



People.Health.Care.

Actico[®] Application



Frequently asked questions and Hints and Tips

Questions and Answers

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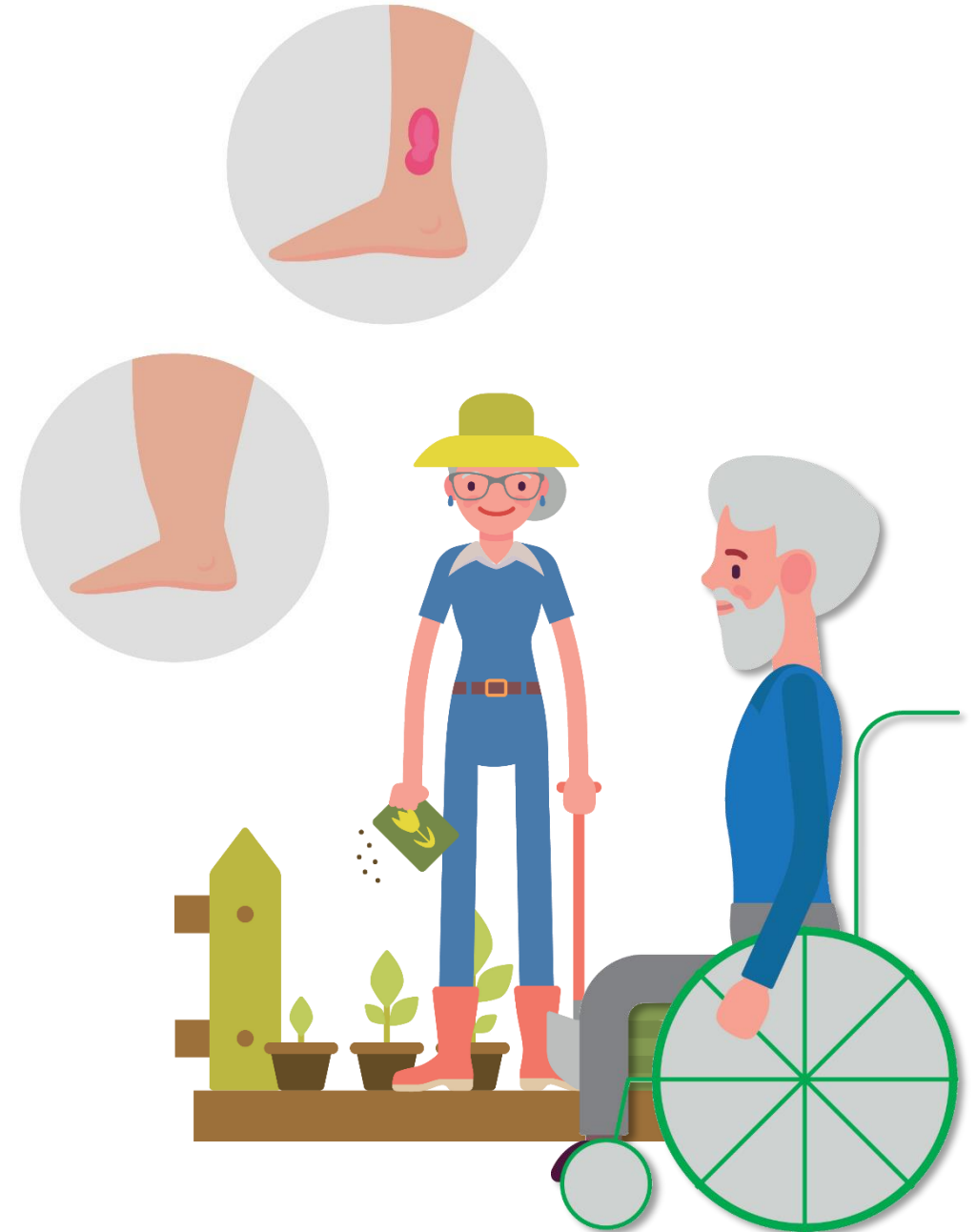
Who is Actico for?

Anyone suitable for compression can be treated effectively with Actico!

- Patients with wounds
- Patients without wounds but have chronic oedema or lymphoedema
- Active patients
- Immobile patients

BUT, apply Best Practice Recommendations – if exudate is controlled and there is little reducible oedema/distortion, consider a self-care/assisted self care garment first.

Inelastic bandages are preferred to elastic systems for oedema management, as they provide a firm cuff around the limb which delivers high working pressures and low resting pressures, and will not allow swelling to expand.



Why are there 2 application methods?



VLU method for minimal to no oedema (below knee)

The majority of VLU's occur below the knee and will respond well using only the 10cm bandage.

If exudate is contained, could a self-care solution be used?



