

# Reusable short stretch compression for the treatment of a recurring VLU

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## Situation

### Patient

Patient is a 73 year old lady who has been suffering with venous leg ulcers since 2016. On presentation, she has leg ulcers measuring more than 50 cm<sup>2</sup> which were very painful with high levels of exudate.

## Action(s) taken/treatment provided

### Compression therapy

Compression therapy was initially commenced with a long stretch compression bandage. This was changed to a 2 layer reusable short stretch system due to ease of use and patient comfort.

**Layer 1:** A 2 layer reusable short stretch system\* for padding and protection. The system has an integrated fabric layer which is applied against the skin for protection and to help control excess moisture. This also removes the need to apply an additional tubular bandage.

**Layer 2:** A short stretch compression bandage\*\* which is 100% cotton, breathable and very skin-friendly.

This was a cost effective option as patient was able to wash, re-roll and reuse the bandages throughout her treatment from September 2019 to February 2020. The bandages provided a therapeutic level of compression and were skin friendly & comfortable for the patient who is prone to dermatitis.

### Wound dressings

The wounds were managed with alternate combinations of:

- Ionic gel dressing# for pain relief and dynamic fluid management
- Biocellulose hydrobalance dressing## for moisture balance
- Cadexomer iodine and antimicrobial dressings

### References

1. Two-component compression: Concordance, evidence and clinical use. 2nd Edition London: Wounds International, 2017. Supplement

\* Rosidal® SC (Lohmann & Rauscher)

\*\* Rosidal® K (Lohmann & Rauscher)

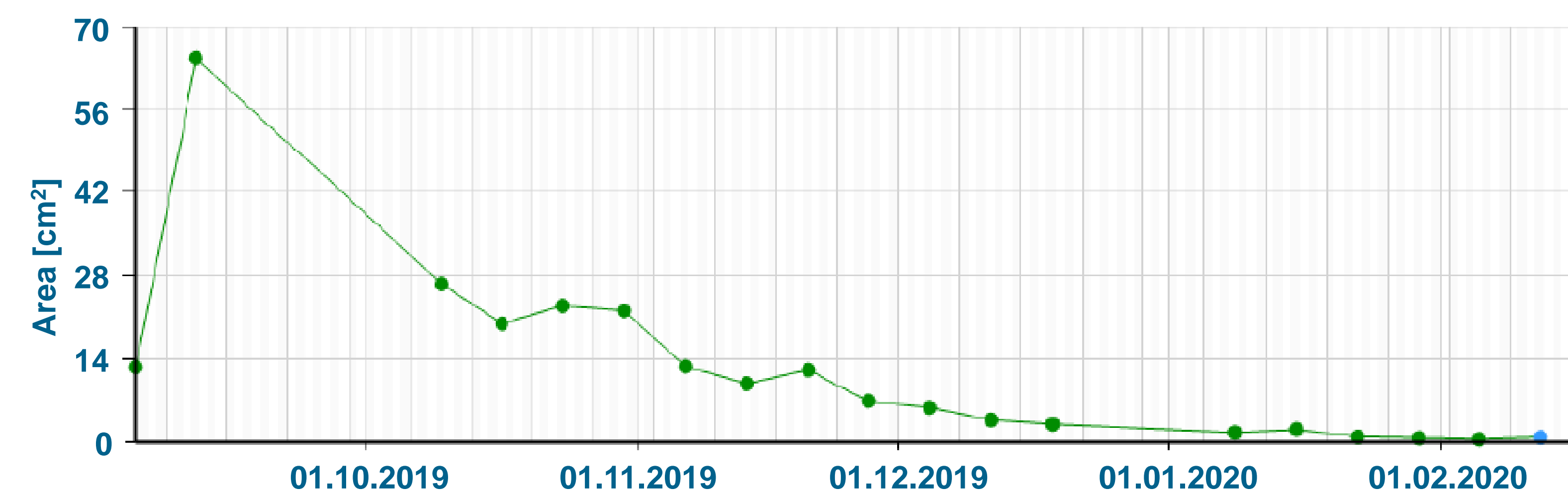
# Suprasorb® G (Lohmann & Rauscher)

## Suprasorb® X (Lohmann & Rauscher)

## Outcome(s)

In the first 4 weeks, the ulcers had reduced in size by 50% and after 6 months of treatment the wounds had fully closed.

Images below show monthly progression of the wound.



**Figure 1:** 11 September 2019  
Area 50.2 cm<sup>2</sup>, Perimeter: 53.2 cm  
Length: 9.6 cm, Width 2.6 cm  
Length: 1.4 cm, Width: 1.0 cm



**Figure 2:** 09 October 2019  
Area 24.2 cm<sup>2</sup>, Perimeter: 25.0 cm  
Length: 7.5 cm, Width 4.7 cm  
Length: 2.3 cm, Width: 1.3 cm



**Figure 3:** 06 November 2019  
Area 12.6 cm<sup>2</sup>, Perimeter: 17.8 cm  
Length: 5.4 cm, Width 3.9 cm  
Length: 0.6 cm, Width: 0.4 cm



**Figure 4:** 18 December 2019  
Area 3.0 cm<sup>2</sup>, Perimeter: 7.3 cm  
Length: 2.5 cm, Width 1.5 cm



**Figure 5:** 12 February 2020  
Area 0.8 cm<sup>2</sup>, Perimeter: 4.5 cm  
Length: 0.9 cm, Width 0.7 cm



**Figure 6:** 04 March 2020

## Lesson(s) learned

In the absence of corrective surgery, compression therapy has been found to be the most effective treatment for venous leg ulcers (VLUs)<sup>1</sup>. Achieving healing rests on patients' adherence to treatment and in this case it was found that compression bandages which are both cost effective and comfortable for the patient are more likely to encourage patient concordance.

Compression therapy, alongside effective wound care dressings which managed excess exudate and helped to relieve pain, resulted in full healing for this patient after 4 years of suffering with venous leg ulcers.