Rotterdam, The Netherlands, 6-9 June 2018

8TH INTERNATIONAL LYMPHOEDEMA FRAMEWORK CONFERENCE

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ICC

International Compression Club

Compression to reduce edema in patients with arterial occlusive disease

Double focal compression bandaging

BEFORE

AFTER

Dr. Carlos Sánchez Fernández de la Vega
FINGOI CENTER. LUGO. SPAIN

SERVIZO GALEGO de SAÚDE

GUIDELINES

Greater than 1.4	Calcification / Vessel Hardening	Refer to vascular specialist
1.0 - 1.4	Normal	None
0.9 - 1.0	Acceptable	
0.8 - 0.9	Some Arterial Disease	Treat risk factors
0.5 - 0.8	Moderate Arterial Disease	Refer to vascular specialist
Less then 0.5	Severe Arterial Disease	Refer to vascular specialist

Stanford Medicine 25

Compression therapy is not contraindicated

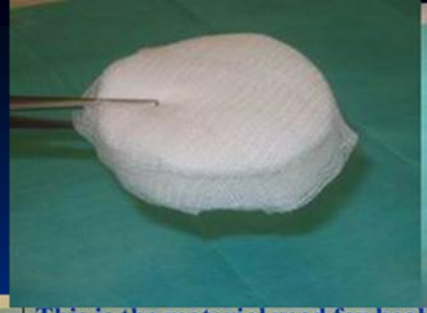
Is compressión therapy contraindicated ?

Compression therapy is contraindicated

Can we use compression therapy in patients with arterial occlusive disease to reduce edema?

YES, WE CAN !

Careful follow up during the first days/weeks is necessary !




This is the material used for healing venous leg ulcers.

