p>
<p>If the patient does not tolerate RAL compression Activa 10 mmHg liner is appropriate</p>	<p>e.g. JOBST® FarrowWrap® Lite, JOBST® Elvarex®</p>	<p>e.g., Urgo KTwo™ Reduced, 3 layer bandage system Coban™ 2 Lite</p>	<p>e.g. JOBST® Elvarex®</p>

Alternative brands and products are available, please select these on suitability for your patient.

Compression Therapy Selection Guide for HEALED Leg Ulcer - MANAGEMENT / MAINTENANCE – No Red Flags

No clinical signs of arterial disease - ABPI 0.8 – 1.29 or TBPI > 0.7			
<p>Leg shape is “normal” or “near normal”</p> <p>and</p> <p>Skin on leg is otherwise healthy</p> <p>and</p> <p>There is no reducible oedema</p>	<p>Leg shape is “normal” or slightly distorted</p> <p>and</p> <p>Reducible oedema is minimal</p> <p>and</p> <p>Mild to Moderate oedema</p>	<p>Leg shape is slightly distorted</p> <p>and</p> <p>Skin on leg is in poor condition</p> <p>and</p> <p>Mild to Moderate oedema</p>	<p>Leg shape is distorted</p> <p>and/or</p> <p>Oedema has been reduced as much as practicable</p> <p>and/or</p> <p>Skin condition on leg needs improving</p> <p>and/or</p> <p><i>Seek specialist advice if needed</i></p>
<p>Offer</p> <p>RAL circular-knit Class 1 (18-21mmHg)</p>	<p>Offer</p> <p>RAL circular-knit Class 1 (18-21mmHg) or Class 2 (23-32mmHg)</p>	<p>Offer</p> <p>RAL Flat-knit Hosiery Class 1 (18-21mmHg) or Class 2 (23-32mmHg) or Inelastic Compression Wrap System</p>	<p>Offer</p> <p>RAL Flat-knit Hosiery Class 1 (18-21mmHg) or Class 2 (23-32mmHg) or Inelastic Compression Wrap System</p>
<p>e.g. Mediven™ Plus or Mediven™ Elegance</p>	<p>e.g. JOBST® ForMen®, JOBST® Opaque®, JOBST® UltraSheer®, Sigvaris™ Essential Thermoregulating</p>	<p>e.g. JOBST® Elvarex® Soft, JOBST® FarrowWrap® 4000 or JOBST® FarrowWrap® Strong</p>	<p>e.g. JOBST® FarrowWrap® Strong, JOBST® FarrowWrap® 4000 or JOBST® Elvarex® Haddenham™ Custom-Fit, Mediven™ Mondri</p>

Alternative brands and products are available, please select these on suitability for your patient.

Compression Bandaging

Below-knee compression graduated from toe to knee in the form of bandaging or hosiery and is a key component of treatment in venous leg ulceration in the absence of significant arterial disease. Ensure appropriate guidelines are followed to assess patients and select the most appropriate compression product e.g., venous leg ulcer guidelines.

Product Category	Product Name	Size	Use	Precautions / Contraindications	Application	Tips
Compression Bandaging	Actico™ (Cohesive)	8cm x 6m	Inelastic cohesive compression bandages for the treatment and management of venous leg ulcers, lymphoedema and chronic oedema. Therapeutic working and tolerable resting pressure provides effective ulcer healing and oedema control. Should be applied over tubular stockinette and padding for comfort and producing a graduated shape Cohesive quality of the bandage allows for extended wear time, without slippage, for up to seven days. The Actico Safe-Loc™ system enables consistent and accurate application	ABPI <0.8 Actico™ compression therapy should only be used under strict medical or vascular specialist supervision. If ABPI is >1.3 further investigation is to be required before Actico™ is applied (refer to local guidelines). Not suitable for ankle circumference less than 18cm unless padding is used to increase the ankle circumference to 18cm or more.	Always ensure a full holistic assessment, incorporating an ABPI has been carried out to determine suitability for compression. As with all compression bandage systems, training on the correct application of Actico™ is required prior to use. Refer to manufacturer's instructions	As with all compression systems, caution is required when: <ul style="list-style-type: none"> • Cardiac overload is suspected • Patients have diabetes • Advanced small vessel disease • Arterial disease is present • Renal failure is present • Current acute inflammatory episode • Acute deep vein thrombosis • Known sensitivity to the bandage system
		10cm x 6m				
		12cm x 6m				
	Actico2C™	Ankle circumference 18-25cm Kit	Is a 2 component, latex free kit for managing leg ulcers. Applied at 100% full stretch in a simple spiral, reducing the risk of over compression. Should be applied over tubular stockinette and padding for comfort and producing a graduated shape	If the ABPI is 0.5 – 0.8 Actico™ can be applied with caution – under specialist supervision. (Please refer to local guidelines) For patients with ankle circumference of less than 18cm and for patients with moderate- severe chronic oedema/Lymphoedema, the use of Actico™ inelastic cohesive compression bandages are recommended.	Refer to manufacturer's instructions	Not suitable if latex intolerance is suspected Always follow manufacturer instructions for use
		Ankle circumference 25-32cm Kit				
	UrgoKTwo™ 2-layer compression bandage kit (10cm)	Ankle circumference 18cm-25cm	2-layer elastic compression bandages recommended for patients with venous ulceration	Arterial conditions (arterial or predominantly arterial ulcers; known or suspected arterial disease) ABPI < 0.8. Patients suffering from diabetic microangiopathy, ischaemic phlebitis (phlegmatia coerulea dolens), septic thrombosis. Ulceration as a result of infection. Allergy to any of the components – in particular latex for the “non-latex free” version	Always refer to manufacturer's application instructions	Designed for single use only. Store away from light and heat. The level of compression cannot be guaranteed after washing
		Ankle circumference 25cm-32cm				
		Ankle circumference 18cm-25cm				
		Ankle circumference 25cm-32cm				
UrgoKTwo™ Lite 2 - layer compression bandage kit	Ankle circumference 18cm-25cm	2-layer elastic compression bandages recommended for patients with venous ulceration	Arterial conditions (arterial or predominantly arterial ulcers; known or suspected arterial disease) ABPI < 0.8. Patients suffering from diabetic microangiopathy, ischaemic phlebitis (phlegmatia coerulea dolens), septic thrombosis. Ulceration as a result of infection. Allergy to any of the components – in particular latex for the “non-latex free” version	Always refer to manufacturer's application instructions	Designed for single use only. Store away from light and heat. The level of compression cannot be guaranteed after washing	
	Ankle circumference 25cm-32cm					

Alternative brands and products are available, please select these on suitability for your patient.

