

# ACTICO

## Cohesive Short Stretch Bandage

### Case Studies



#### A Simple Solution to Leg Ulcer Treatment

Collator: Marion Moody, Principal Lecturer, Centre for Research and Implementation of Clinical Practice

Venous leg ulcers are still a major component of the community nurses work, the time and effort spent being frequently rewarded by ulcers that are non-healing and evidence of reduced quality of life for the patients.

The reasons for non or slow healing ulcers are many and complex, this leaflet seeks to share the experiences of two patients whose ulcers healed and quality of life improved by the use of a Actico cohesive short stretch bandage.

## Actions to support effective outcomes

### Case History 1



Mrs T is a frail 86 year old lady who has considerable difficulty walking and she has a tendency to shuffle when using a walking frame to support her. She had been under the care of her GP and district nurse for over twelve years with recurring venous ulcers.

Mrs T lives alone in a small bungalow having lost her husband eight years ago. Although she has three grown up children she rarely sees them. She has developed a tendency to hoard things including all her newspapers and any correspondence that she has received over the years in her sitting room. Her kitchen floor is very dirty and the sink is full of unwashed crockery that has accumulated over several days. There is also a strong smell associated with rotting food evident. She spends most of her day resting in an armchair with her rather obese cat lying on her lap. The chair like the rest of the furnishings is rather worn and there is a most unpleasant odour in the room. On a warm day the odour is almost overwhelming and the windows are never opened.

During the past twelve years Mrs T has had numerous different dressings prescribed which she has usually worn without complaint, but the problem facing the nurse was her dislike of compression bandages or hosiery. She found long stretch bandages were 'too tight' and uncomfortable especially at night, she did not like the four layer system because she said it was too bulky and her shoes did not fit her properly, and when the nurse tried a traditional cotton short-stretch bandage she complained it slipped down. Hence her legs leaked considerable exudate, as she would only wear a crepe type bandage that necessitated daily visits or at best alternate days. The ulcer was approximately 15 cm and currently covered with slough. The wound odour and colour of the exudate indicated the presence of pseudomonas, and she had a typical champagne shaped leg. In conversation it transpired that she mainly remained seated during the day because her legs ached when she moved and the exudate would run down her leg into her shoe or over her shoe and onto the carpet. After much discussion Mrs T agreed albeit reluctantly to try a new cohesive short stretch bandage, it was explained that the bandage was sufficiently thin to enable her to get her shoes on properly, and that the cohesive 'lining' would prevent the bandage from slipping when she was walking. Mrs T was also told that the compression bandage would help her ulcer to heal and combat the smell from her wound that she found so distressing.

Whilst it was not initially easy to gain Mrs T's agreement or to maintain her commitment during the first few weeks of treatment with the Actico short stretch bandages, over the ensuing weeks she began to make positive comments about her leg ulcer and its progress. She had also begun to get around the house a little more and the nurses noted the washing up was done more frequently. The services of a home help had also been engaged two mornings a week, so the overall cleanliness of the home greatly improved over the next five months.

Mrs T's leg ulcer finally healed after nine weeks of treatment with the Actico cohesive short stretch bandage. The next challenge is to continue to gain her co-operation with the wearing of compression hosiery. The elimination of the malodour associated with Mrs T's leg ulcer, combined with her increasing mobility and interest in her own appearance also had additional benefits insofar as her daughter and family have begun to visit again. Apparently the daughter could not cope with the state and smell when she had visited on previous occasions and did not want her children to be exposed to this. She was also annoyed at her mother's apparent reluctance, as she perceived to do nothing about the situation.



## Case History 2

Mr B is a single, very obese man in his early fifties who is employed as a farm labourer. He lives with his mother in a small cottage close to his place of employment. He presented with a history of recurring leg ulceration following a serious road traffic accident in his early twenties. His general standard of personal hygiene was poor. His ulcer was approximately 10 cm in diameter, the ulcer produced minimal exudate the wound bed contained granulation and sloughy tissue and had been static for several months. Mr B had been prescribed various dressings to wear under his long stretch bandage, but the nurses were of the opinion that he used to remove the bandage and dressing to expose his wound to the 'fresh air' as advocated by his mother who considered it was not healthy to wrap up the wound in bandages. Mr B did not like wearing the bandages as he said the fasteners frequently came undone and then the bandage 'flew off'.

