Not a stretch too far

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Introduction

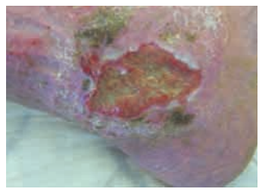
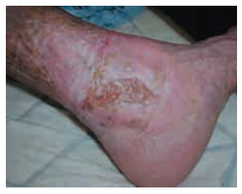
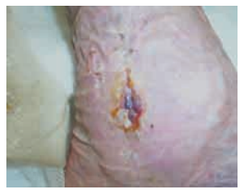
Two years ago the Tissue Viability team for Exeter East and Mid Devon introduced short stretch cohesive bandaging as an alternative to standard multi-layer bandaging for the treatment of patients with mixed aetiology leg ulcers, and for those who suffered rest pain at night (Ref 1 and 2).

Gradual change in practice

The use of short stretch to treat these patients has steadily increased over the last two years. Healing rates continued to be encouraging, particularly for those patients who would not normally have been considered for compression by district nurses (our protocol 1997) without advice. i.e. those patients with Doppler readings below 0.8. (RCN, 1998)

Case study 1

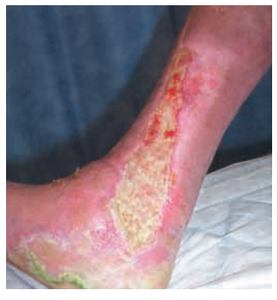
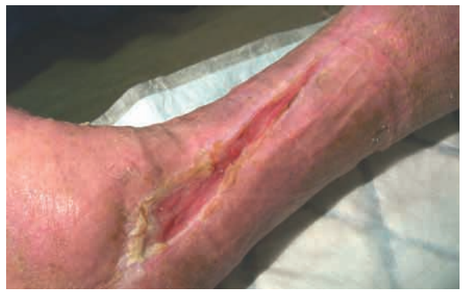
This gentlemen had been experiencing night pain for several months before he informed the tissue viability nurses that he would like to have the bandages removed. His ABPI was 1.09 with good biphasic signals. We persuaded him to try the Actico short stretch bandage system because of the reduced resting pressures.

The patient found the bandages very comfortable. A wound punch biopsy was carried out in our nurse led clinic after which the wound commenced healing. The wound progressed to full healing within five months with Actico short stretch bandages.

Case study 2

This gentleman's wound were two years old when he was referred to tissue viability. A fifty-a-day smoker, with poorly controlled diabetes, his Doppler assessment showed readings of 0.77 on this leg, which had reduced from 0.87 during the year. He complained of rest pain but his signals were biphasic. He was unable to tolerate standard multi-layer bandaging, and was reluctant to try the Actico short stretch. The bandaging proved once again to be comfortable. The wound, after a slow start, improved and healed within twelve months. During this time the patient's health remained poor with a diagnosis of prostate cancer, but his mood improved considerably because of the improvement to his wound

The two case studies highlight the reasons why short stretch was introduced to treat patients with rest pain and low Doppler readings. Both patients' wounds are now healed, with the patient in the first case study having had a successful knee replacement, which he was initially denied, because of the wound. One year later there has been no recurrence as he has been wearing Activa two-layer compression hosiery.

New audit

An audit was undertaken from the full leg assessments sent into the service headquarters from April-September to establish how many patients were being treated in short stretch, and the reason why. The results were surprising and has implications for change in practice for the whole of our service.

Audit results

From 550 full leg assessments received:

190 were Doppler only

240 were 3-4 layer multi bandaging

110 were in Actico short stretch*

10 used compression treatment hosiery kits

* from the 110 patients treated with Actico bandages only 88 fully completed forms were received.

Actico audit results

Total form completed - 88

Total with rest pain - 10

Low ABPI (0.6-0.8/monophasic sound) - 25

Duration of condition - 1 week to 4 years

Ulcer size - 0.5cm to 14cm

Patients with no oedema - 23

Patients with limited mobility - 37
(1 paraplegic and 1 described as no mobility)

Telephone audit

However, the results of a recent telephone audit to all the twenty three leg ulcer clinics overseen by the tissue viability team, shows another reason why short stretch is now applied as first line treatment. It is because patients want to wear their normal footwear. If this is so, then the question has to be asked whether it is worth continuing teaching both bandaging systems, when the preference is for using short stretch bandaging as the first line treatment.

Those assessments that showed that the nurse had used short stretch bandages were looked at more closely to establish how many patients had reduced Doppler readings or suffered from rest pain, and if this was the reason to use short stretch.

Conclusion

The introduction of Actico short stretch bandaging for the treatment of lower leg wounds has proved to be very successful. Patients, (whose wounds would not have been healed because nurses were not aware of the options for treatment) were given no compression because patients were unable to tolerate standard four-layer bandaging.

This has now started changing. Education is still required to inform practice nurses in our area that there is now a viable option for the treatment of leg ulcers. The problem of concordance with bandaging also appears to be diminishing because nurses are applying the Actico bandages as first line treatment so that patients can get their shoes on more easily. This can only be good for the patients, the service and the healing/recurrence rates.

References

1. Prytherch J, Pike J and Tongue J (Implementation of Actico Cohesive Short Stretch Compression Bandaging for patients with mixed aetilogy ulceration poster presentation Wounds UK Conference, Harrogate, November 2003).
2. Marston W, Vowden K (2003 EWMA position document; Compression Therapy: a guide to safe practice EWMA Conference, Pisa 2003.
3. RCN 1998, The management of patients with venous leg ulcers. Clinical practice guidelines.

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