Compression Bandaging Continued

Product Category	Product Name	Size	Use	Precautions / Contraindications	Application	Tips
Compression Bandaging Cont.	Coban™ 2 Layer	Layer 1 10cm x 2.7m	Coban™ 2-layer compression system (in the purple packaging) provides high compression (35-40mmHg) and is ideal for treating the patients with ABPI greater than or equal to 0.8	To be used for patients with a ABPI greater than or equal to 0.8 (No contraindications)	Refer to manufacturer's guidelines	Therapeutic compression management of leg ulcers & lymphoedema
		Layer 2 10cm x 3.5m				
	Coban™ 2 Layer Lite	10cm x 2.7m	Coban™ 2-layer lite compression system (green packaging) delivers sustained therapeutic compression for the treatment of venous leg ulcers, oedema and related conditions. For use on patients with an ABPI of 0.5 – 0.8 or Palliative patients.	Not to be used in ABPI <0.5. Not to be used as a wound dressing.		Can be used in frail or less mobile patients to help with concordance.
		10cm x 3.2m				
Paddings	Cellona™ Undercast Padding 2.75m unstretched	7.5m	Provides padding underneath compression bandages and splints.	Known sensitivity to the material	To be used with Actico™ to provide protection and shape, should be applied over stockinette/tubular bandage such as Comifast™.	The fibres are connected tightly enough for circular application
		10m	Air-permeable, temperature-equalising and does not absorb moisture.			
		15m	Contains 100% Polyester fibres.			
Toe Bandaging also available, please select the most suitable brand/product based on your patients' requirements						

Alternative brands and products are available, please select these on suitability for your patient.

For more information on Lower Limb Ulceration, please refer to the NHS Forth Valley Leg Ulcer Guidelines (2021)
<https://nhsforthvalley.com/wp-content/uploads/2021/11/NHS-FV-Leg-ulcer-guidelines-Updated-2021.docx>

Compression Accessories – Toe Caps

Toe caps can be used in conjunction with bandages, hosiery or wraps to either treat or prevent swelling in the toes. Ensure appropriate guidelines are followed to assess patients and select the most appropriate compression product

Product Category	Product Name	Sizes	Use	Precautions / Contraindications	Application	Tips
Toe Caps	OFF THE SHELF					
	For example: JOBST® Farrow® Toe Caps	XS - L 15 - 20mmHg or 20 - 30mmHg	The toe cap provides gentle compression for patients with mild to moderate oedema. Offered in a range of sizes and colours. JOBST® Farrow® Toe Cap covers a broad range of patients and complements the JOBST® FarrowWrap® assortment perfectly. The comfortable fabric and ultra-thin seams ensure a high wearing comfort	Be careful not to remove too much of the toe length, when cutting	Insert toes and foot into the toe cap opening. Position the toe cap so that it comfortably fits over the toes and foot. Work toe cap in between your toes to web space. If the toe lengths are too long, mark the toe at the appropriate length, remove the toe cap, then trim the length of the toe fabric to the marked area and reapply	A new ready-to-wear range. Fine seams with ultra-thin and smooth compression fabric. Trimmable. Can be worn together with JOBST® FarrowWrap® foot piece. Can be used on either foot
	CUSTOM-FIT					
	JOBST® Elvarex® Plus RAL CCL 1-2	Refer to JOBST® Elvarex® Plus order form	Custom-fit, flat-knit foot-caps for the management of chronic oedema	JOBST® Custom-Fit compression garments are contraindicated when any of the following conditions are present: <ul style="list-style-type: none"> • Severe arterial insufficiency • Uncontrolled congestive heart failure • Untreated infection 	Application instructions included in every pack <ul style="list-style-type: none"> • Step-by-step, easy to follow directions with every garment ordered • Helps the patient retain independence and dignity • Reduces the risk of incorrect application technique, leading to skin problems or trauma 	Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate. Ensure appropriate footwear is worn by patients to prevent falls
	JOBST® Elvarex® Soft Seamless RAL CCL 1-2	Refer to JOBST® Elvarex® Soft Seamless order form	Latex-free, custom-fit, flat-knit foot-caps for the management of chronic oedema	Occasionally, the wearing of compression garments can lead to problems in the following cases: <ul style="list-style-type: none"> • Immobility (confinement to bed) • Skin infections • Weeping dermatoses • Incompatibility to fabric • Impaired sensitivity of the limb (e.g., in diabetes mellitus) • Primary chronic polyarthritis 		

Alternative brands and products are available, please select these on suitability for your patient.

Compression Hosiery – Hosiery Kits

[National Wound Care Strategy Programme - Lower Limb - recommendations for clinical care](#) – If there are no RED FLAGS (See Forth Valley Leg Ulcer Algorithm):

- Apply mild, graduated compression first line (e.g., JOBST® UlcerCare replacement liners, whilst waiting for a doppler)
 - Offer strong compression in the form of two-layer compression hosiery kits as first line treatment (with strong multi-component compression bandaging as an alternative).
 - Red Flags to consider include: Acute or spreading infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat), Symptoms of sepsis, Acute or chronic limb threatening ischaemia [Urgent referral to vascular services], Suspected deep vein thrombosis (DVT) [Refer to GP], Suspected skin cancer [Urgent referral to dermatology services].
- Complete a holistic leg ulcer assessment prior to application of hosiery kit.

Product Category	Product Name	Sizes	Use	Precautions / Contraindications	Application	Tips
Compression Liners	JOBST® UlcerCare Replacement Liners (Pack of 3) 15 – 20mmHg	Small, Medium, Large, XL, XXL, XXXL	The JOBST® UlcerCare compression liner, as well as holding the wound dressing in place, provides mild, graduated compression for non-ambulatory patients and can be worn for 24 hours per day	<p>APBI less than 0.8 and more than 1.3</p> <p>The hosiery kit should be used with extreme caution and applied only after specialist referral and under strict supervision.</p> <ul style="list-style-type: none"> • Diabetic patients - unless after specialist referral and under strict supervision and regular follow-up. • Significant arterial disease (ischemia) according to vascular assessment <p>This system may be unsuitable where there is heavy exudate.</p> <p>For distorted or irregular shaped limbs, it may be more appropriate to use compression bandages. Padding and bandages are recommended for patients with very small limbs or with bony prominences.</p> <p>Arterial circulation disorders. Right heart failure, pre-existing gangrenous damage, neuropathy and inability to tolerate stocking material.</p>	<p>A full holistic assessment is required prior to application.</p> <p>The silky, easy to apply liner goes on first. The liner holds dressings in place and helps the second layer to go on easily.</p> <p>A second compression layer is added over the liner to achieve therapeutic pressure for venous leg ulcer healing. Refer to manufacturer's instructions</p>	<p>Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate</p>
Compression Hosiery – Hosiery Kits	JOBST® UlcerCare Hosiery Kit (2 Liners, 1 Outer Stocking) Liner 17 mmHg. Outer Stocking 23 mmHg	Small, Medium, Large, XL, XXL, XXXL, 4XL	<p>JOBST® UlcerCare consists of two components, a medical stocking which provides 23 mmHg of compression and a liner which provides 17 mmHg of compression. Together the 2 garments provide a gradient compression of 40mmHg at the ankle, as recommended by health care professionals.</p> <p>It is designed for patient's self-management and allows for improved personal hygiene and minimum disruption to patient's lifestyle, e.g., functional with normal footwear and clothing</p>			
	Mediven™ Ulcer Kit	Sizes I - VII	<p>Two-piece system, one overstocking 20mmHg and one liner 20 mmHg.</p> <p>For the treatment and management of venous leg ulcers and associated conditions.</p>			

Alternative brands and products are available, please select these on suitability for your patient.