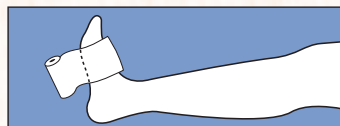
Examination and assessment indicated Mr B had a mixed ulcer with a predominant venous component, ankle brachial pressure index was 0.85mmHg. After discussion Mr B agreed to a trial period of wearing a new cohesive short stretch bandage 'Actico'. His leg was washed in warm soapy water, thoroughly rinsed and dried. A liberal amount of 50% liquid paraffin mixed with 50% white paraffin was applied to the whole leg excluding the ulcer site which was dressed with a simple low adherent dressing, and a moist tubular bandage was then applied before a layer of Flexiban then the Actico cohesive short-stretch bandage. His regime was repeated for fourteen weeks by which time the ulcer had completely healed and Mr B was prescribed class III hosiery.

One important aspect of the success of the regime was to visit and speak to Mr B's mother and to obtain her co-operation by ensuring she understood and actually agreed with the importance of discouraging her son from removing or interfering with the bandage. According to Mrs B it was her son who thought the ulcer should be left exposed not herself. It was interesting to note that as time progressed Mr B began to take more care with other aspects of his personal hygiene when attending the clinic even down to wearing clean underpants.

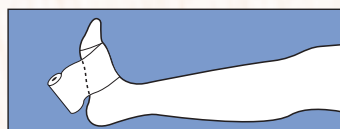
## Conclusion:

These two case studies show quite clearly that Actico cohesive short stretch bandages are effective in the management of venous leg ulcers, both in the active patient (healing in 14 weeks), and where mobility is restricted (healing in 9 weeks).

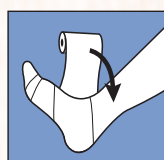
Presented as a poster at UWMEEF Conference, Cardiff in June 2001.



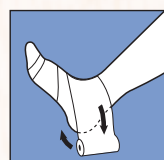
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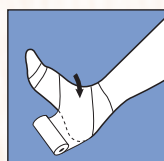
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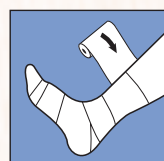
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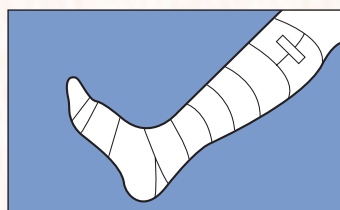
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Step 5



Step 6



Step 7

## APPLICATION INSTRUCTIONS

### For ankle circumferences less than 18cm

- Actico is not suitable for ankle circumferences of less than 18cm unless padding is used to increase circumference.

### For ankle circumferences between 18 – 25 cm

- Apply one layer of padding before applying an Actico compression bandage. Apply Actico in a simple spiral from outside the limb to the inside. This is felt to be more comfortable for the patient, but if the bandager feels that bandaging from the inside to the outside facilitates easier and more accurate application, then this is acceptable
- Begin bandaging at the base of the toes using two turns to secure the bandage
- Apply some compression to the foot if the presence of oedema is suspected
- Complete a figure of eight at the ankle and ensure that the heel is covered
- Continue bandaging up the leg using a simple spiral at full 100% stretch with a 50% overlap ensuring that the bandage is held close to the limb at all times - cut off any excess bandage, tape into position and then bond the bandage layers together by applying a gentle pressure along the full length of the limb

### For ankle circumferences greater than 25cm

- Apply the first Actico bandage in a simple spiral from outside the limb to the inside
- Use the same method as above
- Apply 2nd Actico bandage in opposite direction to the first bandage in a simple spiral from the ankle, using two turns to secure the bandage
- Continue bandaging up the leg in a spiral, at full 100% stretch, with a 50% overlap, ensuring that the bandage is held close to the limb at all times
- Cut off any excess Actico bandage, tape into position and then bond the bandage layers together by applying a gentle pressure along the full length of the limb
- Reinforce the heel and foot areas if felt necessary

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Activa Healthcare Ltd.

Units 24/27 Imex Business Park, Shobnall Road,  
Burton on Trent, Staffordshire DE14 2AU. Tel: 01283 540957

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