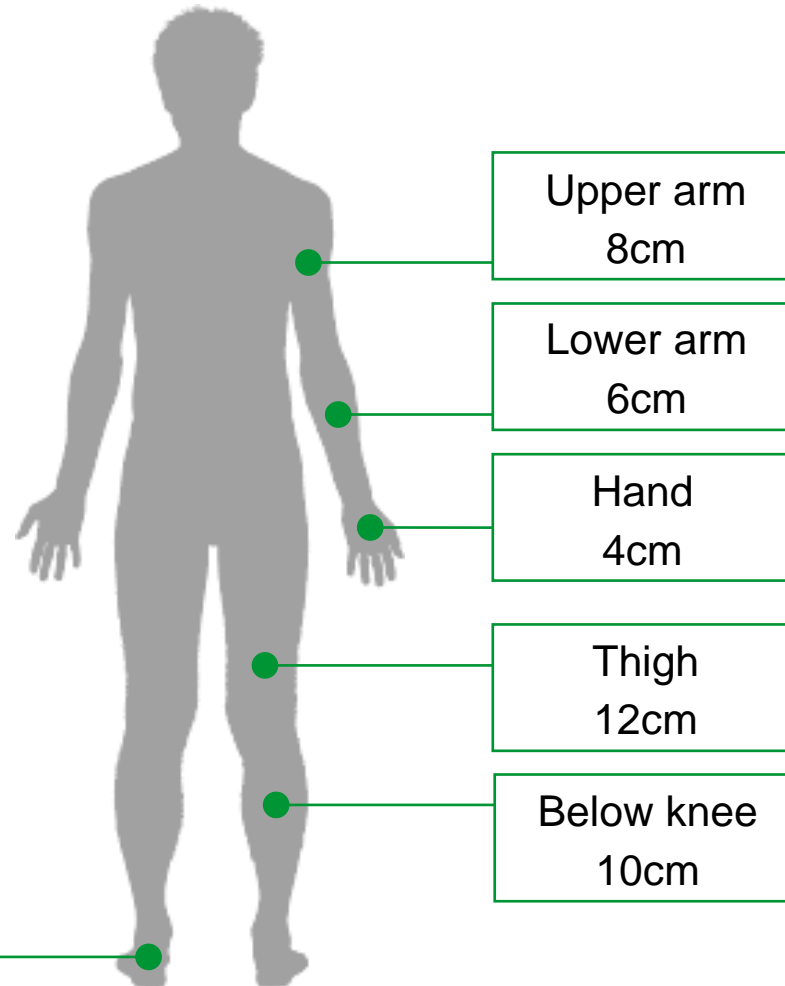
Chronic oedema method with or without VLU (below knee & full leg)

Compression levels will be reduced with a larger limb - a narrower bandage (8cm) around an oedematous foot compensates for this.

Bandages should be applied beyond the oedema where possible. A 10cm bandage is recommended for use below the knee and a 12cm bandage above the knee to suit the anatomy and achieve graduated compression.

Where should each size of Actico be used?

The various widths suit different areas of the body for greatest conformability and to make achieving graduated compression easy



Foot
8cm: if chronic oedema
10cm: if VLU with minimal oedema

Upper arm
8cm

Lower arm
6cm

Hand
4cm

Thigh
12cm

Below knee
10cm

Can Actico 8cm be used for all of the lower leg?

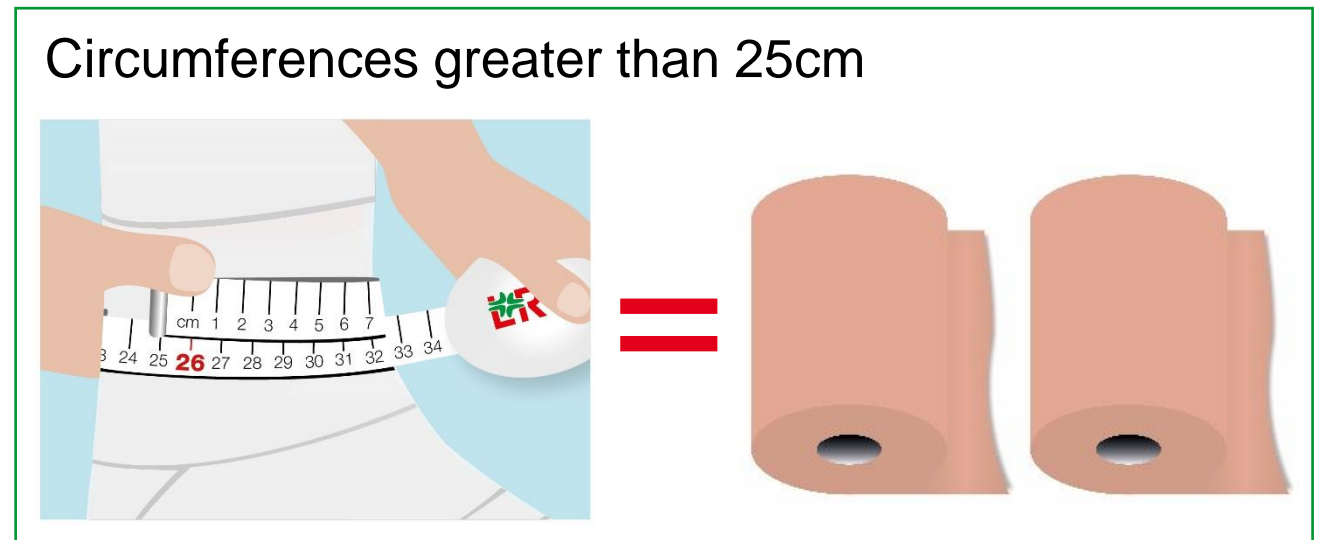
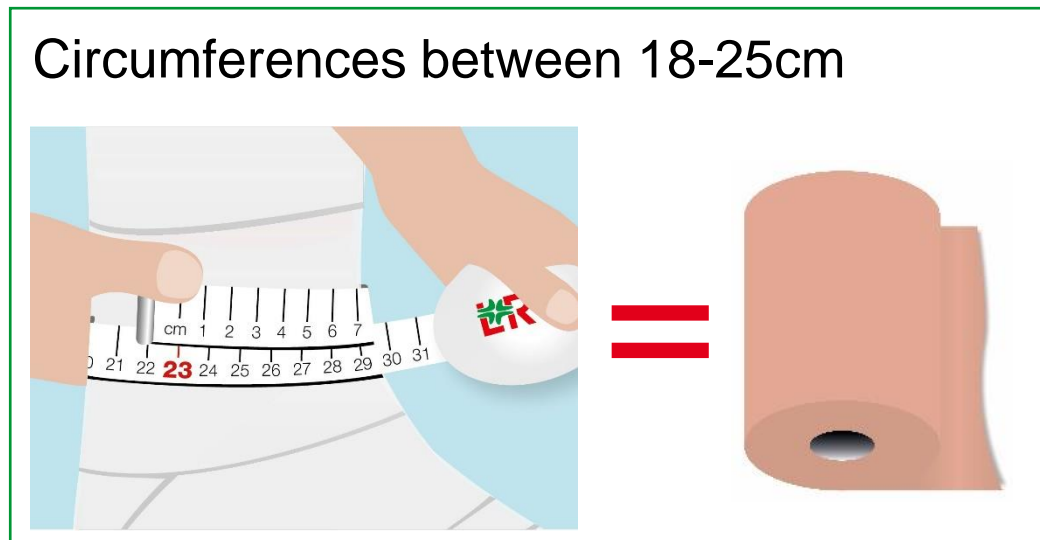
We recommend the 8cm bandage is used where there is chronic oedema, on the foot to just above the ankle.

