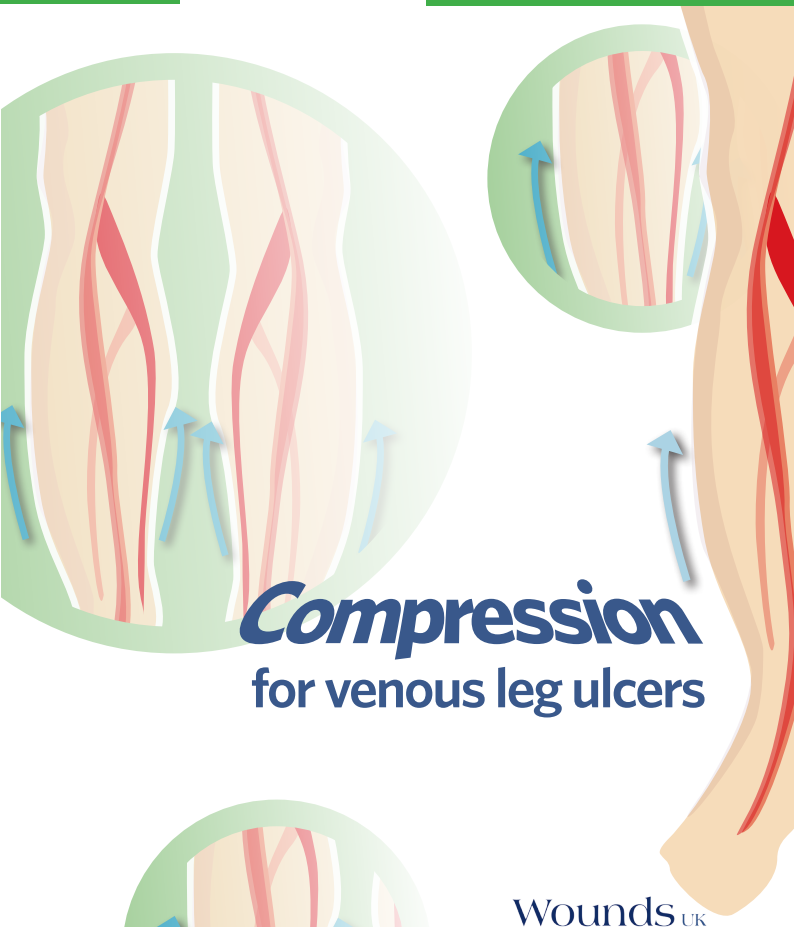
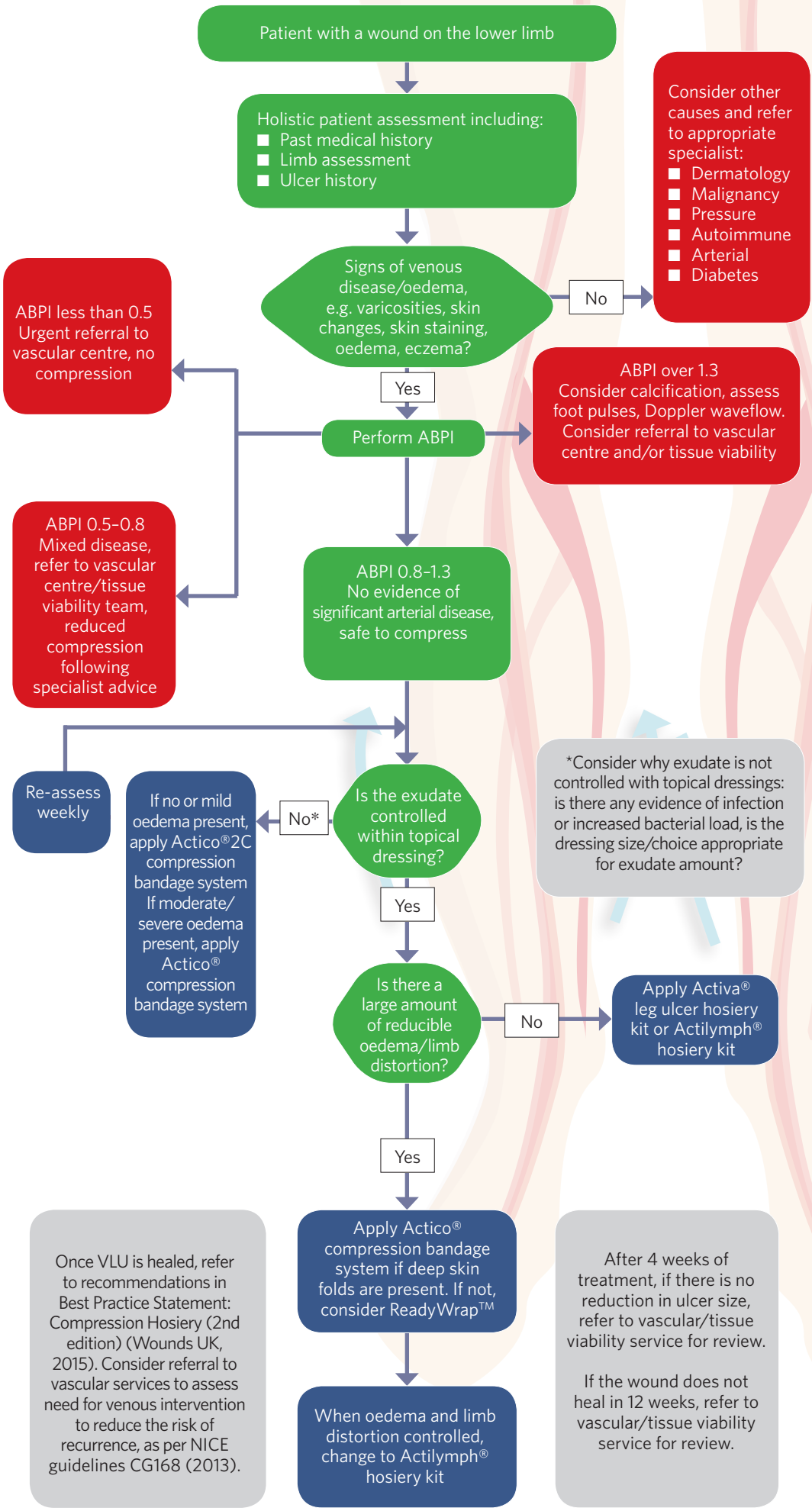
QUICK GUIDE