Strong compression
Inelastic/ elastic bandage

Normal compression bandage

Gauzes

Adhesive tape

Double focal compression bandaging

diagnostic tools

Physiological saline

Scissors

Weight - control

Edinburgh claudication questionnaire

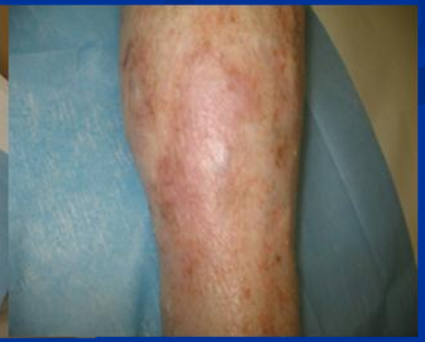
To establish a differential diagnosis

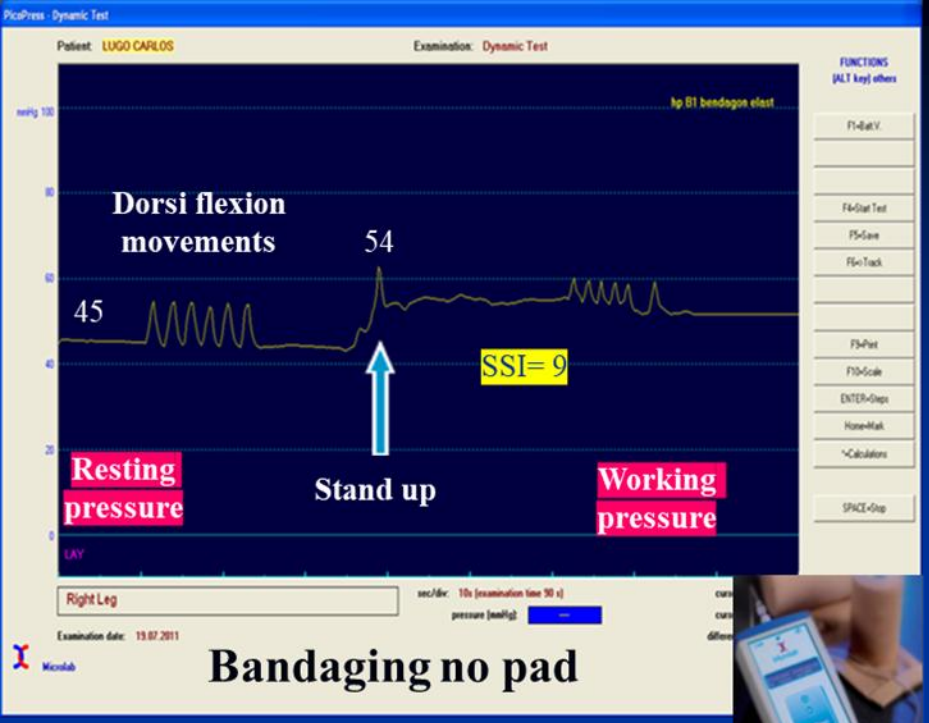
To establish a clinical diagnosis

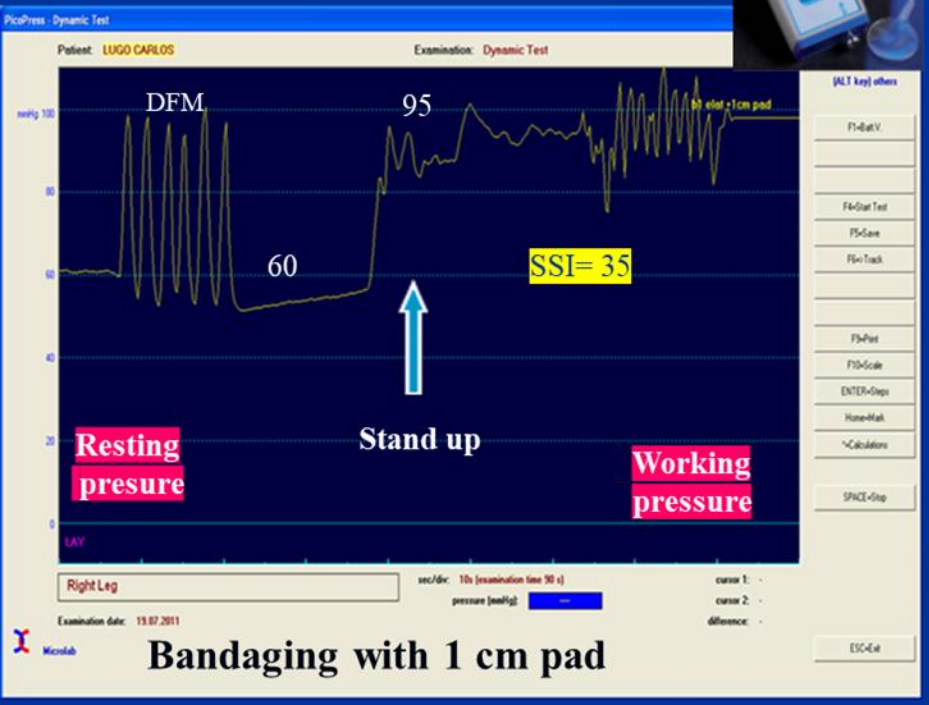
To discard severe arterial disease

METHODOLOGY







We use:
Non-elastic bandage because of its stronger hemodynamic efficiency on calf muscle pump.

Optimal legs compression levels

1

Male 49 years old, arterial hypertension, diabetes and dyslipidaemia.
Smoker of 40 cigarettes or more/per day.

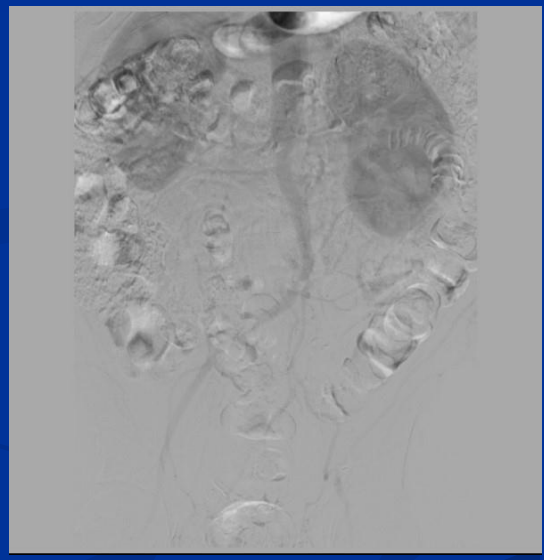
Severe arteriopathy disease (Syndrome-Leriche)

Hospital admissions

18-09-2008…….. First surgical intervention.
Aorto-byfemoral bypass surgery.

