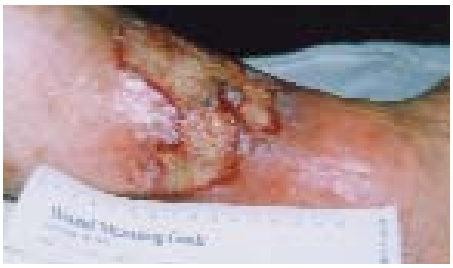

Figure 1 Lateral Aspect

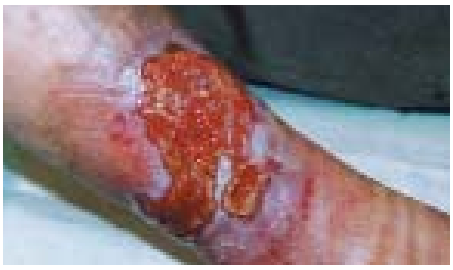

Figure 2 Lateral Aspect

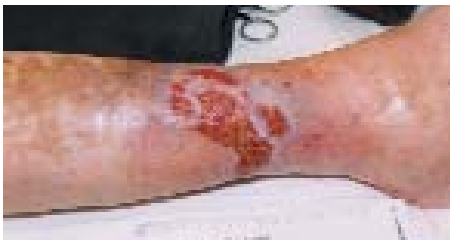

Figure 3 Lateral Aspect

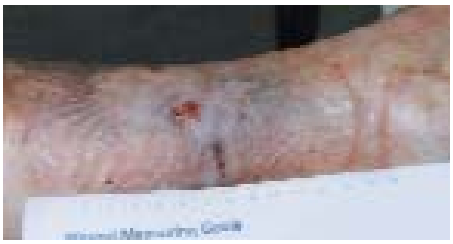

Figure 4 Lateral Aspect

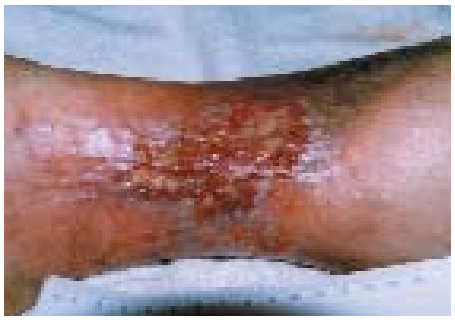

Figure 5 Medial Aspect

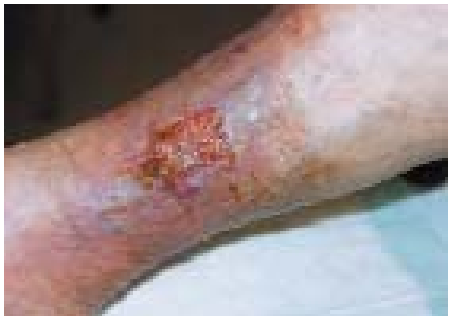

Figure 6 Medial Aspect

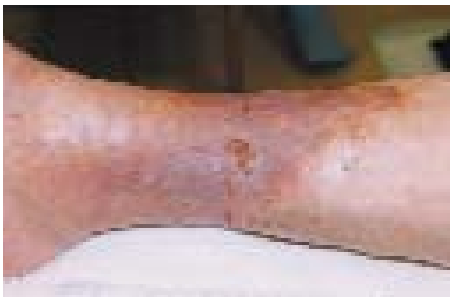

Figure 7 Medial Aspect

Implementation of Actico Cohesive Short Stretch Compression Bandaging for Patients with mixed Aetiology Ulceration

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Introduction

As Clinical Nurse Specialists covering four Primary Care Trusts, we have been instrumental in setting up 27 community based leg ulcer clinics since the service began in 1992.

Many patients are seen with a mixed venous/arterial diagnosis making it difficult for them to tolerate four layer elastic compression bandages particularly at night.

Since January 2003 we have been developing the use of Actico cohesive short stretch bandaging in an effort to improve healing rates.

By using case studies and patient evaluations this poster will highlight the success amongst those patients specifically targeted. Recommendations will include a change in practice throughout the four Primary Care Trusts on education and training, ultimately improving the quality of patient care.

Assessment

Before applying any compression a full holistic and vascular assessment is required (RCN Institute, 1998). This should be carried out by a health care professional who has been trained in the management of leg ulcers. A full clinical history should be taken, paying particular attention to anything that may indicate venous or arterial disease which may affect the choice of treatment.

Clinical investigations highlight conditions where compression may be contra-indicated. Caution is advised where there is cardiac overload and when treating patients with diabetes, ischaemia or thin, bony legs. These patients should only be treated under strict specialist supervision.

Case study 1

Mr P first presented in our specialist leg ulcer clinic mid January 2003 with a painful circumferential ulcer on the right leg resulting from a small trauma wound caused by his grandson. The wound was malodorous with copious exudate and a wound swab showed it was infected. The district nurses had tried four layer elastic compression bandaging (original Charing Cross system) which Mr P was unable to tolerate.

