Introduction

Evidence suggests that successful leg ulcer management is dependent upon accurate assessment and the formulation of a differential diagnosis and that this should be undertaken by a health care professional trained in leg ulcer management (R.C.N.1998). Once confirmed the aim of the treatment are outlined by (Morrison et al 1998):

• Correct the underlying cause of the ulcer.
• Create an optimal environment for wound healing.
• Improve the intrinsic and extrinsic factors that may delay healing.
• Prevent complications and maintaining healed ulcers.

Graduated compression therapy is the Gold standard proven treatment for patients with confirmed venous leg ulceration (Cullum et al 1999). Traditional compression bandaging has required intensive education and training for health care staff, which is not always available in some care settings. This has led to several authors questioning nurses' bandaging skills (Fletcher et al 1997 and Vowden et al 2001).

There are increasing options for the application of compression therapy, which health care staff need to be aware of. Compression hosiery was originally designed to manage venous disease for those without ulceration or to prevent recurrence. The development of the Activa 40 mmHg latisse hosiery kit combining a class 3 below knee stocking (25-35 mmHg) with a 10mmHg white liner which is available in a range of sizes on FP10 may be considered as a useful addition to the current methods of applying compression in Primary care. The traditional issues of difficulty in application and removal and non-concordance may be overcome, offering an advantage to the patient, the healthcare professional and overall health care.

Method

An evaluation of 10 patients with confirmed venous disease and a Doppler Ultrasound of 0.8 > 1.3 (As per local Leg Ulcer Policy and Guidelines) has been undertaken by the Worcestershire Primary Care Trusts Tissue Viability Team who are all experienced in compression therapy.

An evaluation form with a 5 point scale was developed and included the following areas for consideration:

• Ease of application
• Ease of removal
• Patient comfort
• Comfort when standing, sitting and lying down
• Skin condition
• Wound healing

New and existing patients who had a regular shaped limb were invited to evaluate the hosiery treatment.

Results

Of the 10 patients who took part, 9 were able to tolerate the compression hosiery. 3 patients were previously unable to tolerate compression bandaging. Of the 9 who tolerated the compression, 9 found it easy to apply and remove, 9 found it comfortable, skin condition was good and 7 healed.

Male patient aged 86 years (shown below) fully mobile with a confirmed venous leg ulceration above left lateral malleolus 3 cm x 3.5 cm. Within 16 days wound was 2.5 cm x 2.5 cm, 20 days later the wound was 1.4 cm x 0.9 cm. He was able to tolerate the compression, found it comfortable and his oedema was controlled.

Female aged 71 years fully mobile with confirmed venous leg ulceration in garter area of left leg which is 3.5 cm x 3 cm. Patient has declined compression bandage due to ‘bulkiness’. Within 25 days the wound is showing signs of improvement and a reduction in oedema.

Female patient aged 70 years with confirmed venous leg ulcer above left lateral malleolus for 2 years. Referred via Consultant Vascular surgeon for advice re future management as she was unable to tolerate compression bandaging. She has been treated with honey dressings and persistent infections controlled. Complete healing has been achieved and she is wearing a Class 2 compression hosiery.

Conclusion

The concordance with compression therapy remains a challenge in primary care with discomfort and pain being cited as reasons for discontinuing treatment. (Bale & Harding 2003 & Edwards 2003) The compression hosiery kit offers an alternative method of applying compression, which evaluates as comfortable and easily applied and removed. This has implications for the safe application of compression therapy, particularly where staff are less skilled with less access to education. Its use is limited to those with regular shaped limbs and further research would be needed to compare healing times of traditional compression bandaging with the compression hosiery kit.

References