

Supporting self-management of fragile elderly patients with oedema and a venous leg ulcer using a short-stretch wrap-on compression device

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Aim:

In The Netherlands health-insurance companies aim to reduce costs for complex wound and oedema treatment. For this purpose an adjustable short-stretch compression device (ACD) may be used [1,2]. Some of the available long-stretch systems have caused skin damage [1]. The objective of this care series was to stimulate self-management of fragile elderly patients with oedema and/or a venous leg ulcer using an easy and safe to apply short-stretch wrap-on compression¹ device, which was selected for patients in our region [1,2].

Method:

Twenty out-patients with oedema and a venous leg ulcer received the ACD¹ and were followed during the treatment and maintenance phase. Scabs and sloughy tissue were removed using a monofilament debridement pad² after which the ulcer was covered with a superabsorbent pad³. Those with fragile skin conditions, prone to skin lesions received a "silk" stocking⁴ applied under the ACD¹ which provided an additional 10 mmHg and skin protection.

Results:

Many patients requiring compression treatment are elderly and fragile. Self-management is often not an option. When using traditional compression bandages correct application and an optimal pressure level is not always achieved. The 20 patients treated with ACD¹ achieved ulcer closure and oedema reduction in a comfortable fashion, stimulating self-management. Within 2 weeks often more than 3 cm ankle circumference reduction was achieved. It was easy to select the correct size and colour coding enabled a correct overlap upon application. From 2015 onwards, since education on compression was put in place for physicians and nurses throughout the care-chain in our region, the number of adverse events has reduced and quality of care has improved.

Conclusion:

It is important to select a suitable and effective compression system for especially frail elderly patients. Although the general practitioners (GP) take time to getting used to ACD¹, collaboration with leg measurement sites and training GPs may enable choosing and applying suitable compression. The tested ACD¹ enabled effective and safe compression. Complete ulcer closure was achieved in a comfortable fashion that suited the individual needs of the patients.



Patients come from different settings with traditional compression bandages. Frequently the required pressure levels are not delivered.



Daily dressing and compression bandage changes are time consuming.



Self management is not always feasible.



Skin damage occurred due to the use of a wrap-on compression system that was not fit for purpose.



The use of cohesive bandages over a wrap-on compression device lead to constriction



Welts and skin damage may occur as a result of constriction when using wrap-on systems that are not fit for purpose. For this reason patients may refuse compression treatment.



Elderly fragile patient with a copiously exuding leg ulcer. A superabsorbent³ pad is applied and changed every second day.



A silk stocking⁴ is applied under the ACD¹ to protect the fragile skin.



ACD¹ correctly applied delivered effective and safe compression.



Education on wound healing and compression is delivered throughout the total care chain.



References:

1. Ehmann S et al. J Wound Care. 2016;25(9):513-20
2. Mosti G, et al. Eur J Vasc Endovasc Surg. 2015;50:368-74.