Compression Hosiery Circular-Knit - RAL Standard

RAL standard compression hosiery is recommended for patients with lower leg oedema or lymphoedema associated with or without ulceration.

Complete a holistic leg assessment prior to application.

Risk factors to consider include: ABPI results, indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes.

Product Category	Product Name	Styles	Use	Precautions / Contraindications	Application	Tips
Ready-to-Wear Compression Hosiery	JOBST® UltraSheer® RAL CCL1 18-21 mmHg RALCCL2 23-32 mmHg	Knee High Petite or Regular	Ready-to-wear, circular-knit hosiery for the treatment of MILD oedema and venous disease.	<p>Ready-to-wear compression garments are contraindicated when any of the following conditions are present:</p> <ul style="list-style-type: none"> Severe arterial insufficiency Uncontrolled congestive heart failure Untreated infection <p>Occasionally, the wearing of compression garments can lead to problems in the following cases:</p> <ul style="list-style-type: none"> Immobility (confinement to bed) Skin infections Weeping dermatoses Incompatibility to fabric Impaired sensitivity of the limb (e.g., in diabetes mellitus) Primary chronic polyarthritis <p>According to the guidelines of the German Phlebology Society the following are absolute contraindications:</p> <ul style="list-style-type: none"> Advanced peripheral arterial occlusive disease Decompensated heart disease Septic phlebitis Phlegmasia coerulea dolens Relative contraindications: Concomitant dermatoses Intolerance to compression stocking fabric Sensory disturbances of the limb Advanced peripheral neuropathy Primary chronic arthritis 	Application instructions included in every pack.	Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate
		Thigh High Petite or Regular	The fine yarns deliver superior breathability and moisture management making the garments more comfortable to wear			
		Tights Petite or Regular				
	JOBST® Opaque® RAL CCL1 18-21 mmHg RALCCL2 23-32 mmHg	Knee High Petite or Regular	Ready-to-wear, circular-knit hosiery for the treatment of MILD to MODERATE oedema and venous disease.			
	Thigh High Petite or Regular	The Nilit Aquarius fibers effectively wick away moisture; the double-covered inlay yarns make JOBST Opaque incredibly easy to don				
	Tights Petite or Regular					
	JOBST® forMen Explore RAL CCL1 18-21 mmHg RALCCL2 23-32 mmHg	Knee High Regular or Long	Ready-to-wear, circular-knit hosiery for the treatment of MILD to MODERATE oedema and venous disease. Ready-to-wear, circular-knit compression sock with high cotton content for increased comfort and durability			
	JOBST® forMen Ambition RAL CCL1 18-21 mmHg RALCCL2 23-32 mmHg	Knee High Regular or Long	Ready-to-wear, circular-knit hosiery for the treatment of MILD to MODERATE oedema and venous disease. Ready-to-wear, circular-knit compression sock with ribbed design for a more natural appearance			

Alternative brands and products are available, please select these on suitability for your patient.

Compression Hosiery Circular-Knit - RAL Standard Continued

RAL standard compression hosiery is recommended for patients with lower leg oedema or lymphoedema associated with or without ulceration.

Complete a holistic leg assessment prior to application.

Risk factors to consider include: ABPI results, indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes.

Product Category	Product Name	Styles	Use	Precautions / Contraindications	Application	Tips
	Mediven™ Elegance RAL CCL 1-2 (closed Toe Only)	Knee High	Mediven™ Elegance: RAL CCL1-2 Ready-to-wear, circular-knit hosiery for the treatment of MILD oedema and venous disease	<p>Ready-to-wear compression garments are contraindicated when any of the following conditions are present:</p> <ul style="list-style-type: none"> • Severe arterial insufficiency • Uncontrolled congestive heart failure • Untreated infection <p>Occasionally, the wearing of compression garments can lead to problems in the following cases:</p> <ul style="list-style-type: none"> • Immobility (confinement to bed) • Skin infections • Weeping dermatoses • Incompatibility to fabric • Impaired sensitivity of the limb (e.g., in diabetes mellitus) • Primary chronic polyarthritis <p>According to the guidelines of the German Phlebology Society the following are absolute contraindications:</p> <ul style="list-style-type: none"> • Advanced peripheral arterial occlusive disease • Decompensated heart disease • Septic phlebitis • Phlegmasia coerulea dolens • Relative contraindications: • Concomitant dermatoses • Intolerance to compression stocking fabric • Sensory disturbances of the limb • Advanced peripheral neuropathy • Primary chronic arthritis 	<p>Application instructions included in every pack.</p> <p>Application aids also available, please see page 28.</p>	<p>Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate</p>
		Thigh High				
		Tights				
	Mediven™ Plus RAL CCL 1-2 (Open Toe)	Knee High	Chronic venous insufficiency stage I-III with slight tendency for oedema, inflammatory venous disease, thrombophlebitis, varicophlebitis, varicose in pregnancy, primary & secondary varicosis, thrombosis prophylaxis (CCL 2 preferred) post sclerotherapy of VVS.			
		Thigh High				
		Tights				

Alternative brands and products are available, please select these on suitability for your patient.

Compression Hosiery – British Standard

British standard hosiery provides a lower level of compression in comparison to RAL, this may be beneficial for patients who have a low tolerance to compression hosiery, patients who have a regular shaped limb or palliative patients.

Complete a holistic leg assessment prior to application.

Product Category	Product Name	CCL	Use	Precautions/ Contraindications	Applications	Tips
British Standard Hosiery	Duomed™ soft	BS CCL1 (14-17mmHg) BS CCL2 (18-24mmHg)	Duomed™ Soft below knee compression stockings - daily wear for gentle care. Graduated compression elastic hosiery in compliance with British Standard (BS 6612:1985).	<p>According to the guidelines of the German Phlebology Society the following are absolute contraindications:</p> <ul style="list-style-type: none"> • Advanced peripheral arterial occlusive disease • Decompensated heart disease • Septic phlebitis • Phlegmasia coerulea dolens <p>Relative contraindications:</p> <ul style="list-style-type: none"> • Concomitant dermatoses • Intolerance to compression stocking fabric • Sensory disturbances of the limb • Advanced peripheral neuropathy • Primary chronic arthritis 	Application instructions included in every pack	Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate

Alternative brands and products are available, please select these on suitability for your patient.

