

In each issue of JCN we ask a clinical expert in a particular field to take a look at a therapy area and examine some everyday problems that community nurses may experience. In this issue, we investigate leg ulcer management....

How can I improve leg ulcer care when faced with increasing service demands?

THE PROBLEM



Providing effective leg ulcer care is becoming increasingly challenging due to high staff turnover and ever-growing caseloads, particularly at this time of year when sickness and absence become an increasing problem. Against this background, how can you continue to provide clinically effective and safe leg ulcer care? We asked Joy Tickle, the tissue viability nurse specialist and clinical lead for Shropshire Community NHS Trust, how to maximise resources and efficiency while not compromising patient outcomes...

Traditionally, four-layer bandaging was used to deliver compression to heal venous leg ulceration, and once healing was achieved, patients were 'stepped-down' into hosiery to maintain healing.

However, the VENUS IV trial shows that patients with low exuding venous leg ulcers on a healing trajectory can be managed using two-layer hosiery kits before healing is achieved (*Figure 1*). The trial found that there was no

WHAT SHOULD I DO?

In the modern NHS there is a drive to maximise resources and efficiency while not compromising patient outcomes. When it comes to compression therapy, a wealth of new products means we now have different options to the traditional approach of applying four-layer bandaging to heal venous leg ulcers.

Recently, winter pressures on the NHS have had an unprecedented impact on healthcare delivery in my area. In both the acute and community sector, we have been under enormous pressure to treat higher numbers of patients without any increase in staff numbers or resources.

In my locality, the resulting decision to switch some patients from

compression bandaging to two-layer hosiery kits has been invaluable. Not only has it reduced the time it takes to apply compression, it has also helped our patients to self-care. This encourages independence, reduces the cost of treatment and allows us to better manage the busy winter period.

SHOULD I USE A 'STEPPED-DOWN' APPROACH?

VENUS IV, a recent, randomised controlled study (Ashby et al, 2014) showed that two-layer compression hosiery is a viable alternative to four-layer compression bandaging for the treatment of venous leg ulcers, achieving equivalent healing rates at lower costs and with lower rates of recurrence.

Carry out a full holistic assessment incorporating a full vascular assessment

If required:

Compression bandaging with Actico®/ Actico® 2C to reduce exudate or limb distortion

Step-down to:

Two-layer leg ulcer hosiery kit (Activa/ActiLymph® Hosiery Kit)

Once healed:

Activa British Standard hosiery or ActiLymph® European Class hosiery

Figure 1. A new approach to compression therapy.



Figure 2. This limb could be managed with a leg ulcer hosiery kit if exudate volumes were low to moderate.

difference in healing outcomes between patients managed with hosiery and four-layer bandaging, concluding that two-layer hosiery was as effective in healing venous leg ulcers in suitable patients as compression bandaging.

Patients considered suitable for management with hosiery kits include those with open venous leg ulcers exhibiting a low-to-moderate volume of exudate (Figure 2). There are also hosiery kits now available that are suitable for those with oedema as well as wounds — this makes using these kits a viable option for even more patients on our caseloads. Of course, some patients require bandaging to reduce limb volume. However, even in these patients, bandaging can be seen as an intensive treatment phase. As soon as the reduction in limb volume stabilises or the wound exudate reduces, the patient can be stepped-down to a hosiery kit (Figure 3) (Tickle, 2014).

HOW CAN I MAKE BEST USE OF MY RESOURCES?

Four-layer bandaging has to be performed by a highly skilled member

of the team. However, in reality, our bandaging abilities vary (Chamanga, 2014). The application and removal of hosiery does not require the same level of skill as the application and removal of compression bandaging. Also, the VENUS IV trial demonstrated that hosiery costs approximately £300 less per patient per year than bandaging through reduced nurse visits.

As mentioned above, the use of hosiery kits for the safe and effective delivery of compression has recently been adopted in my area. Following an audit of a new tissue viability clinic, the following clinical outcomes were reported in 15 patients:

- ▶ Ten were already receiving compression bandaging from a practice nurse three times a week
- ▶ Three were receiving compression bandaging from community nurses three times per week
- ▶ Two patients were not receiving any form of compression therapy.

From the 15 patients initially assessed, eight were considered suitable for a compression hosiery kit. The patients and clinicians were all supported in learning about the safe and effective use of the kit and all eight patients subsequently only required application of the kit twice-weekly. They reported that the kits were more comfortable, more cosmetically appealing, and encouraged self-care.

For my team, benefits included:

- ▶ Ease and speed of application
- ▶ Reduced clinical time and cost (i.e. only having to schedule two patient visits instead of three).

The hosiery kits also helped us prepare the patients for self-management following ulcer healing.

Self-care

As seen in my locality, the hosiery kits had many benefits, both to clinicians and patients. I found that they empowered patients to make decisions about the type of compression they wanted to wear and helped with increased independence, as well as the ability to self-care.

GOING FORWARD

Some of the changes we have had

> In practice...

An example from my practice was the case of a male patient who required compression due to a small/superficial non-healing venous ulcer. He was in full-time employment and found it extremely difficult to attend the GP surgery twice a week for compression bandaging. After a consultation with him, I decided to implement a simple wound and skin-care regimen alongside two-layer compression hosiery. Initially, he attended the surgery once a week for treatment and was able to self-care between visits. This proved extremely successful and after two weeks he chose to self-care exclusively and only attend the clinic for reassessment and follow-up. Four weeks later, his ulcer was completely healed and he continued to perform his own skin-care regimen and apply compression hosiery.

to make because of the winter crisis have led to improved care delivery and are worthwhile continuing in the future, e.g. the use of leg ulcer hosiery kits and the stepped-down approach. Certainly, in my locality this approach has had enormous benefits, not only for patients and clinicians, but also for the overstretched local health economy. JCN

This piece was sponsored by an educational grant from Activa Healthcare

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Figure 3. a: If the wound is highly exuding, compression bandaging would be required. b. At this stage, once exudate volumes have reduced, a leg ulcer hosiery kit would be an ideal choice.