

**The use of light and strong
compression in a standard
population:**
impact on healing and implications for
practice

The International Compression Club
Gothenburg 2019

The UK knows we have a problem

- Wound care estimated to cost £5.3 billion per annum
- 66% of costs within the community
- 50% community nursing time
- Cellulitis due to lymphoedema and infected leg ulcers? £246m for 2018/19
- Diagnosis comes too late
- Compression usage is variable
- Outcomes are unknown



UK compression

- High compression is 40mmHg
- A belief that patients are non-compliant
- Light or reduced compression is now **common**
- Inadequate use of therapeutic compression



**A GREAT BIG
WEEK FOR LEGS
AND FEET**
03-07 JUNE 2019

#LEGSMATTERWEEK



acceleratecic
partners in wound and lymphoedema care

Therapeutic compression



1. Tall men need more

Hopkins, Bull and Worboys (2017) Needing more: the case for extra high compression in the UK. **Veins and Lymphatics Vol 6**

2. The issue of ulcer site

Hopkins A, Worboys F, Partsch H (2013) Using strapping to increase local pressure. **Veins and Lymphatics. Vol 2,12**

Hopkins A, Worboys F, Bull R, Fareilly I (2011) Compression strapping: the development of a novel compression technique to enhance compression therapy and healing for “hard to heal” leg ulcers. **International Wound Journal 8:474-83**

There is Strong and Very Strong



NB Inelastic only

International Consensus:

- 'International variations exist in the classification of pressures. The following standard has been suggested:
 - Mild <20mmHg
 - Moderate 20-40 mmHg
 - Strong 40-60 mmHg
 - Very strong >60 mmHg
- Compression is a 'potent therapy' but needs to be optimised and delivered according to therapeutic requirements

World Union of Wound Healing Societies (WUWHS). Principles of best practice: compression in venous leg ulcers. A consensus document. London MEP Ltd 2008

South London community trust

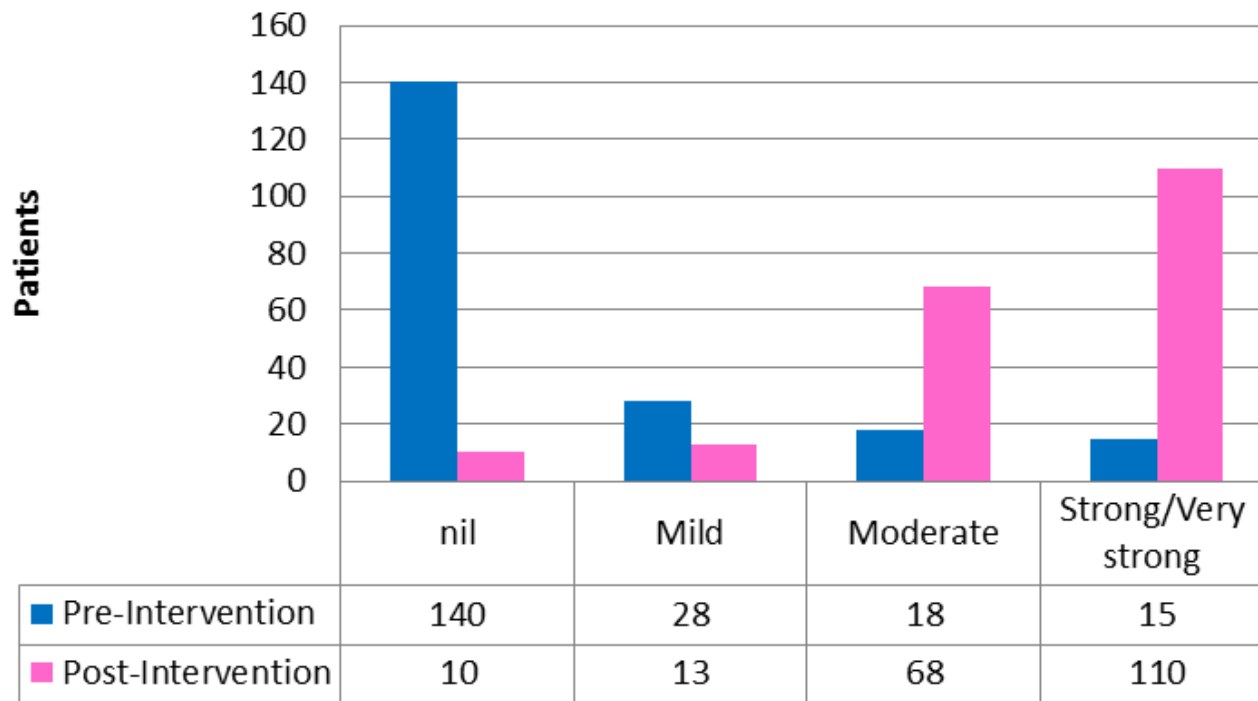
- Population of 280k
- Prior to the new service:
 - ✓ Education
 - ✓ Audit
 - ✓ Additional clinical support
- Support from Nursing Leadership and Commissioners

