

The Legs Matter campaign: we need to optimise compression therapy more than ever



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This editorial has been written in a different world, not a post-COVID-19 world, but an interim time. Months ago, our lives were very different, and it is difficult to think back or think forward. But this time requires reflection and many of us are looking at what is happening for patients with leg ulceration with either excitement or dismay. This frankly depends on your local context and the bubble you are in and the decision made regarding what is considered 'essential care'. What we know is that patients require effective treatment and if they do not receive it, then COVID-19 or not, nothing will stop the deterioration. And leg ulcer deterioration means that someone within the health system will pick up the pieces.

So let's look at the positive. Many services have gone all out to help patients into self-management. We have been surprised at how effective this strategy has been and how well patients have taken to this. Videos to support self-management have been uploaded to many sites, including the National Wound Care Strategy Programme (NWCSP, 2020). We have seen some really creative work where clinicians have taken themselves through the eye of a needle to do this differently.

Many report very successful stories. These will no doubt be tied into a successful management plan that is reviewed jointly with the patient. But success without outcome data means that we will only hear of the success. Unlike the impact on elective surgery, we will not hear of the impact that COVID-19 has had on reducing the healing rates of people with leg ulcers across the UK because, of course, data is not collected. Will our community be bold enough to tell the harmful stories along with the good?

There are stories where patients with leg ulcers or lymphoedema have been deemed as non-essential or at best, not critical, where any deterioration will be 'picked up later'. This is frankly incredibly short-sighted; any deterioration will increase the nursing activity, not to mention taking a terrible toll on the patient's life.

Of all times, this is when we need to use our resources well and effectively. Optimising compression becomes essential if you want to heal

patients fast and reduce community nursing activity. At times of difficulty, we can tend to default to what is known and what is standardised. But if this crisis has taught us anything, it is that we can be swiftly creative and get things done. People are weighing the evidence and asking questions, often answering with 'what makes sense'. In this context, the question of validity of using face coverings for the general public has some parallels with leg ulcer management. The proponents of face coverings in public state that, despite an absence of randomised controlled trials (RCTs), wearing them to reduce transmission just simply makes sense. We have the same issue with leg ulcers; despite no RCTs around ulcer location or patient height, it makes sense that these patients need something different to standard care if they are to receive the correct level of compression therapy (Hopkins, 2020). But despite the 'aha factor' when discussed, nurses remain reluctant to engage in this, defaulting to 'what the guidelines say' or mild compression just in case they would be blamed for... doing what? The level of harm of ineffective treatment is completely unknown and unmeasured. But the truth is, we know it is out there and this was why Legs Matters came into being; to recognise this and to raise awareness that it does not have to be this way.

WHEN TO SELF-CARE AND WHEN NOT TO

So this brings me back to self-management. Compression hosiery kits are fabulous if the exudate is manageable, the wound is in the gaiter region and the patient has a normal-shaped leg. If not, then you will be doing your patient a disservice by suggesting this regimen: wounds around the malleolus or foot will not receive the right dosage of compression.

We are in a state of flux. We are not sure of what the future holds. Let us use this time wisely to ensure patients continue to receive effective treatment. We need to be their advocates and champions of this incredibly potent therapy (Atkins and Hopkins, 2019). Let us keep our eye on the prize of reducing the prevalence of this debilitating condition in the post-COVID-19 world — whenever that is. **WUK**

REFERENCES

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