20-12-2016 / 8 years later……., Second surgical intervention.
Thrombectomy right branch, bypass to right deep femoral artery.

15-09-2017 / 9 months after the latter…
Twice surgical intervention with amputation of 5º right toe



18-10-2017
“Double focal compression bandaging”


18-10-2017
19-10-2018
23-10-2017
26-10-2017
27-10-2017
2-11-2017
14-11-2017
15-11-2017
27-11-2017
30-11-2017
4-12-2017
7-12-2017
15-12-2017
2-01-2018
8-01-2018
11-01-2017
Himself removed the bandaging for 15 days, and the wound worsens.
We bandage the leg again, and the wound heals.

Necrotic lesion in 2nd left toe, has been resolved

Oedema has decreased

16-10-2017

The patient was released from hospital……

Before Compression ABPI = 0.71

After Compression ABPI = 1.04

(11-03-2011)

Male 56 years old, arterial hypertension, dyslipidaemia, Ex-smoker goes to the hospital because of severe pain at rest, in the forefoot and first toe of the left foot.

Severe arteriopathy disease

Hospital admissions

23-03 2011……. First surgical intervention.
Femoro peroneal bypass (middle third) / left leg).

6-04-2011……..Second surgical intervention.
Transmetatarsal amputation left foot

5 years later (4-08-2016)……Third surgical intervention.
Ischemic cardiopathy: Percutaneous coronary intervention.

16-08-2016
“Double focal compression bandaging”

ABPI (Left leg)

Before compression

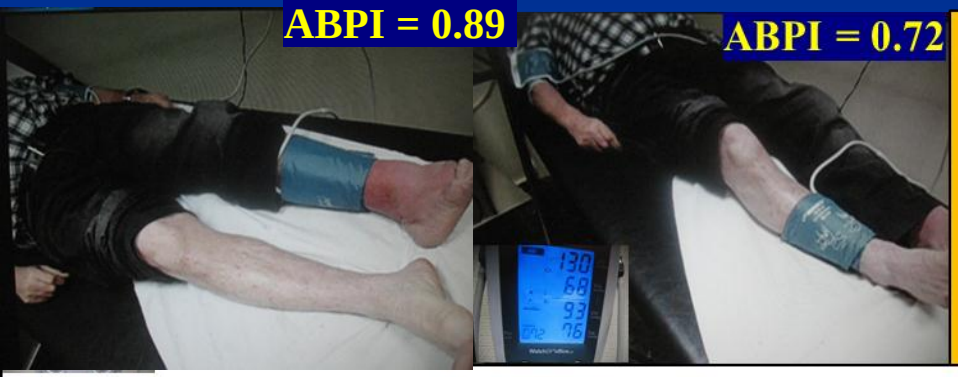
(31-07-2013) = 0.68

(26-03-2014) = 0.60

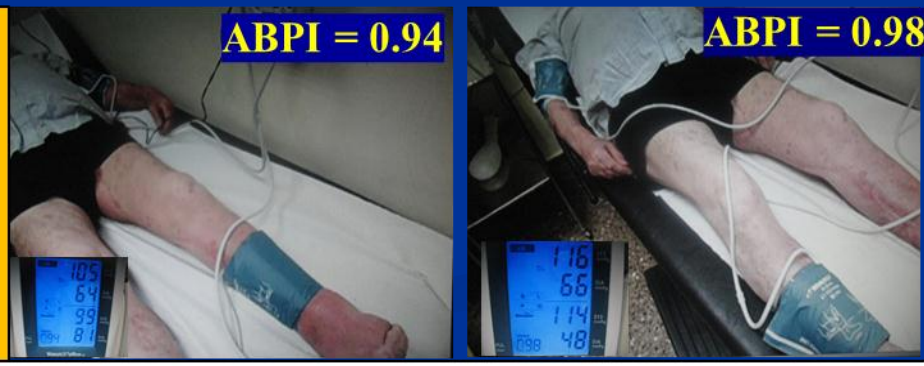
(27-10-2014) = 0.58

We can observe how the ABPI improves after applying : “Double focal compression bandaging”