Compression Hosiery - RAL Standard - Custom-Fit/Made-to-Measure

RAL standard compression hosiery is recommended for patients with lower limb oedema or lymphoedema associated with or without ulceration. Can also be used for vascular disease. Risk factors to consider include: ABPI results, indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes. **Complete holistic assessment prior to application.**

Product Category	Product Name	Style	Use	Precautions / Contraindications	Application	Tips
Custom-Fit RAL Compression Hosiery	JOBST® Elvarex® custom-fit RAL CCL 1-2	Refer to JOBST® Elvarex® custom-fit order form	<p>JOBST® Elvarex®: custom-fit, compression garment, RALCCL 1-2</p> <p>custom-fit, flat-knit garments for the management of MODERATE to SEVERE chronic oedema.</p> <p>Firm material providing graduated compression with high resistance, especially important for more stubborn oedema and rebound oedema.</p> <p>flat-knit fabric does not work in at skin folds but lays flat against the skin</p>	<p>custom-fit compression garments are contraindicated when any of the following conditions are present:</p> <ul style="list-style-type: none"> • Severe arterial insufficiency • Uncontrolled congestive heart failure • Untreated infection <p>Occasionally, the wearing of compression garments can lead to problems in the following cases:</p>	<p>Application instructions included in every pack</p> <ul style="list-style-type: none"> • Step-by-step, easy to follow directions with every garment ordered • Helps the patient retain independence and dignity • Reduces the risk of incorrect application technique, leading to skin problems or trauma <p>See manufacturer's instructions</p>	<p>Following a full holistic assessment, they can be reapplied by the patient, carer and other members of the multi-disciplinary team where appropriate. Ensure appropriate footwear is worn by patients to prevent falls</p> <p>Various application aids are available to assist donning.</p>
	JOBST® Confidence® custom-fit RAL CCL 1-2	Refer to JOBST® Confidence® custom-fit order form	<p>JOBST® Confidence®: custom-fit, compression garment, RAL CCL 1-2</p> <p>custom-fit, flat-knit garments with improved contour fit for the management of MILD to MODERATE chronic oedema.</p> <p>Soft and firm material providing graduated compression with high resistance, especially important for more stubborn oedema and rebound oedema.</p> <p>flat-knit fabric does not work in at skin folds but lays flat against the skin</p>	<ul style="list-style-type: none"> • Immobility (confinement to bed) • Skin infections • Weeping dermatoses • Incompatibility to fabric • Impaired sensitivity of the limb (e.g., in diabetes mellitus) • Primary chronic polyarthritis <p>Arterial Disorders, allergy to any of the components of the garment.</p>		

	JOBST® Elvarex®Soft RAL CCL 1-2	Refer to JOBST® Elvarex® Custom-fit order form	<p>JOBST® Elvarex® Soft: custom-fit, compression garment, RAL CCL 1-2</p> <p>Latex free, custom-fit, flat-knit garments for the management of MILD to MODERATE chronic oedema.</p> <p>Skin-protecting softness and excellent breathability makes the garments particularly well suited for patients with dry, sensitive or fragile skin*</p> <p>*JOBST® Elvarex® Soft: is not suitable for patients with severe levels of chronic oedema</p>			
	Haddenham™ Custom-Fit	Refer to Haddenham™ measuring form	Moderate to severe chronic oedema. Various fabrics of different stiffness properties in a range of different styles to accommodate various sized limbs.			
	Mediven™ Mondi	Refer to Mediven™ Mondi measuring form	Made-to-measure, flat-knit, latex free garment (RAL) For use in the treatment of lymphatic disorders and Lipoedema.			

Alternative brands and products are available, please select these on suitability for your patient.

Compression Wrap Systems

Compression wrap systems are recommended for patients with lower limb oedema and/or lymphoedema, also for the management of venous disease. **Complete holistic assessment prior to application.**

Risk factors to consider include: ABPI results, indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes

Product Category	Product Name	Sizes		Use	Precautions / Contraindications	Application	Tips
Compression Wrap Systems	JOBST® FarrowWrap® Lite 20-30mmHg Foot-piece	XS - XL	Regular	<p>JOBST® FarrowWrap® is a wrap compression system that consists of a liner and an outer wrap piece.</p> <p>How does JOBST® FarrowWrap® achieve compression?</p> <ul style="list-style-type: none"> • Special fabrics comprised of layers of fabric • Smart, elastic, short-stretch bands • Top to bottom band overlap • Optimal band width <p>Indications for Classic* and Strong* are for lymphoedema, chronic oedema, chronic venous insufficiency & Leg Ulcer Management</p>	<p>NOT be worn if you have the following medical conditions:</p> <ul style="list-style-type: none"> • Moderate to severe arterial disease • Mild arterial disease in the presence of peripheral neuropathy • Untreated vein infection (septic phlebitis) • Uncontrolled (decompensated) congestive heart failure • Untreated and / or advancing skin infection (cellulitis) involving the feet or legs • Large blood clot in the vein of the leg (phlegmasia coerulea dolens) 	<p>Follow application instructions on leaflet in packaging</p>	<p>Fold Velcro™ back on itself before application, when taking garment off to aid donning and doffing and before washing.</p> <p>Liners supplied with each wrap piece</p> <p>JOBST® FarrowHybrid® Liner is not suitable for patients with a calf circumference of >60cm</p>
	JOBST® FarrowWrap® Lite 20-30mmHg Leg-piece		Long				
	JOBST® FarrowWrap® Lite 20-30mmHg Thigh-piece (Including Knee)	XS - XL	Regular				
			Tall				
			Short				
			Regular				
	JOBST® FarrowWrap® Strong / Classic30-40mmHgFoot-piece	XS - XL	Regular				
	Long						
	JOBST® FarrowWrap® Strong / Classic30-40mmHg Leg-piece	XS - XL	Regular				
	Tall						
JOBST® FarrowWrap® Strong / Classic30-40mmHg Thigh-piece (including Knee)	XS - XL	Short					
Regular							
Tall							
Venous Leg Ulceration and/or Mild to Moderate Oedema							
JOBST® FarrowWrap® 4000 (40mmHg) Leg-piece and Sock	XS - XL	Regular	<p>JOBST® FarrowWrap® 4000 provides even compression of 30-40 mmHg for patients with mild to moderate venous and lymphatic conditions, with or without leg ulcer present.</p>				
Tall							
JOBST® FarrowHybrid® Liner (pairs)20-30mmHg 30-40mmHg	XS - XL	Regular	<p>Foot swelling is addressed with the JOBST® FarrowHybrid®, providing compression from foot to ankle.</p>				
Wide							

Alternative brands and products are available, please select these on suitability for your patient.

Additional Products

Complete holistic leg assessment. Risk factors to consider include Indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes British standard compression hosiery is recommended for patients with mild lower leg oedema without ulceration

