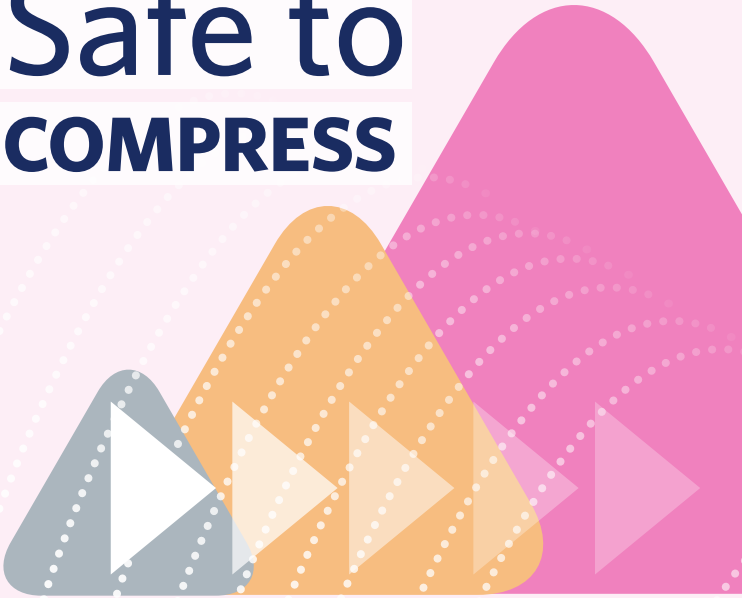
QUICK GUIDE

Safe to COMPRESS



Wounds UK

Introduction

Any patient with a lower limb wound must undergo holistic assessment, so that treatment can be started as early as possible.[1] This particularly applies to leg ulcers, which can be defined as 'a break on the skin, which fails to heal within 2 weeks'.[2]

Assessment can establish the aetiology of the ulcer to help plan appropriate treatment. Venous leg ulcers (VLUs) are the most common type of leg ulcer, accounting for more than 90% of all cases, and can develop after a minor injury.[3]

All VLU management should consist of a three-step approach:

All too often, venous leg ulcers are treated with suboptimal compression levels. This Quick Guide offers a 3-step management approach to VLUs, giving you the confidence to safely compress. Good compression is the effective treatment required to achieve healing.

References

1. Wounds UK (2019) *Best Practice Statement: Ankle brachial pressure index (ABPI) in practice*
2. NICE (2016) *Leg ulcer – venous*. Available online at: https://cks.nice.org.uk/leg-ulcer-venous
3. NHS (2019) *Overview: venous leg ulcer*. Available online at: https://www.nhs.uk/conditions/leg-ulcer/
4. Nelson EA, Bell-Syer SE (2014) Compression for preventing recurrence of venous ulcers. *Cochrane Database Syst Rev* 9: CD002303

1 Assess and clean

All patients with a lower leg wound, and those at risk of developing one, should undergo ankle brachial pressure index (ABPI) screening as part of their holistic assessment. The reason for ABPI screening is to exclude peripheral arterial disease (PAD), and therefore ensure that compression therapy is safe to use.[1]

Quick and accurate automated testing can be carried out using:

- **MESI ABPI MD** – measures ABPI in under 1 minute, and is portable for use in the community/home setting
- **MESI m-TABLET** – is a wireless measurement system that is able to perform ABPI alongside other tests such as toe brachial index (TBI) for those unable to undergo ABPI (e.g. patients with lymphoedema)

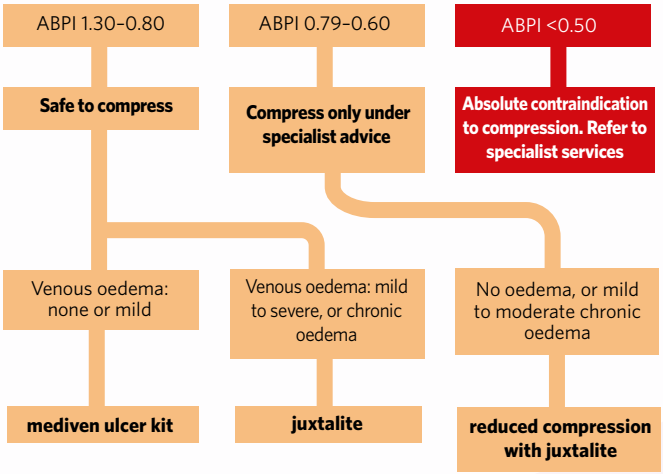
UCS - the pre-moistened debridement cloth. Preparation of the wound bed by cleaning and removing the barriers that prevent healing (e.g. biofilm, slough) is important and can be performed easily and painlessly with UCS.

