

# Promoting Patient Wellbeing and Concordance: A case study presenting quality of life and clinical outcome benefits of a new two-layer compression system

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## Introduction

Caring for patients with wounds of the lower limb continues to be challenging, particularly in the current climate of budget restrictions and an ageing population. In patients over the age of 65 years incidence increases from the average 1% of the population to 3-5%<sup>(1)</sup>. When choosing a compression bandage system, patient lifestyle and mobility need to be taken into consideration, as this will affect concordance with treatment<sup>(2)</sup>.

## Method

A single patient case has been extrapolated from a larger evaluation being undertaken to assess patient acceptability, concordance and clinical effectiveness of a new low profile two-layer inelastic compression bandage system.

## Case Study

Mary is a 93 year old visually impaired, fully mobile and independent lady, who sustained a traumatic injury to the left anterior aspect of her leg in April 2014. Mary sustained a similar injury during 2010 which took approximately one year to heal complicated by multiple skin reactions to dressing and bandage products. Mary also experienced slippage and bulk of bandage issues which affected her mobility and consequently her quality of life. Understandably she presented extremely nervous about receiving any form of dressing or bandage treatment for her new injury so was referred by her Practice Nurse to the Leg Ulcer Service for specialist advice.

On the 1st of July 2014 Mary underwent a full holistic review. A Doppler assessment was undertaken to rule out underlying arterial disease, resulting in ABPI 0.92. The ulcer had now been present in excess of 12 weeks and measured: 1.6cm length, 2cm width, with superficial depth and 100% slough covering to the wound bed.

Mary's limb was very oedematous and she expressed pain and discomfort at the ulcer site. Compression bandages were prescribed as the treatment option, but Mary expressed concerns and stated she did not want to go back into compression bandages due to the reactions and bulky bandages impacting her mobility, making her feel unsafe to leave her home therefore various new treatment options were discussed.

An evaluation of the new HERO H-2 compression bandage system was being undertaken by the Leg Ulcer Service and Mary agreed to participate. She liked the fact it is hypoallergenic and specially designed for sensitive skin like hers. The bandage system was also lightweight when applied to her limb and was extremely low profile enabling normal shoes to be worn.

Due to previous dressing allergies, primary dressings were chosen for their hypoallergenic properties; an atraumatic contact layer and a Hydration Response Technology dressing were applied.

## Results

On the first bandage change (3 days) the oedema had reduced significantly and Mary reported that she 'loved the bandages'; that they did not slip and wrinkle, they felt supportive and flexible and had not impeded her mobility. Mary also stated that she was no longer in pain. Mary was seen twice a week at the

clinic and her leg ulcer continued to improve. In just three and a half weeks the ulcer had reduced to 0.5cm length, 0.5cm width and remained superficial in depth, and in just one calendar month the ulcer had completely healed.

## Discussion

Through listening to Mary's anxieties regarding compression and being able to offer a new innovation which has been designed to address the challenges patients face whilst undergoing treatment for leg ulceration, Mary has now concurred to treatment with a positive healing outcome and no fear of compression for the future.

## Conclusion

The new HERO H-2 compression bandage system has met Mary's quality of life needs by addressing her bulk, slippage, weight, profile and flexibility issues and delivered effective compression through the reduction of her oedema and to complete healing.

## References

1. Mekkes JR, Loots MA, van de Wal AC, Bos JD (2003) Causes, investigation and treatment of leg ulceration. *Br J Dermatol* 161: 750-6
2. Lay- Flurrie K (2011) Venous leg ulceration and graduated compression. *Br J Nurs* 20 (15): 4-8