Product Category	Product Name	Sizes & Style	Use	Precautions / Contraindications	Application	Tips
Compression Wrap Systems	Haddenham Easywrap™ Light (20-30mmHg) Foot Piece and Leg Piece	XS – XL Regular or Long	Haddenham Easywrap™ garments consist of overlapping, single-layer textile bands that are worn over a protective antimicrobial liner.	<p>Absolute Contraindications</p> <p>Not to be used in cases of: advanced peripheral arterial occlusive disease; decompensated heart disease; uncontrolled congestive heart failure; untreated septic phlebitis; phlegmasia coerulea dolens. Known allergy to any of the material used in the garments.</p> <p>Relative Contraindications</p> <p>Occasionally can lead to problems in cases of immobility (confinement to bed); skin infections; weeping dermatoses;</p> <p>incompatibility to fabric; impaired sensitivity of the limb (e.g., in diabetes mellitus); suppurating dermatoses; primarily chronic polyarthritis; advanced peripheral neuropathy; primary chronic arthritis.</p> <p>Allergic or allergic type responses to fabric</p>	<ol style="list-style-type: none"> 1. Position the band to ensure correct placement on the limb and a 50% overlap when covering previous bands. 2. Gently stretch the band around the limb until you feel the material 'lock out'. 3. Whilst maintaining the stretch secure the band with the fastening tap to apply the correct level of compression 	A stretchier fabric suitable for mild to moderate compression needs. Especially suitable for palliative and paediatric patients
	Haddenham Easywrap™ Light (20-30mmHg) Thigh Piece and Knee Piece	XS – XL Short, Regular or Tall	The bands are secured by fasteners that are easy to attach and are engineered to be conforming and low profile			
	L&R ReadyWrap Foot piece and Leg Piece	S-XXL	<p>ReadyWrap™ Liners are designed to be used under ReadyWrap™ garments (liners themselves offer no therapeutic compression).</p> <p>ReadyWrap™ Garments have short stretch properties.</p> <p>For use in patients with leg ulceration and/or chronic oedema.</p> <p>Any open wounds should be dressed prior to application of the liner. In (very) rare cases, skin irritations and/or allergies may occur.</p> <p>Always read the in-pack information leaflet prior to commencing use of the product. Latex Free.</p>	<p>Not suitable for ankle circumference less than 18cm unless padding is used to increase ankle circumference.</p> <ul style="list-style-type: none"> • patients with arterial disease with a ABPI <0.8. • Unsuitable for heavily exuding & large wounds <p>As with all types of compression, caution is required when</p> <ul style="list-style-type: none"> • Cardiac overload is expected • Diabetes • Advanced small vessel disease • Renal failure • Rheumatoid arthritis • Acute DVT (Deep Vein Thrombosis) • Untreated congestive heart failure • Untreated cancer • Untreated infection i.e., Cellulitis • Allergy to materials • Severe or moderate peripheral arterial disease <p>Following application, if the patient shows signs of pain, reduced colour or numbness to their extremities, then it should be removed immediately</p>	<p>Applied at full stretch, matching colour coded Velcro.</p> <p>Refer to manufacturer's instructions for use.</p>	<p>Front fastening short straps for patient application and readjustment.</p> <p>Overlapping straps minimize user application error and can prevent undue loss of pressure if the patient does not apply correctly.</p> <p>Low profile, allowing for patients to wear regular footwear.</p>

Alternative brands and products are available, please select these on suitability for your patient.

Additional Products - Continued

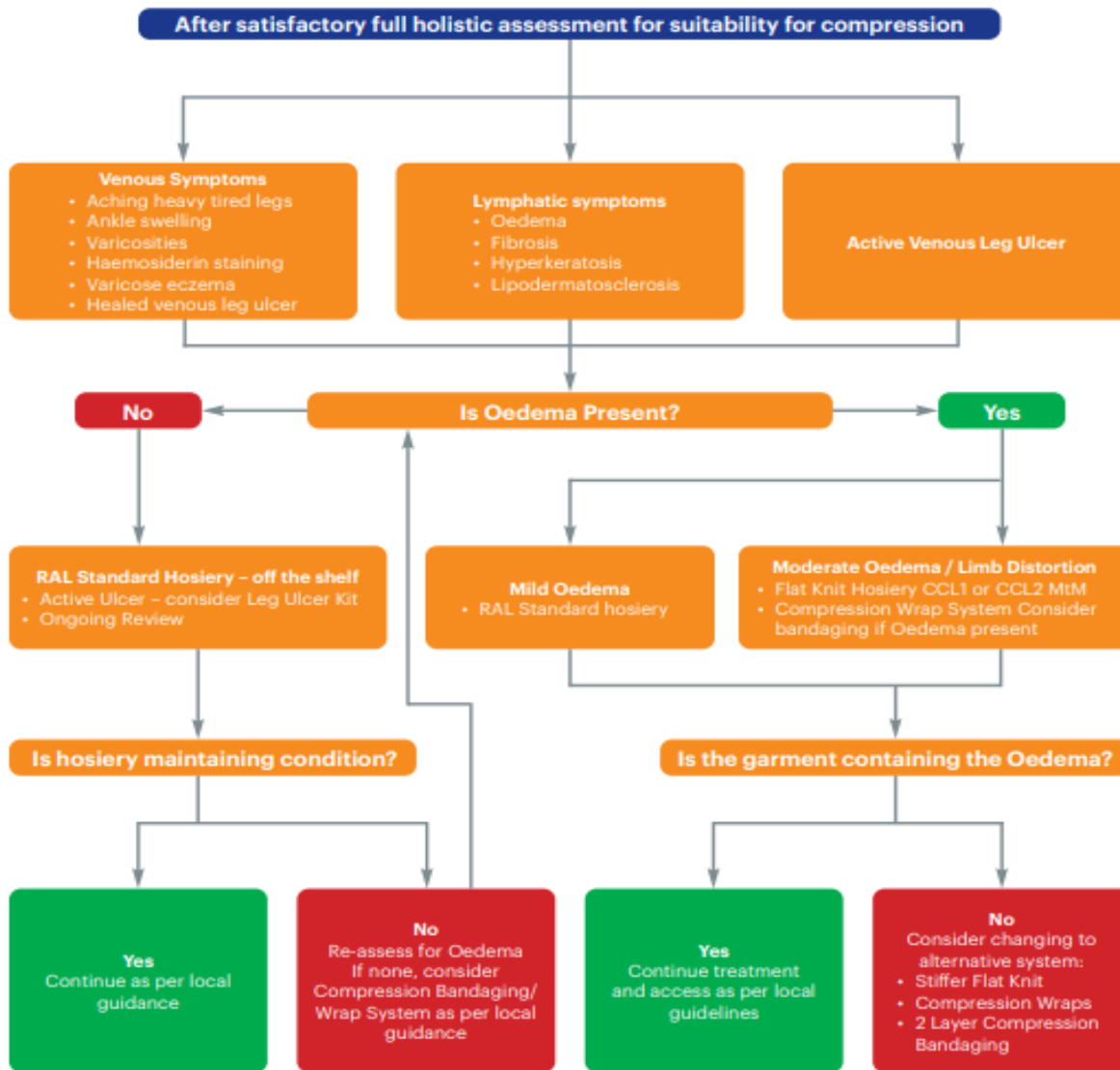
Complete holistic leg assessment. Risk factors to consider include: Indicating arterial disease, intermittent claudication, pain at rest, capillary refill, warmth of feet, cardiac disease and diabetes British standard compression hosiery is recommended for patients with mild lower leg oedema without ulceration

Product Category	Product Name	Sizes	Use	Precautions / Contraindications	Application	Tips
Compression Wrap Systems	Juzo ACS™	XS - XL	Short stretch compression segments which are adaptable due to the adjustable Velcro fasteners. Up to 40mmHg achieved	<p>Absolute contraindications:</p> <ul style="list-style-type: none"> Advanced peripheral arterial occlusive disease (e.g., ABPI <0.5) Decompensated cardiac insufficiency Septic phlebitis Phlegmasia coerulea dolens (uncommon severe form of DVT) Acute bacterial, viral or allergic inflammation Swelling of extremities of unknown cause <p>Relative contraindications:</p> <ul style="list-style-type: none"> Pronounced weeping dermatoses Incompatibility with pressure or product ingredients Severe sensitivity disorders in the extremities Advanced peripheral neuropathy (e.g., in diabetes mellitus) Primary chronic polyarthritis Peripheral artery disease stage I/II Malignant lymphoedema 	Refer to manufacturer's instructions for use	The option of using the incorporated liner can make donning easier for patients

Alternative brands and products are available, please select these on suitability for your patient.