Specialists may vary their technique according to patient need and their clinical judgement.

How many layers of Actico should I apply and why?

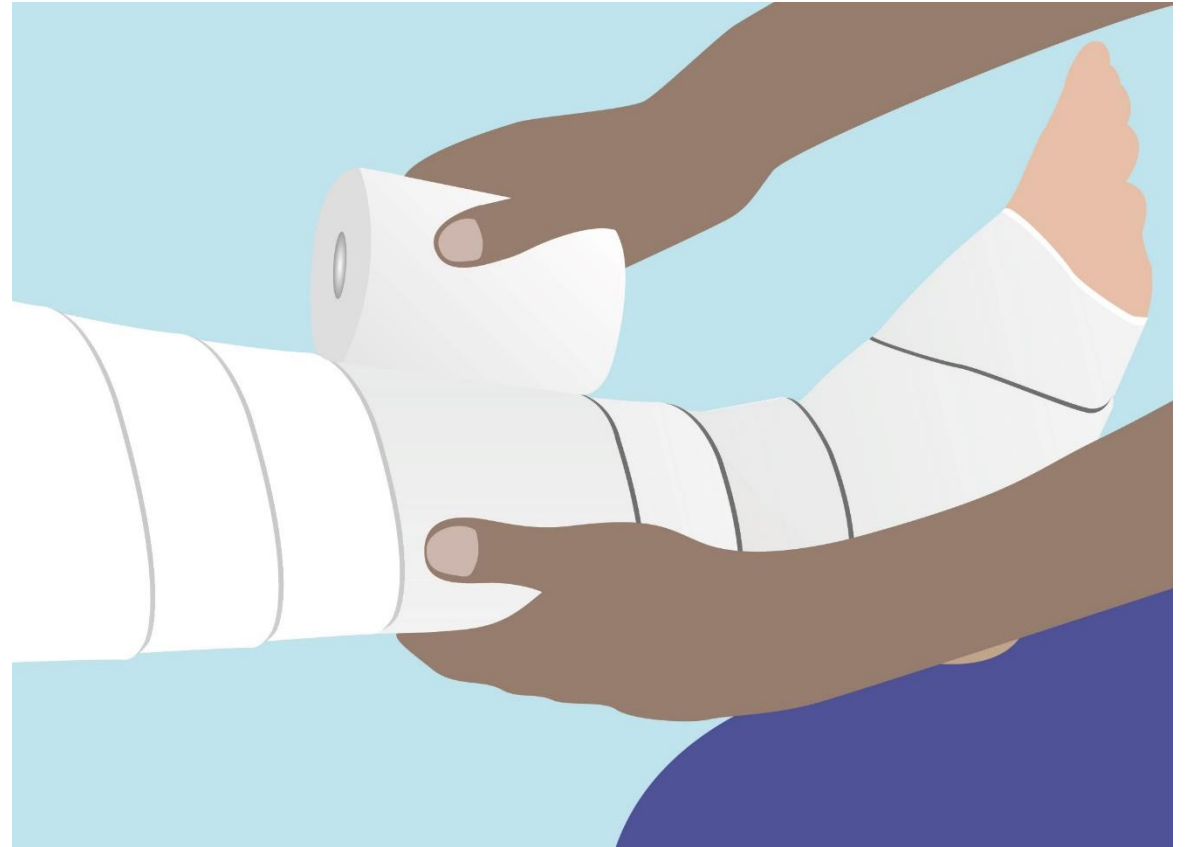
The larger the limb, the more compression reduces. Actico should be layered accordingly to ensure therapeutic levels of compression are achieved.

Measurement of the ankle circumference should be taken after padding.