Compression
for venous leg ulcers

Wounds UK

Leg ulcer treatment algorithm



Adapted from Atkin and Tickle, 2016, Wounds UK

COMPRESSION AS A FIRST-LINE TREATMENT FOR VENOUS LEG ULCERS

Compression should be used as a first-line treatment in venous leg ulcers (VLUs), which should be started as early as possible. Compression therapy, when used appropriately, facilitates healing, provides quality of life benefits to the patient and reduces the risk of recurrence (VenUS IV trial, Ashby et al, 2014).

In view of the strength of the evidence, the cost benefits and the reduced risk of recurrence, hosiery kits should be used as the first compression option except in those patients who do not meet the criteria for hosiery kit use.

The leg ulcer treatment algorithm helps to determine the most suitable compression options based upon the individual clinical challenges.

Self-care solutions

Self-care should be encouraged in suitable patients where possible. Patient or carer involvement in daily care is easier using hosiery kits or wrap systems rather than bandages, and self-care can reduce recurrence rates and associated complications.

These compression options also prepare the patient for the maintenance phase once the ulcer has healed. It is important to educate the patient on the risk of recurrence to optimise their ongoing self-care – compression should be a lifelong option for patients at risk (Best Practice Statement, Wounds UK, 2016).

MYTHS AND TRUTHS OF VLU MANAGEMENT

The Best Practice Statement (Wounds UK, 2016) highlights a number of myths that can underpin VLU management. For example:

MYTH

Reduced compression is therapeutic for VLUs.

TRUTH

While some compression is better than none, clinicians should always aim to use full compression systems when the vascular assessment deems it appropriate to do so, in order to prevent delays in healing through use of sub-therapeutic compression.

MYTH

Inelastic bandages are not suitable for immobile patients.

TRUTH

Inelastic bandages can be used on both mobile and immobile patients, as fluctuations in pressure can be achieved even with small or passive movements to facilitate venous return.

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