Quick Guide to Compression Decision Making

Quick Guide to Compression Decision Making



Please see full details in the guidance document

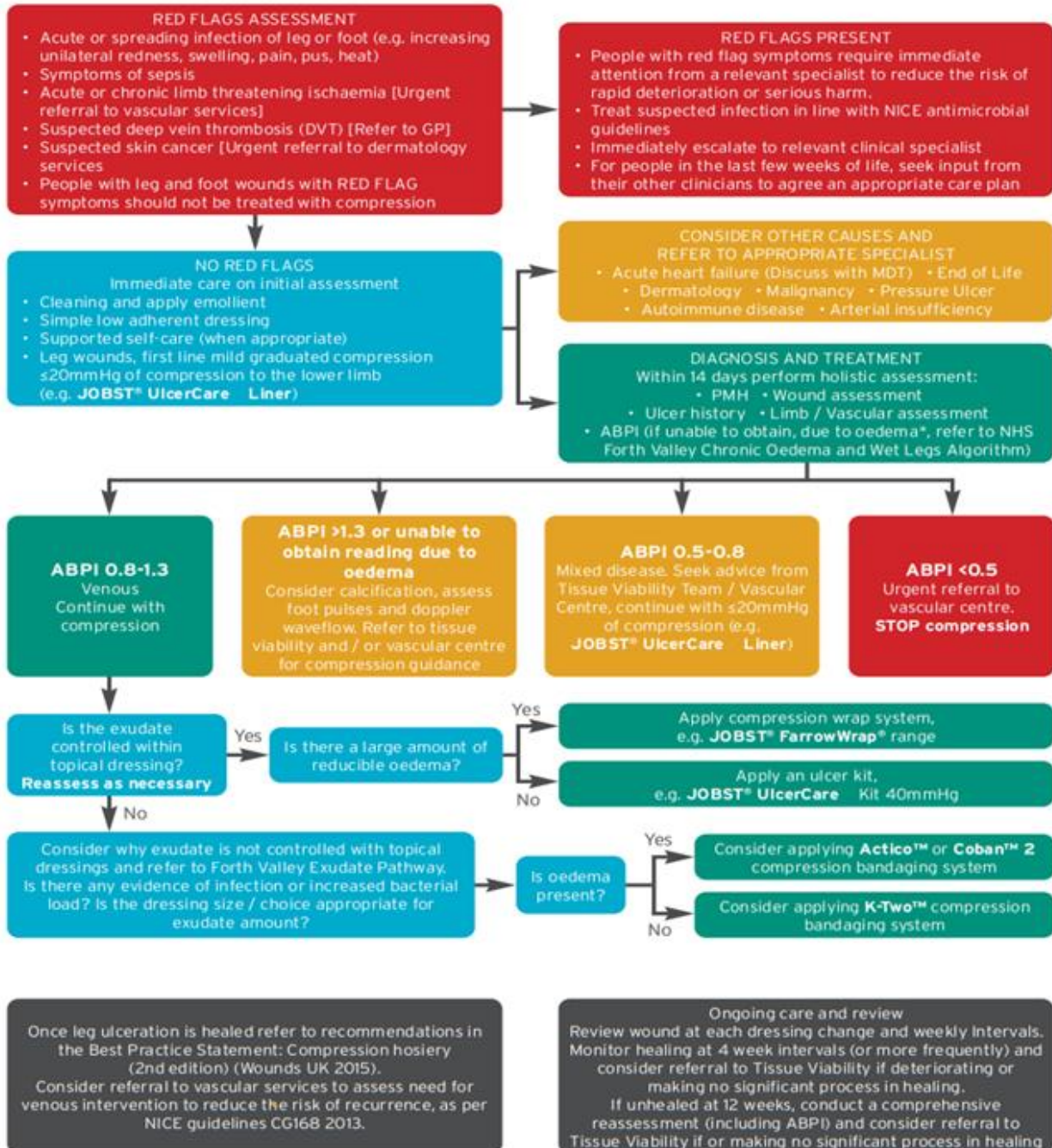
Designed by Heather MacGowan, Tissue Viability

Leg Ulcer Treatment Algorithm

Leg Ulcer Treatment Algorithm



Immediate and necessary care
Initial contact for a patient with one or more wounds to the leg



For further advice contact: fv.tissueviability@nhs.scot * - BLS Position Paper for ABPI
Adapted from the National Wound Care Strategy Programme Lower Limb - recommendations for clinical care

Alternative brands and products are available, please select these on suitability for your patient.

Lower Limb – Recommendations for Clinical Care

Lower Limb - Recommendations for Clinical Care



For further information, please refer to the full NWCSP Lower Limb Recommendations at NationalWoundCareStrategy.net

For people with one or more wounds below the knee.

Leg wound - originating on or above the malleolus (ankle bone) but below the knee.

Foot wound - originating below the malleolus.



Wounds on the Leg
One or more wounds above the malleolus

Wounds on the Foot
One or more wounds below the malleolus

Immediate and Necessary Care

RED FLAG ASSESSMENT

- Acute or spreading infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat) [Alert GP]
 - Symptoms of sepsis
- Acute or chronic limb threatening ischaemia [Urgent referral to vascular services]
 - Suspected deep vein thrombosis (DVT) [Refer to GP]
- Suspected skin cancer [Urgent referral to dermatology services]

Immediate care

- Cleaning and emollient
- Simple low-adherent dressing
- Leg wounds, first line mild graduated compression
- Supported self-care (when appropriate)

People without the above symptoms should be offered strong compression in the form of two-layer compression hosiery kits as first line treatment (with strong multi-component compression bandaging as an alternative).