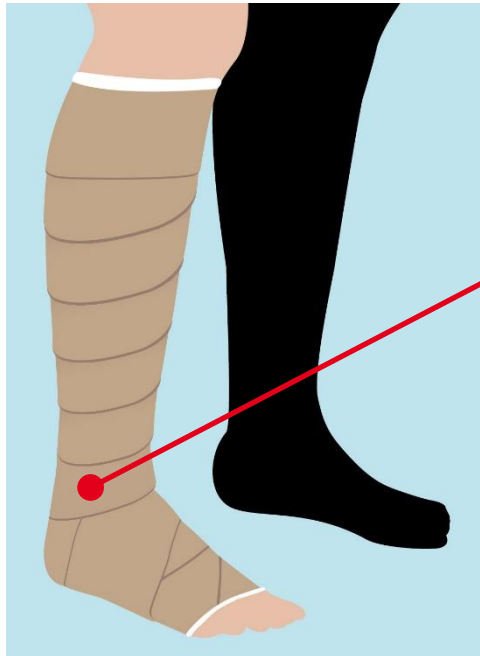


Can I use Actico on a patient with an ankle circumference of less than 18cm?

Yes, providing padding is used to increase the ankle circumference to 18cm or more.



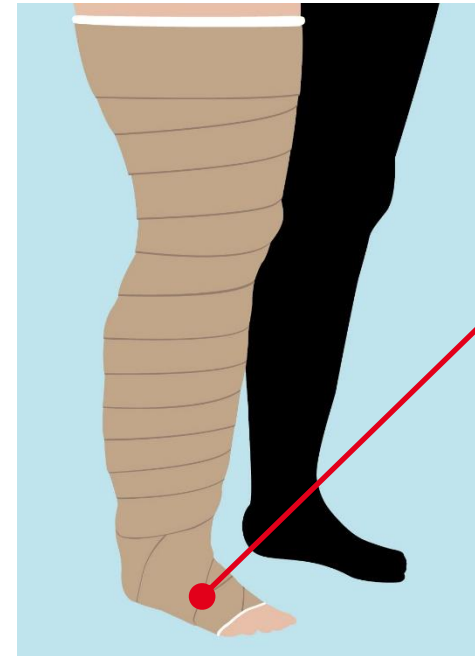
Where should I apply the 2nd layer of Actico from?



VLU method for minimal to no oedema (below knee)

When the ankle circumference is >25cm, the second 10cm Actico bandage should be applied from the ankle.

Secure with two turns with tension over the ankle and on the third turn follow the 'Lock & Roll' method.



Chronic oedema method with/without VLU (below knee and full leg)

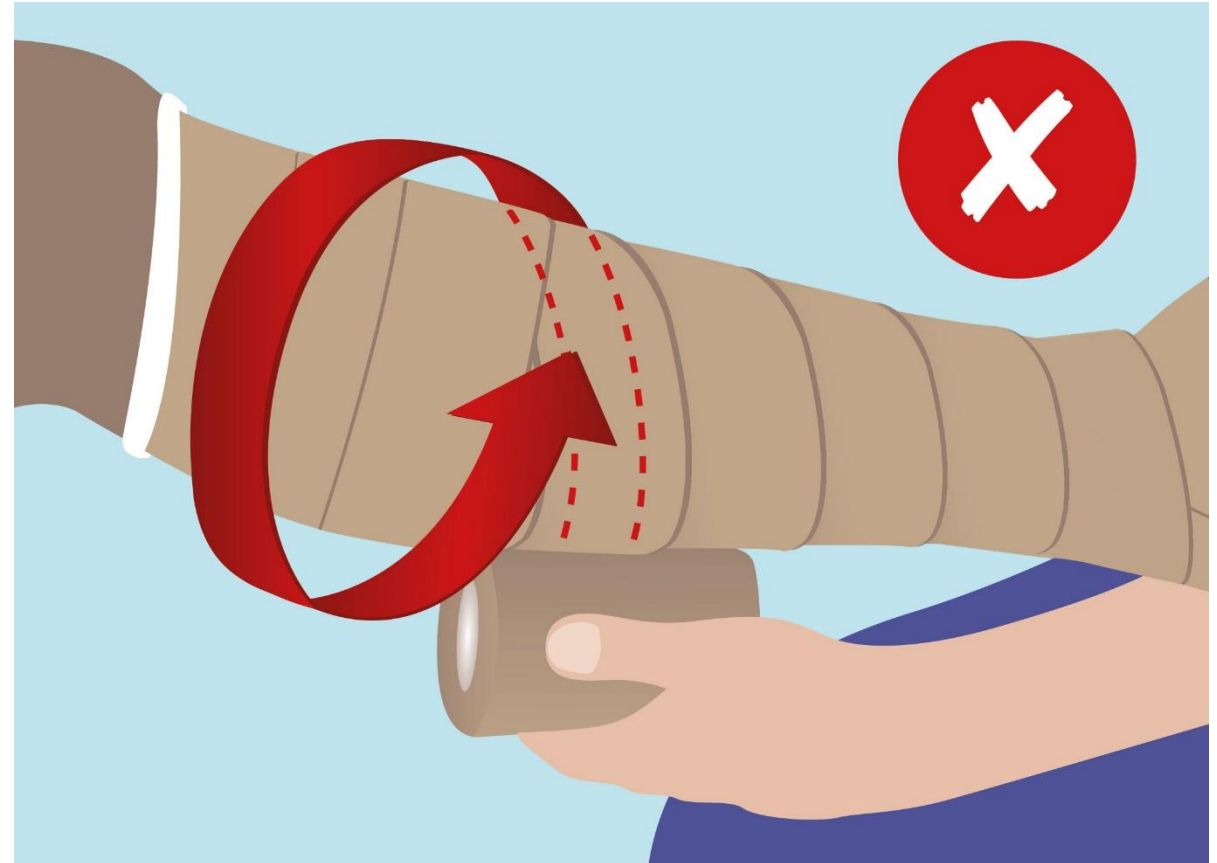
The second layer of Actico should begin at the base of the toes.

