

Clinical Decision Making with Patients by Offering Compression Choices

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Case study 1 – Involving the patient for wound healing

- 76 year old lady with a venous leg ulcer
Present for 1 year, treated with a compression bandage.
- Refused compression due to “unbearable” pain
- Agreed to try the adjustable wrap*

Method

- Training for the clinician
- Treatment regimen implemented according to clinical indications
- Patient practised the Wrap* application

Results in 2 weeks

- Pain 3 → 0
- Wound size 6.43 x 6.3cms → 5.1 x 5.8cms

Summary

Good wound healing, reduced swelling, comfortable and easy for the patient to apply



Before treatment, during treatment with the Wrap* and 4 weeks later

Conclusion

By involving the patient in her care, concordance was achieved. She was happy with the independence she had gained by applying the compression herself. Self-care results in greater concordance, independence and cost savings.

Case study 2 – Involving the patient - adjustability

Mr B had venous related oedema present for 3 months. Previously used systems were adjustable wraps, bandages and hosiery.

Treatment

A new Wrap* was tried. Patient seen 1xwk in clinic
He removes the wrap at night. Finds it easy to apply

Results

- Oedema reduction in 2 weeks
- 9/2 Ankle 26.5cms Calf 42.5cms
- 24/2 (last assessment) Ankle 24.5cms calf 41cms

Patient outcomes

Mr B said that he likes the wrap because he finds it easier to walk and very comfortable to wear.



09/02/16



17/02/16

Improvements in 1 week and still reducing.
Good skin condition.

Conclusion

Measurable clinical outcomes. Self-care and adjustability according to patient needs.
Improved mobility

Case study 3 – oedema reduction even with restricted mobility

Mrs B is 83 years old with poor mobility

- Venous leg ulcer; gravitational oedema for >3 months
- Wound broke down easily and deteriorated
- Previous treatment with bandages and hosiery
- Changed to Wrap* compression for ease of use with dressings and patient comfort
- Dressing changes reduced to 1 x week

Results - Oedema reduction

17 March ankle 25.5cms; calf 39.5cms

5 April ankle 25cms; calf 35.8cms

Summary & Conclusion

- Compression wraps are easy to use in conjunction with dressings
- Effective oedema reduction even with restricted mobility
- The wrap* was easy to apply saving clinic appointment times and costs



Current practice and challenges in the wound care clinic

- Busy central city, multi-ethnic clinic managing complex wounds
- 30 minute time restriction per leg
- Remit is to deliver value for money. Cost is a key consideration
- Patient concordance

Conclusion

Clinic times reduced from 3x weekly 2x weekly, then 1x weekly in some cases.

Ease of application reduces appointment time. This has a cost implication for the organisation.

Self-care results in greater concordance¹, independence and cost savings.

Effective oedema and wound reduction leads to early resolution of the condition.

Effective ongoing management prevents recurrence and improves patients' quality of life.

Aims and possible solutions

- Simple method of delivering effective compression
- Self care as a resource to involve the patient
- Healing within time scales
- These could reduce costs



¹. Ehmann S (2016) Lymphedema compression bandages or wraps: Choosing best care for patients and for care givers. Poster presentation at SAWC, Spring Conference 2016; Atlanta, USA

* ReadyWrap™ Compression Wrap with VELCRO® Brand fasteners, Lohmann & Rauscher, Germany