The need for application aids should be considered

Diagnosis and treatment

1. Assess and identify contributing causes for non-healing

2. Diagnose cause of non-healing and formulate treatment plan

People with confirmed or suspected diabetic foot ulceration

- Refer to diabetic foot team
- Provide care in line the NICE Guideline for Diabetic Foot Problems

People with confirmed or suspected peripheral arterial disease

- Refer for vascular surgical opinion
- Provide care in line the NICE Guideline for Peripheral Arterial Disease

Ongoing care and review

Review at each dressing change and at weekly intervals

- Monitor healing at 4 - week intervals (or more frequently if concerned)
- If unhealed at 12 weeks, reassess

Assessment times for diagnosis and treatment

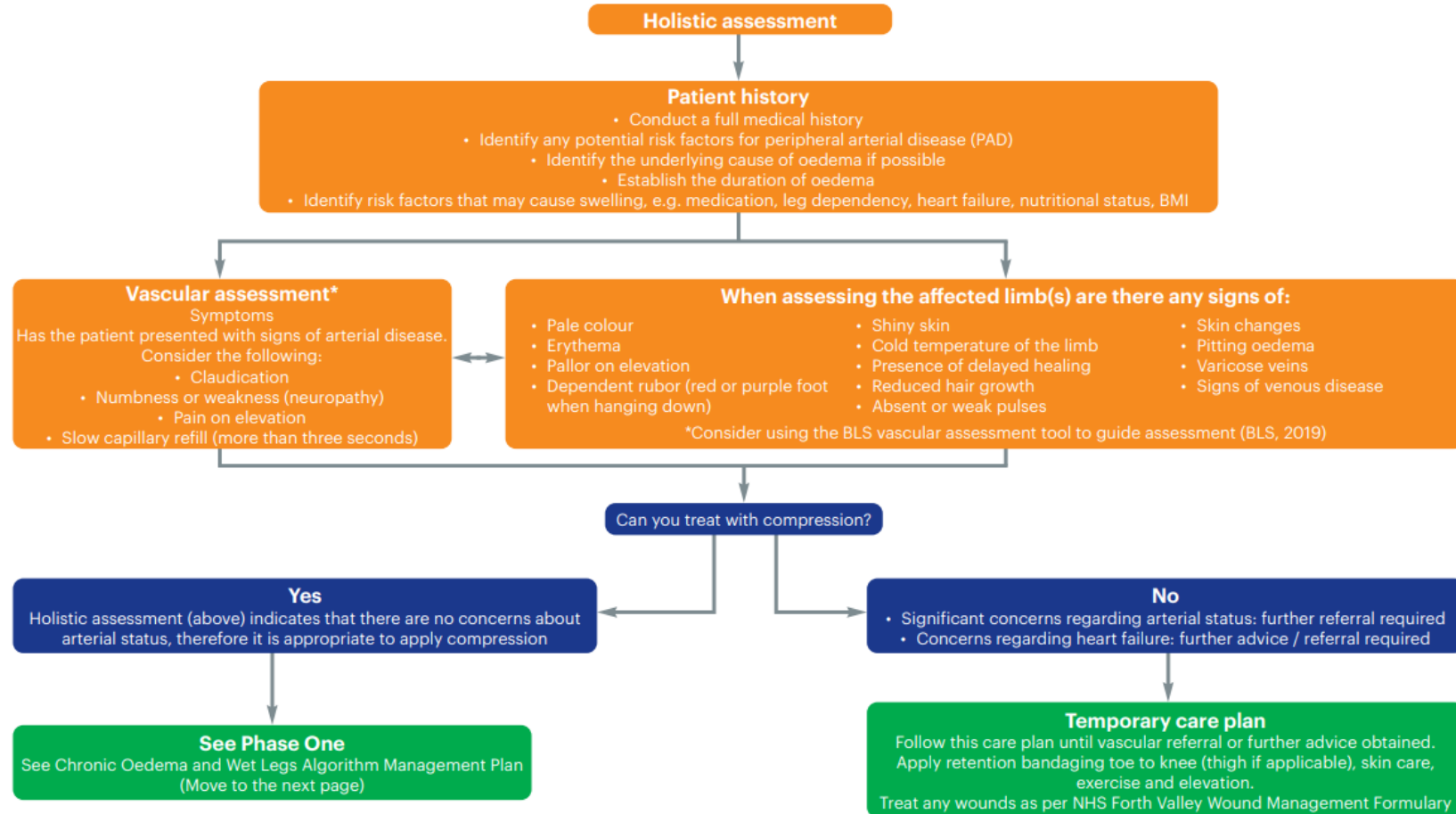
- In hospital with diabetic foot wound - refer to MDT within 24 hours
- Any other type of foot wound - refer to MDT within 1 working day

Adapted from the National Wound Care Strategy Programme - Lower Limb - recommendations for clinical care

Chronic Oedema and Wet Legs Algorithm Assessment



Chronic Oedema and Wet Legs Algorithm Assessment

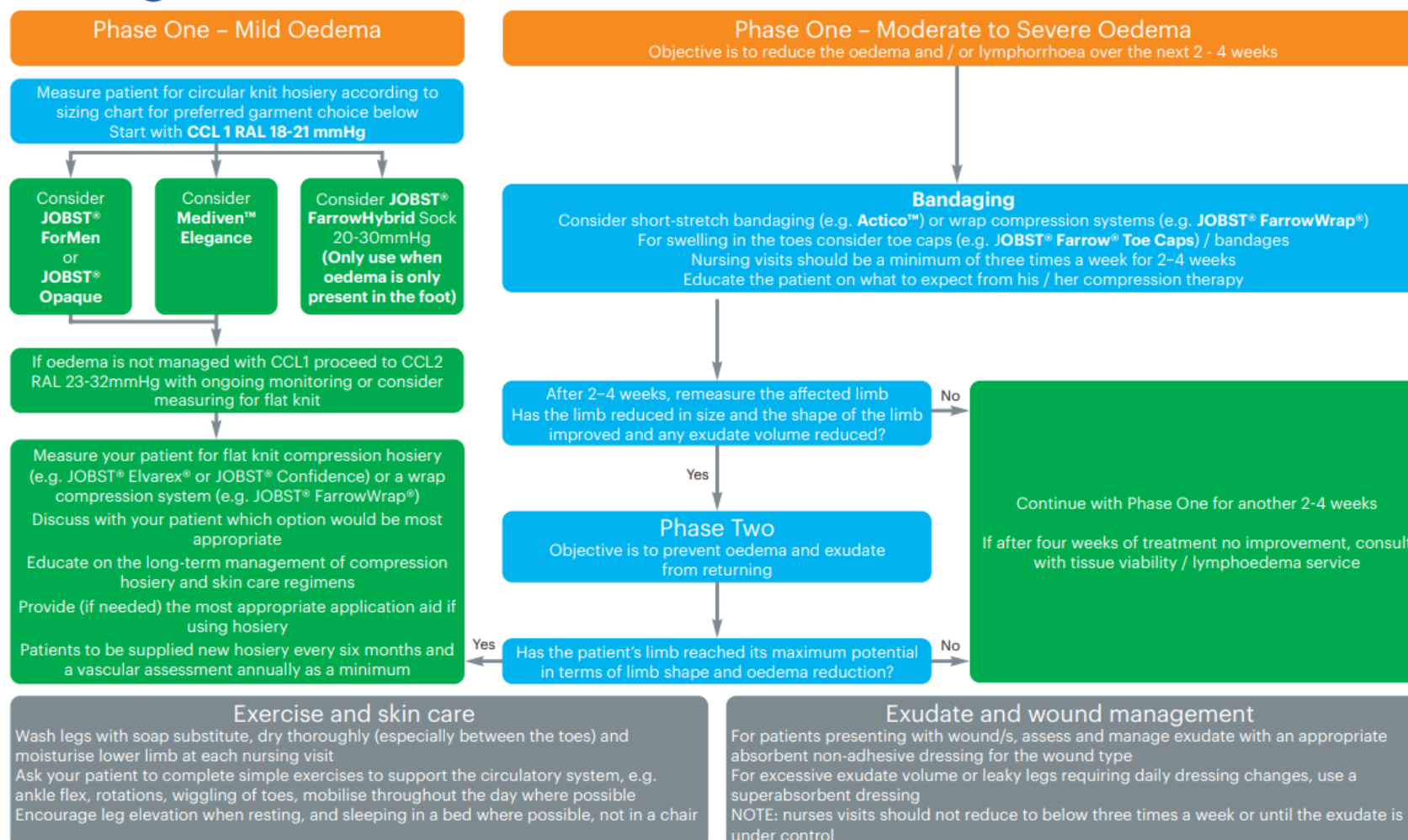


Adapted from:
Wound Care People (2019) Best practice in the community. Chronic oedema. Wound Care People

Alternative brands and products are available, please select these on suitability for your patient.