Follow the same instructions as for the first layer, varying the width of the bandage accordingly.

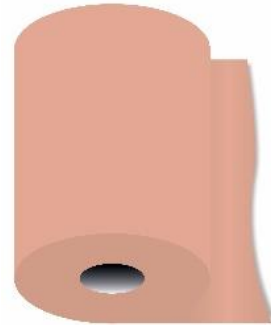
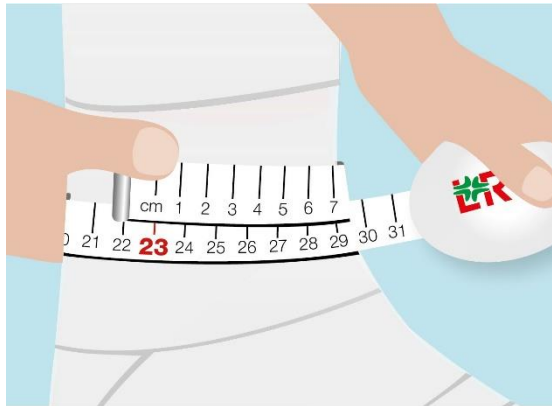
The 2nd layers should be applied in the opposite direction to the first, to aid adherence of the layers

Why can't we bandage up the leg on the first layer and back down the leg on the 2nd layer?

There is a danger of stopping short of the ankle and therefore affecting the pressure and delivering a reverse compression gradient affecting venous return.



Why are some patients only in 1 layer of Actico?



If the patient has an ankle circumference between 18-25cm after padding, only 1 layer of Actico is required, as the pressure is being distributed over a relatively small surface area.

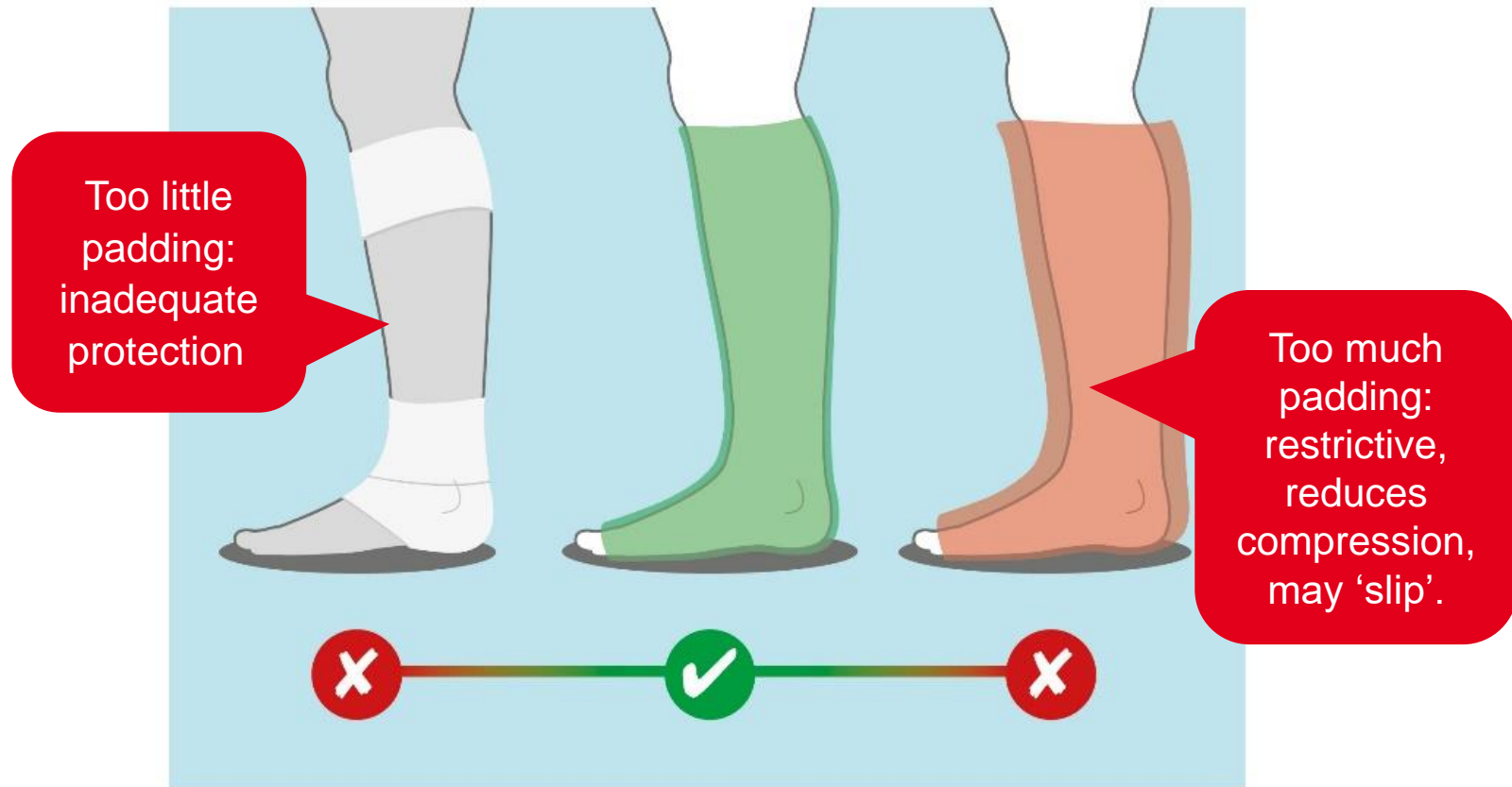
In some instances where ankle circumference is greater than 25cm, one layer of compression may be used for support purposes rather than to actively treat a VLU/oedema.

