The Advantages of the Activa 40mmHg Hosiery Kit

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Introduction
Compression hosiery is generally recognised as the primary method of preventing the occurrence and recurrence of venous leg ulcers (Johnson 2002).

Traditionally compression bandages – short stretch (inelastic) and long stretch systems (elastic) including multilayer and single layer bandages form the basis for the active treatment of venous leg ulceration (Jones 2003).

However the problem with the wearing of several layers of bulky bandages is often a reason why some patients do not accept treatment (Edwards 2003). There is also a need for improved patient independence, and this has meant that there is a group of patients for whom treatment with high compression hosiery might be a more suitable alternative to bandages.

Discussion
In this clinic we have found that younger, able patients are willing to take more responsibility for their care. Providing the limb is not too missshapen or oedematous, and if the leg ulcer is not too large or heavily exuding, patients have been advised and educated on self care using a new compression hosiery treatment system. This comprises a silky liner which provides 10mmHg and allows easy application of the 2nd garment - a class 111 stocking which, in turn provides 25-35mmHg completing the total compression required to reverse venous hypertension.

Case study one
Mr. B is a 56-year-old gentleman with a venous leg ulcer previously non-concordant with compression bandaging.

Concordant with to Activa 40mmHg hosiery kit.

Improvement in venous leg ulcer healing after 4 weeks.

The patient is now happy with his treatment, and there is significant improvement in the healing of his leg ulcer.

Case study two
Mrs C is a 44 year old patient with severe venous disease typified by large areas of atrophie blanche on her foot and leg. She presented with a venous ulcer over the right lateral malleolus identified by vascular and Doppler assessment. The ulcer was treated with appropriate dressings, and the Activa compression hosiery treatment kit was applied. She was able to fit into her shoes easily and comfortably, and is now healing well.

Conclusion
These two case studies are examples of the benefits to patients and nurses, and the success of this new method of treatment for some of the leg ulcer patients who have been suitably assessed in this clinic.

References
Jones J (2003) Short stretch bandages for venous ulceration. Nurse 2 Nurse; Vol.3; Iss.3; March
Edwards L (2003) Practical advice for the effective application of compression bandaging. Journal of Community Nursing, Vol.17; Iss.5; May: 14-20

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