Leg ulcer management using a compression hosiery treatment kit in a leg club setting
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Introduction
There are now many new treatment modalities and methods to deliver compression for leg ulcer patients. Choice of appropriate treatment, patient education and involvement, nurse competency, and a comfortable atmosphere are important to help achieve concordance and healing. Leg Clubs are becoming popular in the UK creating this atmosphere and allowing patients to take a more active role in their care (Lindsay 2003).

Aim
This poster will discuss the care given to two patients who attended the local Leg Club, and the results achieved with a two layer compression hosiery treatment kit. The new compression hosiery treatment stockings are an ideal choice of treatment for patients who are dexterous enough to apply them. Stockings are only suitable where there is no shape distortion or skin folds, the limb is a manageable size and any open wounds are not too large or heavily exuding. The two case studies follow the care of patients who attended the local leg club and fitted these criteria.

Case study 1
This 50 year old lady had been receiving treatment for her leg ulcer at a Community Hospital. Her treatment prior to Leg Club attendance was a primary dressing of foam that was held in place by a crepe bandage. This was very uncomfortable for her as it didn’t stay in place and she constantly had to pull it up or reapply it herself. She stated that there was a lack of continuity of care and the dressing choice frequently varied depending on which nurse treated her.

She was a working lady and was required to be standing for long periods of time.

Following holistic assessment, which included a Doppler assessment (as per S.I.G.N Guidelines) it was identified that she had a venous ulcer and therefore compression therapy was the best treatment for this lady. In order to attain concordance with the lady, an in-depth discussion took place between the nurse and herself explaining the purpose of compression therapy and to establish which compression system would be most suitable for her. As the lady was keen to participate in her care and change the dressings herself a two piece hosiery system was chosen and a hydrocolloid (Granuflex, ConvaTec) was the primary dressing. Another factor, which had to be considered, was her footwear and the hosiery system allowed her to wear her own shoes.

It was also essential to teach the lady how to apply and remove the stockings and the dressings in order for her to be independent in her care and ensure quality of life (Ham, S. 2006).

Initially Jobst ulcercare stockings were used but the lady struggled in zipping up the stocking and even with the assistance of her daughter they did not feel confident. Another problem was that the stocking doubled over at the top digging into her leg making it most uncomfortable. One of the alternatives was the Activa hosiery kit which consists of a BS Class 3 stocking over a 10mmHg liner to provide approximately 40mmHg required for healing. The application of the stocking was far easier as well as generally more comfortable and the lady could do it without the help or her daughter. She attended Leg Club weekly for dressing change and assessment and during the week she would change her dressing one other time.

At week 5, there was very slight skin irritation noted due to the exudate so Cavilon (3M) was applied prior to application of the Granuflex, and this was required for 3 weeks. Within 9 weeks of attending Leg Club her leg ulcer had healed and she went on to wear standard compression hosiery in order to maintain skin integrity. It is now 6 months since her leg ulcer has healed and she attends Leg Club for a ‘Well Leg’ check 3 monthly with a Doppler re-assessment and hosiery renewal every 6 months.

Conclusion
The lady’s motivation was a major factor in her leg ulcer healing. Through education from the nurses and peer support at Leg Club she identified that it would be necessary to spend less time standing and more time resting with her legs elevated and she adjusted her working day accordingly.

Lifestyle changes may also have been beneficial to this lady as her BMI was 49 and with her consent a referral was made for her to the dietetic department.

Results
The patient found the stockings easy to apply with the aid of an ActiGlide® stocking applicator, and remove. They were more comfortable to wear than her previous treatment. She was able to wear her shoes and healing was achieved in ten weeks.

Case study 2
The second case study focuses on the care of a 72 year old independent man with good mobility. He had a venous leg ulcer which, unfortunately he had been self-treating with cocoa butter ointment with no effect. On attendance at the leg club the nurses applied a hydrocolloid dressing to manage the light exudate. The compression system that was chosen was Activa® two layer treatment kit as this patient was able to take control of his own care once he had been advised by the nurses at the leg club.

The patient was able to apply the stockings daily and the ulcer healed in 4 weeks.

References
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