There may be other reasons for why a patient is only in 1 layer of Actico – however this is down to clinical judgement and an understanding of the patient's pathology and treatment objectives.

How should I apply the padding?

Padding should be used to protect the limb and re-shape it if necessary, aiming to mimic the shape of a 'regular' leg.

- Measure and assess limb shape to inform how much padding is required.
- Pay particular attention to bony prominences/vulnerable areas.
- Use eyes and hands – is the shape right? Are there gaps or dips?



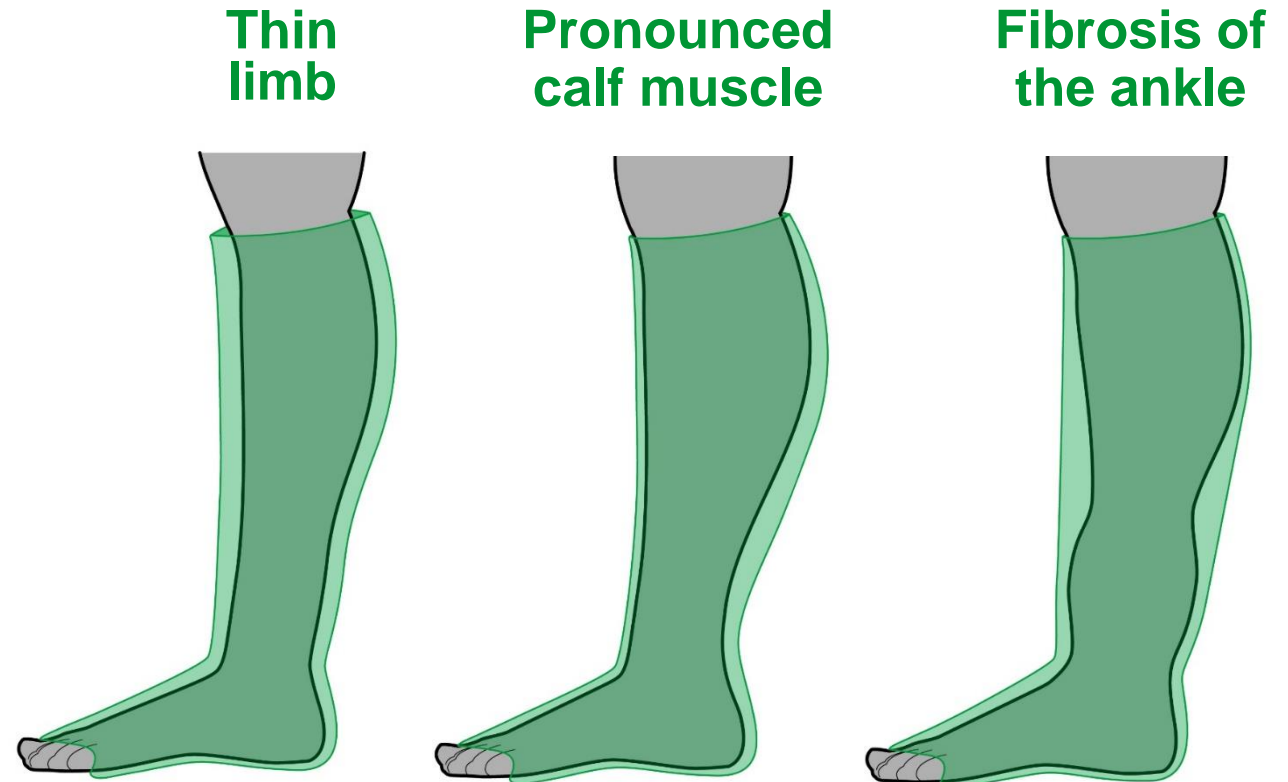
What shape am I aiming to achieve with padding?

The padded limb should mimic the shape of a 'regular' leg.

After padding to protect, if the limb is naturally a 'regular' shape with no visible or palpable distortions or bony prominences, then further re-shaping is not required.

A 'regular' leg shape provides graduated compression due to having a lower circumference at the ankle compared with that at the widest part of calf.

If the limb is a distorted shape, additional padding will be required.



When applying Actico below knee, do you need to put an extra band of wool around the top?

No.

Padding should be used under Actico in order to protect the limb, and reshape where necessary to achieve graduated compression.

Excessive padding may reduce compression levels, lead to bandage slippage and generate a bulky bandage system.



What padding should I use with Actico?

Cellona undercast padding is recommended for use under Actico.



The difference since using Cellona is incredible. We are using a lot less rolls of Cellona compared to the amount of our previous padding, patient visits have reduced from 3 a week to 1-2 times a week. Cellona doesn't slip which is great!

