

**SELECTING
COMPRESSION**

SELECTING THE RIGHT COMPRESSION FOR THE RIGHT PATIENT

Therapeutic aim is to provide the highest level of compression possible. Reduced compression may promote concordance, but should not be considered as an easy option

Always conduct and fully document a holistic assessment, including ABPI measurement to guide suitability for compression

Treat the underlying disease in conjunction with applying compression to treat the wound and oedema

Multi-component bandage system (e.g. KTwo®, KFour®)

Two- or four-component bandage system providing sustained graduated compression with approximately 40mmHg at the ankle (or approximately 20mmHg for reduced compression)



Leg ulcer hosiery kit (e.g. Altipress 40®)

Leg ulcer hosiery kit — approximately 40mmHg compression at the ankle (combining a 10mmHg liner and 30mmHg British Standard class III overstocking)



British Standard compression hosiery (e.g. Altiform®)

Class I: 14-17mmHg compression at the ankle
Class II: 18-24mmHg compression at the ankle
Class III: 25-35mmHg compression at the ankle



Therapy choice

Patient factors

Clinical factors

- Bandaging is the preferred treatment option (consider previous healing success)
- Finds bandaging more comfortable
- Not able to self-manage
- Needs regular clinical contact to maintain concordance

- Treat/manage venous leg ulcers
- Suitable for all wound sizes
- Moderate to heavy exudate (use absorbent dressing)
- All levels of oedema
- Can be applied over additional wadding if reshaping or protection required

- Intolerant of/non-concordant with multi-component bandaging
- Able to self-apply and remove
- Preference to self-manage
- Desire for more aesthetically acceptable treatment
- Active lifestyle

- Treat/manage venous leg ulcers
- Vascular status indicates lower levels of compression (e.g. APBI <0.8)
- Suitable for smaller wounds with low levels of exudate
- Consider for patients with oedema or misshapen limb(s)

The liner component can be used when low levels of compression are required or tolerated (e.g. 10mmHg at the ankle). Liners can be layered to provide higher levels of compression

- Base selection on tolerance and concordance with level of compression and whether below-knee or full-leg compression is required
- Consider use of application aids (e.g. Sockaid®)

- Maintenance to prevent recurrence of ulcer (using the highest level of compression possible)
- A made-to-measure garment may aid patient concordance

British Standard compression hosiery can also be used to help prevent venous leg ulcers in patients presenting with early signs of venous disease (e.g. skin changes)

Reassess patients regularly for suitability and tolerance of current compression system

COMPRESSION FOR VENOUS LEG ULCERATION

TYPES OF COMPRESSION

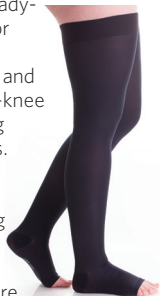
Compression bandages are made from inelastic or elastic materials, or a combination of both. Bandages are applied in overlapping layers to provide working pressures in the region of 40mmHg at the ankle.



Hosiery kits are made up of an inner liner delivering approximately 10mmHg and a 30mmHg stocking. The liner can be used alone (e.g. when low levels of compression are indicated or tolerated), or layered to provide higher levels of compression.



Compression hosiery comes ready-to-wear or made-to-measure, and as below-knee or full-leg garments. They are classified according to the amount of pressure applied and may be constructed using a flat- or circular-knit technique.



COMPRESSION: BANDAGES VERSUS HOSIERY

- Patients must have a comprehensive assessment, including a Doppler ultrasound, prior to the use of compression to ascertain the extent of any compromised arterial flow
- Compression bandaging is most often used to treat active ulceration. It may also be used as ongoing maintenance in more complex patients and those unable to tolerate hosiery
- Hosiery is most frequently used post-ulcer healing. It may also be used when there are early signs of venous disease to help prevent ulceration

TIPS FOR OPTIMISING CONCORDANCE

✓	Tell patients what to expect and be honest about the consequences of non-treatment of the leg ulcer
✓	Develop a therapeutic relationship with the patient and accept that this takes time
✓	Identify 'hooks' to motivate the patient and offer practical solutions that allow patients to fit compression with daily living activities
✓	Think about what you say. Avoid terms such as 'tight' or 'restrictive', and use terms such as 'supportive' or 'firm' to encourage greater acceptance
✓	Be flexible. Some compression is better than no compression — it may be necessary to gradually build up to full compression using a staged approach
✓	Enlist family and friends to help motivate patients to take better care of their legs through self-care programmes
✓	When possible select low-profile compression systems to maximise mobility
✓	Acknowledge physical and psychological issues that patients experience and take time to listen and explore reasons why they are reluctant to accept compression

- Hosiery tends to provide lower levels of compression compared to high compression bandages
- Generally, the stiffer the fabric the more effective compression therapy is at reducing and controlling oedema
- Hosiery worn post-ulcer can reduce risk of recurrence: the higher the pressure applied the more beneficial the effect
- Compression therapy is demanding of patients: there is a trade-off between the pressure applied, tolerance of the patient and recurrence rates
- Compression only works if it is worn consistently: patients need to be offered a choice when selecting bandaging or hosiery