4 months later……

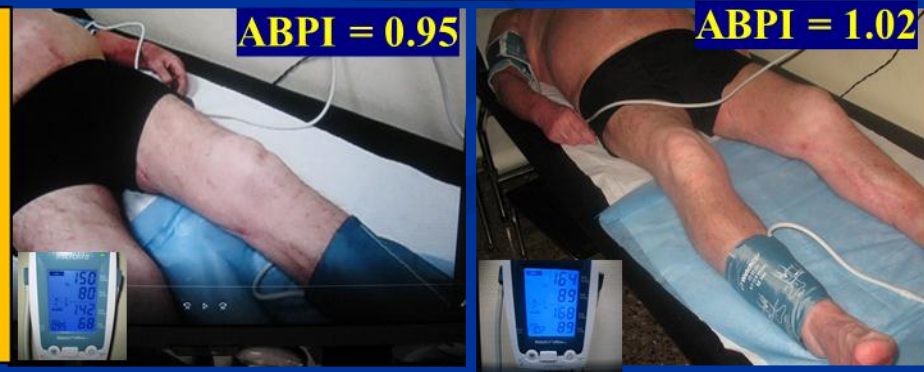


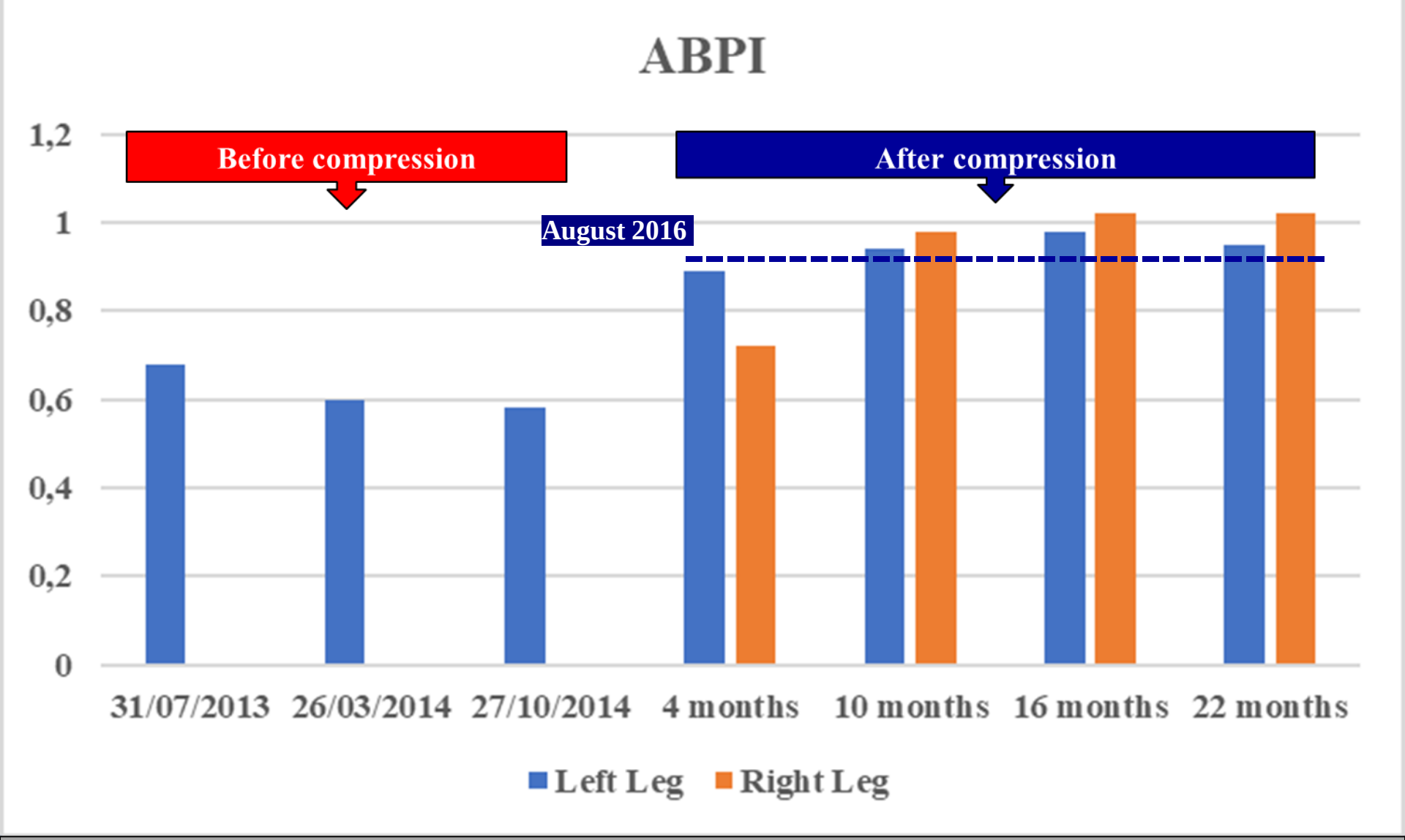
10 months later……



16 months later……

22 months later……..





After applying this technique, we can note how this index improves.

There was an increasing in the ABPI.

The patient chose to self-bandage as part of a long-term management plan.

3

(23-05-2015)

Female 72 years old, with chronic diseases: Type 2 diabetes mellitus/ Ataxia/ Asthma/ Thalassemia/Coxarthrosis/ Arterial hypertension.

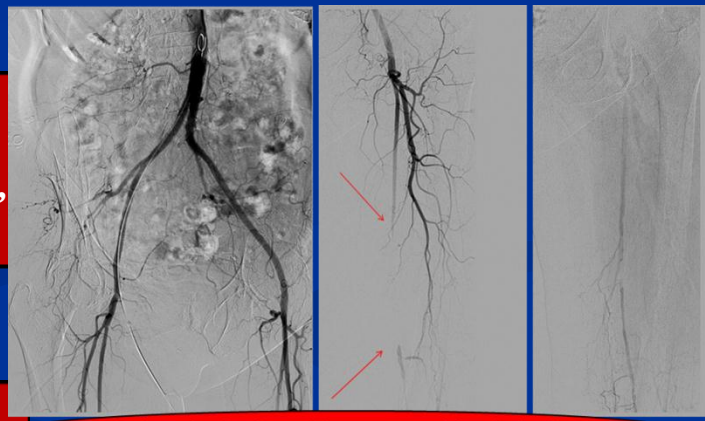
The patient goes to the hospital because of severe pain in right foot.

Hospital admissions

28-05-2015….Bilateral femoro-popliteal oclussion (Right leg) / Surgical intervention.
Endovascular surgery on the right superficial femoral with local fibrinolisis, angioplasty and stent.

24-06-2015: Peripheral arteriopathy. Chronic ischaemic grade IV at left leg. Two weeks later, the patient was released from hospital, without being operated. She has an ulcer (1.5 cm) in left leg.
Diagnosis:Femoro-popliteal oclussion in left leg.

11-08-2015: Double focal compression bandaging



Angiography showing multi-segment arterial occlusive disease.

Clinical course of the ulcer after applying «double focal compression bandaging tecnique»

July 2015
Before compression
ABPI= 0.54

After compression.
ABPI= 0.91
(11-01-2017)

Currently.
ABPI= 1.14
(2-04-2018)