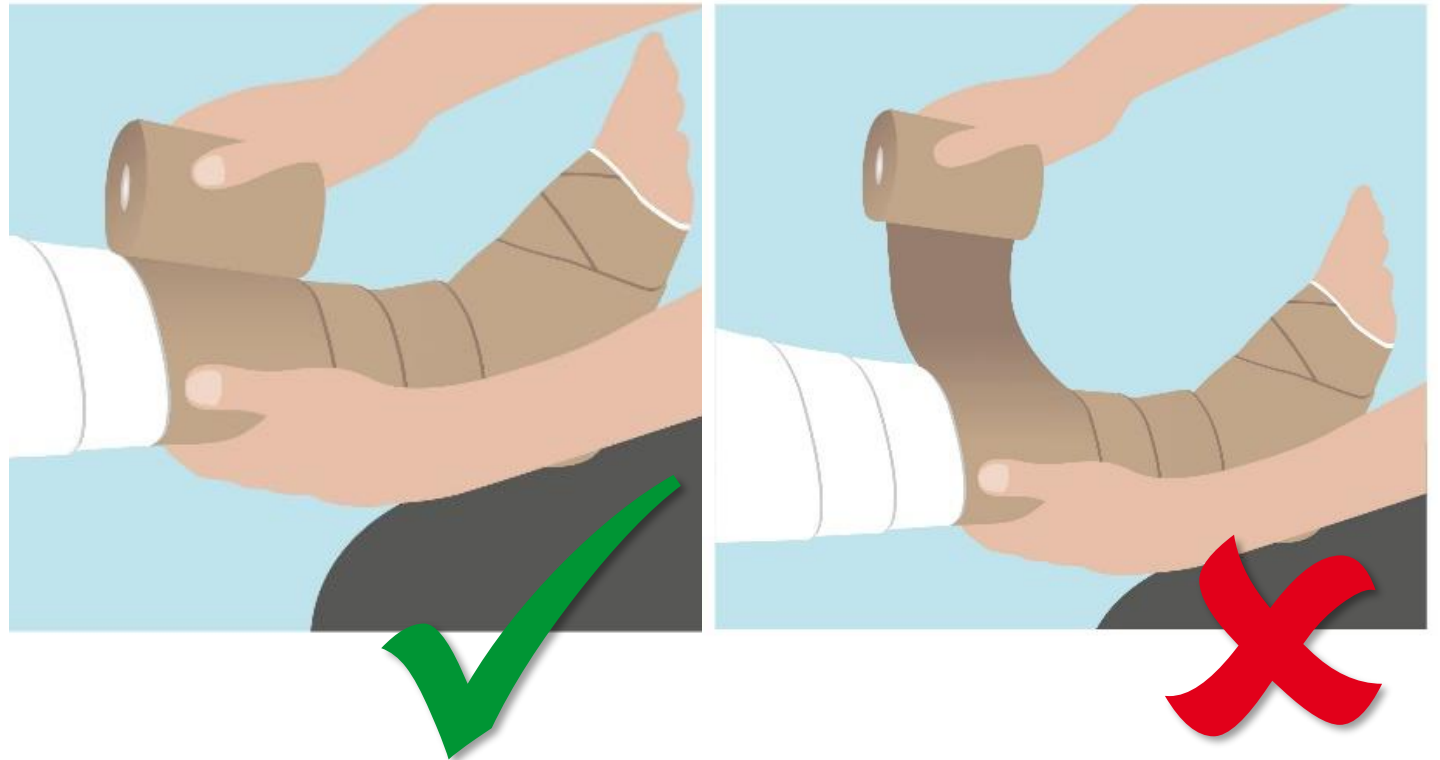
TVN, South East England



How should I hold Actico when applying it?

Lock and Roll!

- Hold the barrel up
- Apply Actico using a spiral technique, enclosing the ankle and heel with a figure of 8.
- **Lock the bandage at full stretch**
- Roll it around the limb, **keeping the barrel close to the limb and the bandage fully stretched.**
- 50% overlap.



How do I know if I am applying Actico at the right level of 'stretch'?

Actico is inelastic (short stretch), so it has a finite level of extensibility. When the bandage is locked out at full stretch (you can't extend it further), it is ready to apply to the limb.

You can rely on the tension you feel, rather than on visual indicators which may be subjective or become obscured as you bandage around the back of limbs.



Is Actico available as a Mild (<20mmHg) or Moderate (20-30mmHg) compression system?

No. Actico is an inelastic compression system which delivers **STRONG** ($\geq 40\text{mmHg}$) therapeutic compression levels.

NWCSP recommends that patients with diagnosed VLU are treated in strong compression as soon as possible to avoid delayed healing.

Actico supports treating patients in **STRONG** compression



Actico cannot be overstretched, for confident application



Low resting pressures support comfort



Effective compression relieves pain

Can Actico be used to treat patients with mixed aetiology ulcers (ABPI 0.5-0.8)?

Yes, under specialist supervision and with caution.

The mode of action of Actico differs to many mild and moderate compression or 'reduced' systems, therefore Actico may be used for patients with an ABPI 0.5-0.8, with caution and under specialist supervision (e.g. medical, vascular or a leg ulcer specialist).

This is due to the intermittent High Working and Low Resting pressures delivered by Actico and is supported by EWMA Guidelines 2004, and evidence within Actico's clinical library.

Can Actico be used to deliver Immediate Care prior to VLU diagnosis?

L&R recommend solutions that are developed to deliver ≤ 20 mmHg (e.g. Activa CCI1 British Standard hosiery or Activa Liners) to meet NWCSP recommendations for Immediate Care.

Should the limb condition not be suitable for CCI1 British Standard hosiery (e.g. there is significant swelling or high exudate levels), the severity of symptoms warrants immediate or more urgent vascular assessment.

Note, if selecting a bandage in the interim period until full vascular assessment:

The pressure delivered by ANY compression bandage system is dependant on multiple variables, including limb size, shape and application technique. Therefore, selecting a bandage in this instance is down to clinical judgement and an understanding of the patient's pathology and treatment objectives, and should be done with caution and under specialist supervision.

