

Compression therapy using reusable short stretch bandaging for treatment of VLU

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Situation

Patient

The patient is a 77 year old gentleman. He is a retired Construction Manager, who lives in his own home with his wife. He has two adult children.

Medical history

- Chronic kidney disease
- Ischaemic heart disease
- Implantable defibrillator and pacemaker 2002
- Obstructive sleep apnoea
- Hypothyroidism
- Chronic Anaemia
- Gout
- Osteoporosis

Initial treatment

The patient was being treated daily by his GP for 133 weeks prior to compression by the Nurse Navigator service at the Princess Alexandra Hospital.



Figure 1 & 2: Right leg on presentation



Figure 3: Left leg on presentation



Figure 5: Left shin on presentation

Action(s) taken/treatment provided

On acceptance to the Nurse Navigator service, routine vascular tests were carried out including arterial duplex, ankle Brachial pressure index (ABPI) and venous incompetence scan. On review of these tests and the patient's medical history with heavy cardiac involvement, he was deemed suitable for light compression therapy.

Compression bandaging is the gold standard treatment for those suffering from venous ulceration and up until his referral he was not in compression.

Wound care treatment plan

- Remove dressings
- Wash down any exudate
- Clean and soak with vinegar and water solution for 10 minutes
- Dry leg and apply moisturiser to intact skin on leg
- Apply silver dressing to wound bed and cover with superabsorbent dressing
- Apply short stretch compression bandage system*
- Redress twice weekly

Due to the patient's cardiac history, compression was applied under supervision from the nurse navigator.

The compression bandage was selected as the short stretch bandage of choice. The bandage is 100% cotton and very easy to use and apply. The bandage delivers safe compression and is washable system to help reduce the costs of ongoing treatment.



Figure 5: Ulcer closed on right leg after 32 weeks of treatment



Figure 6: After 32 weeks treatment



Figure 7: Final at 33 weeks. Leg ulceration fully healed and no oedema

Outcome(s)

The patient's progress was slow but consistent with the use of the compression bandage and the wound care treatment plan. On a few occasions his wound stalled with an increase in the amount of slough present, however in these instances, a monofilament fibre debridement pad** was used to lift, bind and remove the slough and quickly and effectively prepare the wound bed for optimal healing.

The patient was adherent to care with compression therapy and elevation. He found the compression bandage to be comfortable and affordable. His pain reduced week by week which allowed him to carry out his day to day activities.

The total wear time of the compression bandage and this dressing regime was 32 weeks and the patient's leg ulcers have fully healed (Figure 5 & 6).

Lesson(s) learned

The Nurse Navigator supported patient care at the patient's GP practice to enable a collaboration of care and, by doing so, the navigator was able to educate both patient and medical staff involved in the patients ongoing care. This ensured a holistic approach to care allowing for systems improvement, patient centred care, improving patient outcomes and most importantly creating partnership between the GP practice and hospital.

The Venous Leg Ulcer Nurse Navigators are based in four locations within Metro South (QLD, Australia) to support any patient, nursing or medical team with their Vascular wound care needs.

Patients can be referred to service via the central referral hub or referred via Vascular surgery link.

* Rosidal® K (Lohmann & Rauscher)

** Debrisoft® Pad (Lohmann & Rauscher)