Supporting self-management of fragile elderly patients with oedema and a venous leg ulcer using a short-stretch wrap-on compression device

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Aim:

In The Netherlands health-insurance companies aim to reduce costs for complex wound and oedema treatment. For this purpose an adjustable short-stretch compression device (ACD) may be used [1,2]. Some of the available long-stretch systems have caused skin damage [1]. The objective of this care series was to stimulate self-management of fragile elderly patients with oedema and/or a venous leg ulcer using an easy and safe to apply short-stretch wrap-on compression¹ device, which was selected for patients in our region [1,2].

Method:

Twenty out-patients with oedema and a venous leg ulcer received the ACD¹ and were followed during the treatment and maintenance phase. Scabs and sloughy tissue were removed using a monofilament debridement pad² after which the ulcer was covered with a superabsorbent pad³. Those with fragile skin conditions, prone to skin lesions received a "silk" stocking⁴ applied under the ACD¹ which provided an additional 10 mmHg and skin protection.

Results:

Many patients requiring compression treatment are elderly and fragile. Self-management is often not an option. When using traditional compression bandages correct application and an optimal pressure level is not always achieved. The 20 patients treated with ACD¹ achieved ulcer closure and oedema reduction in a comfortable fashion, stimulating self-management. Within 2 weeks often more than 3 cm ankle circumference reduction was achieved. It was easy to select the correct size and colour coding enabled a correct overlap upon application. From 2015 onwards, since education on compression was put in place for physicians and nurses throughout the care-chain in our region, the number of adverse events has reduced and quality of care has improved.

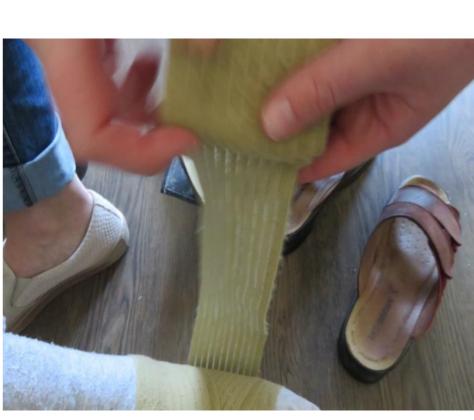
Conclusion:

It is important to select a suitable and effective compression system for especially frail elderly patients. Although the general practitioners (GP) take time to getting used to ACD¹, collaboration with leg measurement sites and training GPs may enable choosing and applying suitable compression. The tested ACD¹ enabled effective and safe compression. Complete ulcer closure was achieved in a comfortable fashion that suited the individual needs of the patients.

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Patients come from different settings with traditional compression bandages. Frequently the required pressure levels are not delivered.



The use of cohesive bandages over a wrap-on compression device lead to constriction





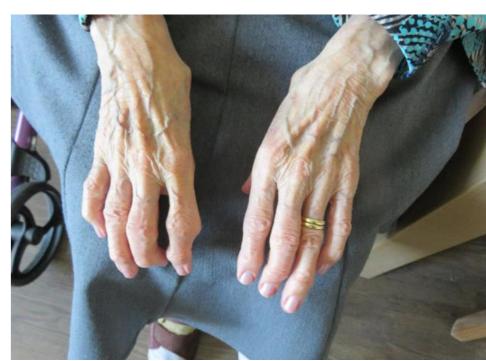
ACD¹ correctly applied delivered effective and safe compression.

References:

- Ehmann S et al. J Wound Care. 2016;25(9):513-20



Daily dressing and compression bandage changes are time consuming.



Self management is not always feasible.



Welts and skin damage may occur as a result of constriction when using wrap-on systems that are not fit for purpose. For this reason patients may refuse compression treatment



A silk stocking⁴ is applied under the ACD¹ to protect the fragile skin.

Elderly fragile patient with a copiously exuding leg ulcer. A superabsorbent³ pad is applied and





Education on wound healing and compression is delivered throughout the total care chain









Skin damage occured due to the use of a wrap-on compression system that was not fit for purpose.