How much tension should I apply to the feet?

Myth:

Compression therapy should not be applied to the foot.



Truth:

Moderate to high compression therapy must be applied to the foot to prevent foot oedema, as long as toes are protected. Where there is little compression to the foot, the high compression to the gaiter region can create an oedematous foot and toes, thereby causing additional issues. The use of toe garments is recommended where required to aid oedema reduction.



Actico is safe and effective in reducing oedema of the foot.

Actico should be applied with tension to apply moderate to high compression rather than at 100% stretch to the foot. The contours/anatomy of the foot make it difficult to lock out Actico at full stretch.

Full stretch should be applied from the ankle.

How should I secure Actico?

Actico is a cohesive bandage, meaning it will stick to itself **WHEN APPLIED BARREL UP.**

After application, gently smooth your hands around the bandage moulding it to the limb, to ensure the 50% overlaps/multiple layers bond.

Other tips to support cohesion:

- Ensure 100% stretch during application – this not only supports therapeutic compression levels, but it opens the fabric enabling it to ‘grip’ onto itself.
- If the bandage has been stored in a cool location, warm it between your hands before use.
- Tape if necessary.



How long should Actico be left on for?

For a lower limb with minimal oedema, where you expect very little slippage, Actico can remain in place for up to 7 days, dependent upon the condition of the wound.

Actico is very effective in reducing oedema.

If using Actico on patients with oedema, then **oedema reduction should be a priority, therefore, the bandage will need changing more frequently** to ensure full therapeutic compression is maintained and to prevent slippage.



The difference in 10 days (Clements, 2007)

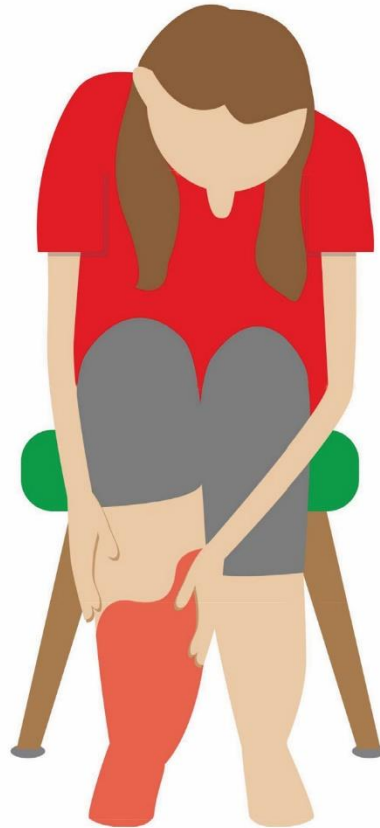
Should I stop using Actico if my patient has a bacterial infection to their leg ulcer (but is being treated with antibiotics)?

Myth:

Compression should be stopped if the patient has cellulitis.

Truth:

Compression treatment must be continued if the patient can tolerate compression. In the case of cellulitis, compression will help resolve current symptoms fast and prevent further lymphatic damage.



Treatment with Actico should be continued as long as the patient's pain levels allow this.

Please refer to your local Trust guidelines.

Can a superabsorbent dressing be applied underneath Actico?

Yes. Superabsorbent dressings such as Vliwasorb Pro, if required, should be applied beneath Actico.

MYTH

Superabsorbent dressings cannot be used under compression and should be used over compression if required.



TRUTH

Superabsorbent dressings can be used under compression if the product effectively contains exudate to prevent maceration. They should not be used over compression, as sub-bandage materials and bandages soaked in exudate could result in further damage of surrounding tissues.



Actico Application Hints and Tips

Using Debrisoft prior to bandaging removes barriers to healing and creates an acute response, which can reduce exudate levels and promote a cascade through the healing process.

A tubular retention bandage such a ActiFast may be used beneath the padding to ease problems of contact sensitivity, to retain dressings and keep ointments in place.

When assessing limb shape, take measurements (in cm) prior to padding to help monitor oedema and indicate how much padding is needed and where. Measure a couple of fingers below the knee, at the widest part of the calf and above the ankle joint (malleolus).

Ensure you measure from '0cm' on your tape measure. (The 'end' of your tape measure may not be '0cm'.)

Have you tried Cellona undercast padding? This is recommended for use under Actico.

When bandaging, position the patient's foot 90° 'toes to nose' to ensure ankle flexibility.

Actico Application Hints and Tips

Don't assume the number of layers a patient will need based on their measurements prior to padding or at their last visit – the circumference will have changed – always re-measure after padding.

It doesn't matter which direction Actico is applied, so it can be applied left or right-handed. However, if you are applying a 2nd layer, do this in the opposite direction to the first to aid adherence of the layers.

Oedema will find any gaps. Ensure an even 50% overlap is applied and check there are no gaps in your bandaging – around the back of the foot/heel are common areas to miss.

Consider the other leg! There may not be an active ulcer on the unbandaged leg, however it's likely there is an underlying venous condition - preventative action using hosiery will help.

Many patients are able to wear normal footwear when their leg is bandaged in Actico – if this is not the case, we recommend a Cellona Shoe to keep your patients mobile.



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This document has been developed to support standard practice and doesn't reflect extended scope of practice for those with the relevant skills and ability.

At L&R we are supportive of organisations who innovate with new ways of using our products to safely and effectively address complex patient needs where evidence exists to support these techniques. However, we do not routinely train on such techniques.

For further information contact our Customer Services Team on **08450 606707**
or email at **customerservices@uk.lrmed.com**