ABPI measurement with **MESI ABPI MD or MESI m-TABLET**

Wound debridement with **UCS Debridement**

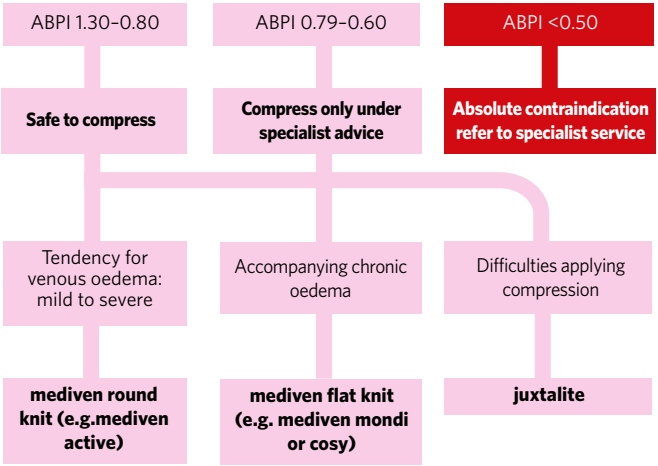
2 Heal

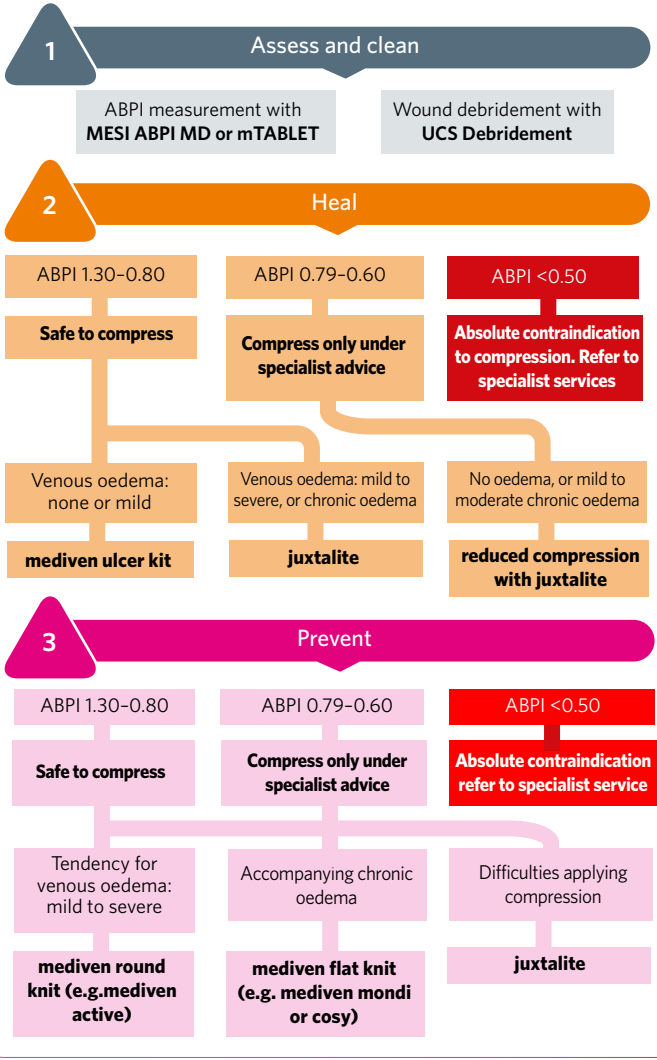
Compression therapy is considered the 'gold standard' treatment in VLUs.[1] When PAD has been excluded, the appropriate compression therapy can be selected. The individual's ABPI score can determine the level of compression, and individual factors should also be considered (e.g. oedema, lymphoedema, patient capacity).



3 Prevent

Recurrence is common in VLUs, with up to 69% recurring within 12 months.[4] This means that compression should be viewed as a long term management plan. When the VLU has healed, an appropriate garment should be selected for the individual, to continue to aid venous return.




1
Assess and clean
ABPI measurement with
MESI ABPI MD or mTABLET
Wound debridement with
UCS Debridement
2
Heal
ABPI 1.30–0.80
Safe to compress
ABPI 0.79–0.60
Compress only under specialist advice
ABPI <0.50
Absolute contraindication to compression. Refer to specialist services
Venous oedema: none or mild
mediven ulcer kit
Venous oedema: mild to severe, or chronic oedema
juxtalite
No oedema, or mild to moderate chronic oedema
reduced compression with juxtalite
3
Prevent
ABPI 1.30–0.80
Safe to compress
ABPI 0.79–0.60
Compress only under specialist advice
ABPI <0.50
Absolute contraindication refer to specialist service
Tendency for venous oedema: mild to severe
mediven round knit (e.g.mediven active)
Accompanying chronic oedema
mediven flat knit (e.g. mediven mondi or cosy)
Difficulties applying compression
juxtalite