Chronic Oedema and Wet Legs Algorithm Management Plan

Chronic Oedema and Wet Legs Algorithm Management Plan

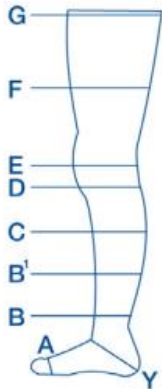


Adapted from:
Wound Care People (2019) Best practice in the community. Chronic oedema. Wound Care People

Alternative brands and products are available, please select these on suitability for your patient.

Supporting Information

Definition of measuring points



- G: Circumference at widest part of upper thigh, below gluteal fold
- F: Middle of thigh
- E: Middle of patella / back of knee
- D: Fibula head (two finger-widths below patella)
- C: Maximum circumference of calf
- B¹: Transition to calf (Achilles tendon)
- B: Narrowest circumference above ankle
- Y: Heel / ankle flex with maximum dorsiflexion
- A: Metatarsal joint of toe



Tips for measuring

- Try to measure first thing in the morning when oedema is at its minimum or immediately after removing compression garment
- Take measurements directly against the skin for accuracy
- If the patient has skin folds, do not measure into skin folds but place tape measure on top of skin fold
- Take measurements for each leg as they may differ in size

Vascular assessment ABPI / TBPI

Full Compression	Reduced Compression	Vascular Referral
No arterial risk	Mixed arterial risk	Arterial disease
ABPI 0.8 – 1.4	ABPI 0.5 – 0.8	ABPI <0.5
TBPI >0.7	TBPI 0.64 – 0.7	TBPI <0.64

RAL classification

RAL CCL	British CCL
CCL 1 18 – 21mmHg	CCL 1 14 – 17mmHg
CCL 2 23 – 32mmHg	CCL 2 18 – 24mmHg
CCL 3 34 – 46mmHg	CCL 3 25 – 35mmHg

Application / Removal aids

Mediven™ Butler



Juzo™ EasyFit



EzyAs™



Rubber Gloves



ActiGlide



Links to Measuring Forms

MEDI UK™

[Juxtafit Lower Limb](#) [Medi Butler](#) [Mediven™ Elegance & Plus – GP Order Form](#) [Mediven™ for Men & Mediven™ Active](#) [Mediven™ Plus and Elegance](#) [Mediven™ Ulcer Kit](#)

HADDENHAM™

[EasyWrap Lower Limb GP Prescription Measurement Form](#) [Lower Limb Made To Measure Form](#) [Lower Limb Made To Order Form](#)

SIGVARIS™

[Compression Wraps](#) [Measuring Instructions](#)

JUZO™

[ACS Essentials Tick Sheet Wrap](#) [AD Order Form](#) [Juzo Move Order Form](#) [MTM Flat Knit Lower Limb Digital](#) [MTM Flat Knit Varodem Lower Limb Feb 2019](#) [OTS Order Form Circular Lower Limb Tick sheet](#)

L&R/ACTIVA™

[EasyWrap Lower Limb Form](#) [ReadyWrap Below Knee](#)

JOBST®

[Jobst Elvarex Custom Fit](#) [Jobst Farrow Wrap Below Knee](#) [Jobst Ready To Wear](#) [Jobst Ulcercare Kit](#) [Jobst Confidence Made to Measure Form](#)

References

Finlayson, K., Parker, C., Miller, C., Gibb, M., Kapp, S., Ogrin, R., Anderson, J., Coleman, K., Smith, D. and Edwards, H., 2018. Predicting the likelihood of venous leg ulcer recurrence: The diagnostic accuracy of a newly developed risk assessment tool. *International Wound Journal*, [online] 15(5), pp.686-694. Available at: <<https://www.o-wm.com/article/predicting-likelihood-delayed-venous-leg-ulcer-healing-and-recurrence-development-and>> [Accessed 17 March 2021].

Harding K, Dowsett C, Fias L et al (2015) *Simplifying venous leg ulcer management. Consensus recommendations*. London: Wounds International

Lymphoedema Network Wales (2019) *The Chronic Oedema “Wet Leg” (Lymphorrhoea) Pathway*

Moffatt CJ (2007) *How compression works. Compression therapy on practice*. Wounds UK, Aberdeen, 58

National Institute for Health and Care Excellence (2017) *Clinical Knowledge Summaries: Leg Ulcer - Venous*

O’Meara S, Cullum N, Nelson EA, Dumville JC (2012) Compression for venous leg ulcers. *Cochrane Database syst Rev*. doi: 10.1002/1451858.CD000265.pub3 (accessed 24.03.2021)

Wounds UK (2015) *Best Practice Statement: Compression Hosiery* (2nd edition). London: Wounds UK

Wounds UK (2016) *Best Practice Statement: Holistic Management of Venous Leg Ulceration*. London: Wounds UK

Wounds UK (2019) *Best Practice Statement: Addressing complexities in the management of venous leg ulcers*. London: Wounds UK

BLS Position Paper for assessing vascular status in the presence of chronic oedema prior to the application of compression hosiery: Position Document to guide decision making 2019 Available at: <https://www.thebbs.com/documents-library/assessing-vascular-status-in-the-presence-of-chronic-oedema-prior-to-the-application-of-compression-hosiery-position-document-to-guide-decision-making-a5>

National Wound Care Strategy Programme: (2020) Recommendations for Lower Limb Ulcers.

Addition Links

[NHS Forth Valley – Tissue Viability](#)

[Lymphoedema Services | Strathcarron Hospice](#)

[BLS Home \(thebls.com\)](#)

<https://nhsforthvalley.com/wp-content/uploads/2021/11/NHS-FV-Leg-ulcer-guidelines-Updated-2021.docx>

[Fast prescription delivery \(jobst.co.uk\)](#)

To order JOBST delivered freepost envelopes please contact: jobstdelivered@jobst.com

The Documents set out standards and recommendations for evidence-based best practice in patient care and may be used by the Organisation as a tool to manage the consistent and efficient delivery of healthcare by the Organisation. The contents of the Documents are for information only. The Documents do not constitute medical advice and are not intended to be used to diagnose, treat, cure, or prevent any disease or health condition. Any use of or reliance on the Documents shall be solely at the Organisation's risk. Essity accepts no liability for misuse of, or misstatements about the proper use of, the Documents by an Organisation or other third parties.