Doppler assessment showed a right Ankle Brachial Pressure Index (ABPI) of 0.87 and left ABPI of 1.15 with bi-phasic signals, which indicated that it was safe to apply compression. An in-depth history revealed that he had cramps and aching legs at night.

After review by our Consultant Dermatologist, Mr P started a course of Clindamycin 300mg QDS for 2 weeks as he was allergic to penicillin. Improvements in the signs of infection were noted the following week. Mr P agreed to try the four layer bandages again, but the district nurse phoned the following day to say that he had removed the bandages due to the pain he had had during the night.

Around this time the local Activa representative introduced the Clinical Nurse Specialists to Actico cohesive short stretch bandaging with orthopaedic wool padding. These bandages apply a high working pressure and a low resting pressure, whilst traditional elastic bandages apply a constant high compression. Because of the cohesive nature the Actico bandages stay in place and can be kept on for one week.

Although it had originally been decided not to consider using cotton short stretch, the fact that inelastic bandaging produces a reduced amount of compression at rest, suggested that Mr P may be a suitable patient to trial this bandage in our local area. On researching this treatment we found that a randomised trial comparing four layer bandaging with Actico cohesive compression bandaging concluded that Actico bandage achieves a similar healing and is suitable for patients with impaired mobility. (Franks, Moffatt, Moody 2003)

Results

The wounds began to heal (Fig.1-7), and Mr P found the bandages comfortable to wear even at night.

During the next three months Mr P was seen in the Specialist Clinic where we noted that his wounds were healing rapidly. He was pain-free and he said that this made a tremendous difference to his physical, psychological and social well-being.

continued overleaf

Implementation of Actico Cohesive Short Stretch Compression Bandaging for Patients with mixed Aetiology Ulceration (continued)

Case Study 2

Mrs C, an 85 year old lady was referred to us with an eight month history of two ulcers on the lateral aspect of her right leg. She is immobile, spending most of the day in a chair with her legs down. Her biphasic ABPI Doppler readings were right 0.66 and left 0.61, but she had no other symptoms of arterial disease and no rest pain. The absence of rest pain indicated that it was safe to apply compression using an inelastic system which gives lower compression at rest. (Marston, Vowden 2003). Her ankle circumference was 23cm, and it was decided to try Actico short stretch bandages with the correct padding to provide the necessary graduation and to protect the bony prominences.

Results

Within 10 weeks the ulcers had reduced to a quarter of the original sizes with almost complete epithelialisation (tracings 1 & 2), and she was returned to the care of the district nurses.

Discussion

Both case studies highlighted the need to constantly review practice and not to be afraid of change. We felt that we had to address the problems associated with pain at night, and adequate, safe compression of patients with mixed aetiology ulcers.

Four layer bandaging was always seen as the first line treatment for all patients in our local area. However we now have an increasing number of patients who are using Actico as their first line treatment. This change in practice is being rolled out throughout the four Primary Care Trusts that we cover as Clinical Nurse Specialists.

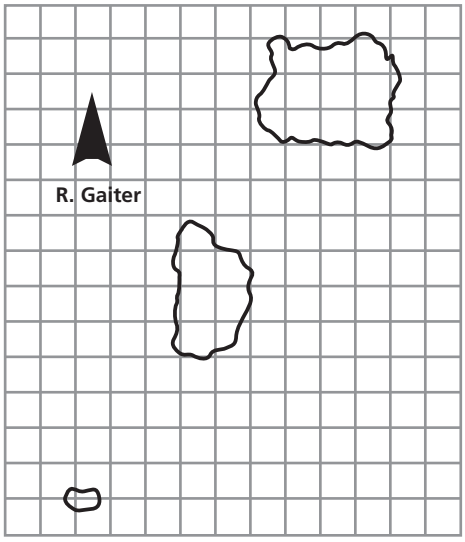
This in itself raised problems with the logistics of retraining and monitoring competencies of over 100 nurses. The process was made easier as the bandages are cohesive and are applied at full stretch, reducing the risk of overcompression.

Conclusion

As a specialist centre, we have always tried to provide a quality-focused service that is willing to embrace new ideas to improve patient care.

This change in practice has been well worth the effort owing to the increased healing rates and improved quality of life of those patients who have been put into Actico bandages over the past ten months.

We will continue to monitor this new technique and evaluate the outcomes.



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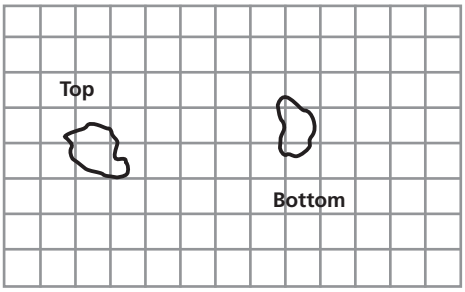

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ACTIVA HEALTHCARE

This leaflet was originally presented as a poster at the Harrogate Wounds UK 2003 Conference.