

# Optimising leg ulcer treatment — improving healing rates

This article is based on a Made Easy workshop held at the Wounds UK annual conference in Harrogate, UK, on 9th November 2015. The aim of the workshop was to provide practical guidance to treating leg ulcers in clinical practice. Sue Elvin presented the results of a practical evaluation, including patient case studies; this was followed by a practical demonstration, in which delegates had the opportunity to use products to improve the treatment of leg ulcers in practice.

## MANAGING LEG ULCERS IN CLINICAL PRACTICE

Sue explained that she has recently conducted an evaluation within the Camden community using new products, which has supplied very positive practical evidence that has now changed her own and Camden District Nursing practice. Sue explained that it is vital to use new evidence-based methods and products to help patients and improve healing rates — as she said, the definition of madness according to Albert Einstein was ‘doing the same thing again and again and expecting different results’.

In her own local Trust, Sue has first-hand experience of how challenging it can be for nurses to visit patients at home, as the conditions and resources can vary greatly. Dealing with these challenging conditions is vital to optimising a patients’ treatment; as Sue explained, ‘we are a guest in the patient’s home, so we have to work with whatever we find’. Using products that provide effective alternatives to a bucket wash and reliance on resources in patients’ homes (e.g. the requirement of clean water to wash patients’ wounds using water and a bucket) can make this challenging issue much easier for nurses and patients.

Sue additionally outlined some of the other common challenges faced in her local Trust:

- ▶▶ Non-healing venous leg ulcers (VLUs) — average duration 29 months (370 home visits per week across Camden)

- ▶▶ Lack of patient self-care
- ▶▶ Patient and staff concordance
- ▶▶ Getting bandages to stay in place and not causing skin damage
- ▶▶ No expectation of change: managing rather than healing the wounds.

## THE IMPORTANCE OF COMPRESSION

Sue pointed out that we should always be looking for ways to optimise treatment and heal patients’ wounds. Effective compression is a key but challenging element of healing chronic wounds. As Sue explained, ‘even experienced nurses find this issue challenging’. She highlighted that recent evidence has shown that even experienced nurses (>10 years of practice) are unable to apply consistent compression at the right level; 77% of the 819 assessed applied it below the required level. The conclusion of the study reports that ‘without question there are deficits in the provision of compression therapy’ (Protz et al, 2014).

This issue led Sue to use Juxta CURES (medi UK), a lower limb compression device that



Figure 1. Using the card to monitor pressure levels

SUE ELVIN  
Nurse Consultant District  
Nursing and Queens Nurse,  
Camden, Central and  
North West London NHS  
Foundation Trust

provides an alternative to bandaging for venous leg ulcers. The device is supplied with two liners and two compression anklets, the use of which allow patients an instant return to conventional footwear. Juxta CURES includes a built-in pressure system guide card, which enables the patient to check the pressure level during the day and adjust as required (Figure 1). Sue called this 'the magic card', saying that this can be used to 'absolutely guarantee' the correct level of pressure in a way that is not possible with bandaging. Patients are encouraged to become familiar with the BPS card so that they can have a level of control and involvement in their treatment. Sue noted that the incentive of comfort encourages patients to take some responsibility for the device and the correct application of the prescribed amount of pressure.

Sue's experience of using Juxta CURES found that cost and time savings were made. Bandages are more expensive over time as they are thrown away, whereas Juxta CURES is guaranteed for at least 6 months' use. The self-management element to the device also meant that time savings could be made.



**Figure 2. A patient before (a) and after (b) one cleanse using UCS Debridement cloth**

**Table 1. Cost and time savings over 6 months of leg ulcer care in CNWL**

	Before Juxta CURES	After Juxta CURES	Saving
Cost of compression	£20,130.76	£5,580.64	£14,550.14
Cost of dressings	£9,701.12	£4,317.56	£5,383.56
<b>Time savings per week</b>			
Visit time (hours)	55 hrs 16 mins	22 hrs 50 mins	32 hrs 26 mins
Number of patient visits	82	54	28

The average weekly cost of compression using Juxta CURES was found to be £5.81, compared to £25.43 for bandages (see Table 1 for a further cost analysis).