10-01-2016

12-09-2016

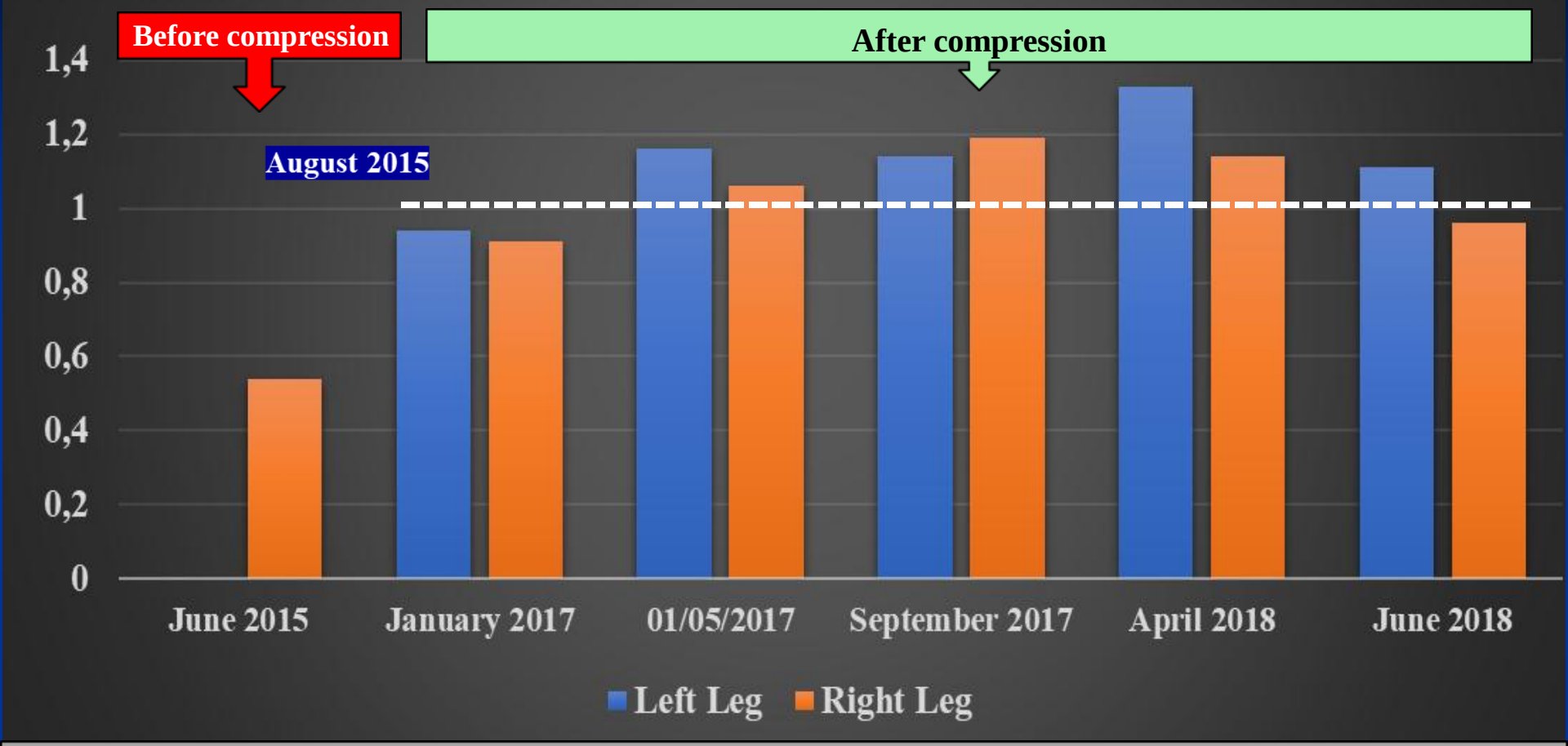
27-03-2018

After compression.
ABPI= 0.94
(11-01-2017)

Currently.
ABPI= 1.33
(2-04-2018)

There was an increasing of ABPI, and a decreasing of edema.

ABPI



After applying this technique, we can note how this index improves.

There was an increasing in the ABPI.

CONCLUSIONS

1.- When ABPI is between 0.5- 0.8, in expert hands, we can use compression therapy, making daily a follow up of clinical course.

2.- Compression "DFCB" reduces oedema and improves arterial flow, demonstrated in three cases by an increasing of ABPI, suggesting an improvement of the collateral circulation due to the massaging effect of inelastic compression, together with walking exercises.

3.- We have to keep in mind, with this technique, we can reduce oedema and improve arterial flow, but we cannot heal arterial disease.

Thank you very much for your attention