### NEW METHODS IN CLEANSING AND DEBRIDEMENT

The second measure that Sue undertook in the evaluation of treating venous leg ulcers was to use the UCS™ Debridement (medi UK), which is a sterile, pre-moistened wound debridement cloth.

UCS is available on FP10 and provides a unique new way to debride the wound bed and clean the surrounding area without the need for washing with bucket and water, which is not always possible or practical in patients' homes. Highlighting the advantages she had found using UCS, Sue explained that the moisture in the UCS cloth softened the hyperkeratotic and necrotic tissue, which was then easily removed from the healthy skin. She also said 'it's unique in that, because it's a cloth, you can feel the exact amount of pressure that you are using.' She showed photographs to illustrate a patient before and after using UCS (Figure 2).

### CASE STUDY

Sue went on to describe a case study of one of her own patients, with whom she used a combination of compression and cleansing. The patient was a man in his 50s. He was obese, weighing 42 stone. Sue described that he was in a lot of pain that greatly affected his quality of life; he suffered with leg ulcers and very wet legs, and from chronic abdominal wounds, fungal infection and moisture lesions in his groin area.

Using a combination of compression and cleansing was 'massively effective.' Figure 3 shows the patient before and after the treatment.

The UCS Debridement cloths helped to heal



Figure 3. Case study patient before (a) and after (b) combination of cleansing and compression treatment

the wounds and clear up the infection, and the patient is now self-managing using Juxta CURES – this combination of treatment ‘turned the patient’s life around.’ He reported that he was in ‘less pain’, found his wounds ‘much easier to deal with’ and generally described his treatment as ‘a very positive experience.’

He no longer has wounds on his feet and legs, and had bariatric surgery in September. His quality of life has been ‘hugely improved’ by this combination of treatment and the opportunity to become more involved in managing his own care. Sue reminded us that ‘sometimes we can forget what it must be like to be a patient and to have uncomfortable pouring wounds like this’, and that these treatments can help patients to regain control.

Sue noted that this demonstrates ‘a genuine opportunity’ to use more effective methods of care for patients, rather than standard cleansing and bandaging – ‘our evaluation transformed how we deal with VLUs.’

#### PRACTICAL DEMONSTRATION

Delegates then had the opportunity to use the products and find out more practical information in a hands-on workshop.

Using the UCS cloths, we saw that they are pre-moistened, containing about one tablespoon of fluid in each cloth. After cleansing with UCS, the skin air-dries so there is no need for paper

towels to be used. The ingredients include a debridement agent, surfactant, aloe vera and a moisturising skin softener, which is also good for softening hard hyperkeratotic skin, which can then be removed with the debriding action of the cloth.

The Juxta CURES compression device was demonstrated as being very easy to use. Initial size selection is from the three lengths available: short, standard or long. The selected device is then custom-made for the patient; this is done by measuring the patient’s ankle circumference and calf circumference (including any padding if necessary), then trimming the device to the correct size.

The BPS card is used to check the compression level. The card is then given to the patient to use, so that they can check and adjust their own level of compression throughout the day.

The device is an alternative to bandages and can be worn day and night. Juxta CURES is guaranteed for 6 months of daily use; however, according to anecdotal evidence, some patients have been able to use the same product beyond this date.

Two compression anklets are supplied with each device, one to wash and one to wear. There is also the Juxtalite available on FP10, a similar device that is suitable for maintenance after treatment with Juxta CURES for those patients who cannot cope with hosiery.

The practical demonstration and ensuing questions from delegates highlighted that Juxta CURES is an ideal solution for many patients. Mobility is a factor – as a general rule, practitioners have found that ‘if a patient is able to lean over enough to tie their own shoelaces, they are able to use Juxta CURES successfully to monitor and adjust their own compression levels.’

Practical experience also indicates that patients will see and feel a difference within a couple of days of using Juxta CURES. **WUK**

*The Made Easy workshop and report were supported by medi UK.*

#### REFERENCE

Protz K, Heyer K, Dorler M et al (2014) Compression therapy: scientific background and practical applications. *J Dtsch Dermatol Ges* Sep12(9):794-801