What we did: our intervention

- Quality Improvement intervention: to increase compression usage
 - Leg Ulcer champions: from novice to expert programme
 - Weekly Nurse Consultant support
 - Monthly MDT
 - Occasional Home review with Doctor interested in wound care
 - EXTRA Data collection
- Numbers
 - 201 patients
 - 130 reached 24 weeks, 101 reached 40 weeks

Achieving therapeutic compression

From ineffective to optimal compression



201 patients

- 70% No compression

At Assessment

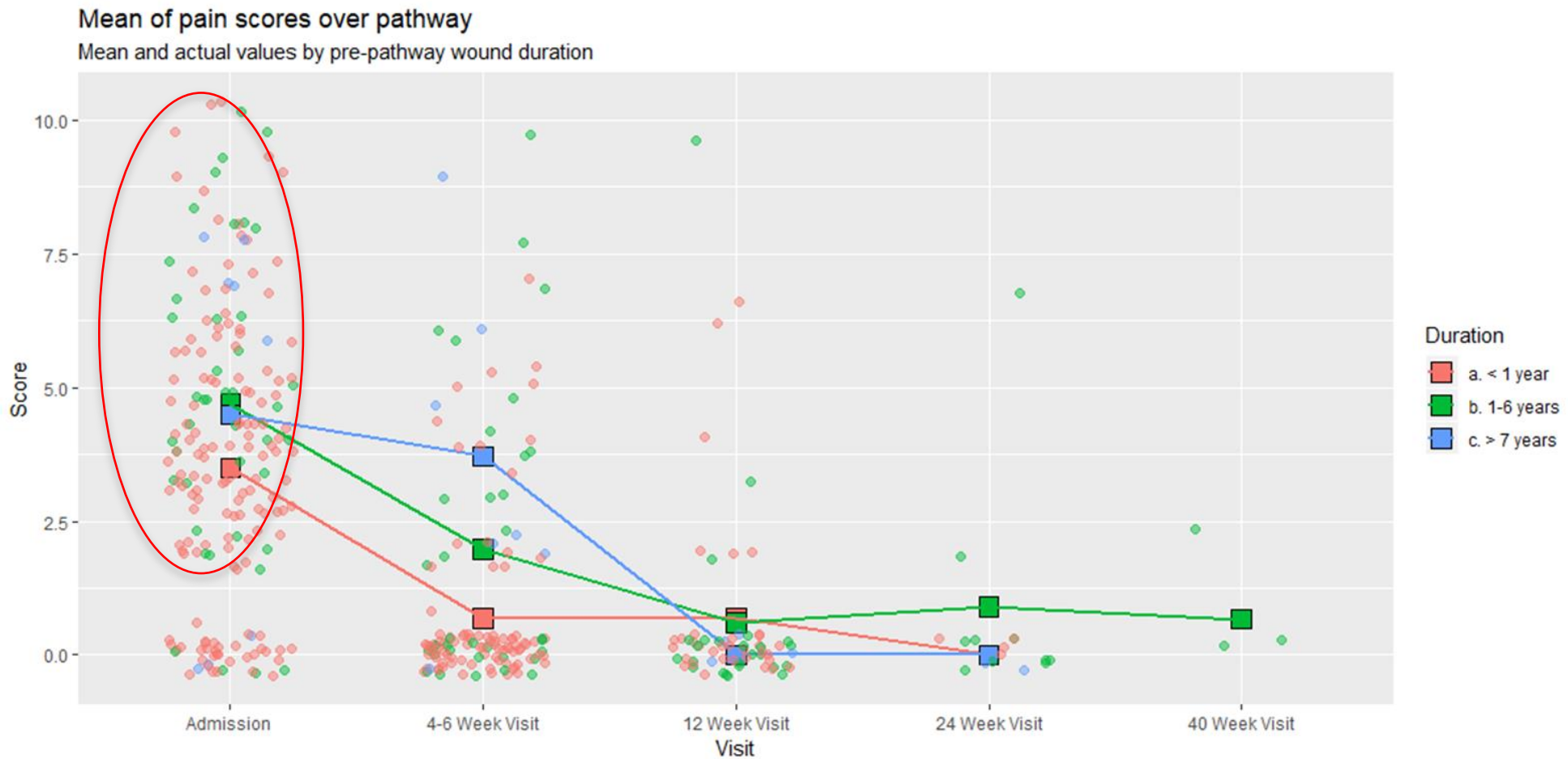
transformed into

- 89% into therapeutic compression
- 55% in strong

Strong+:

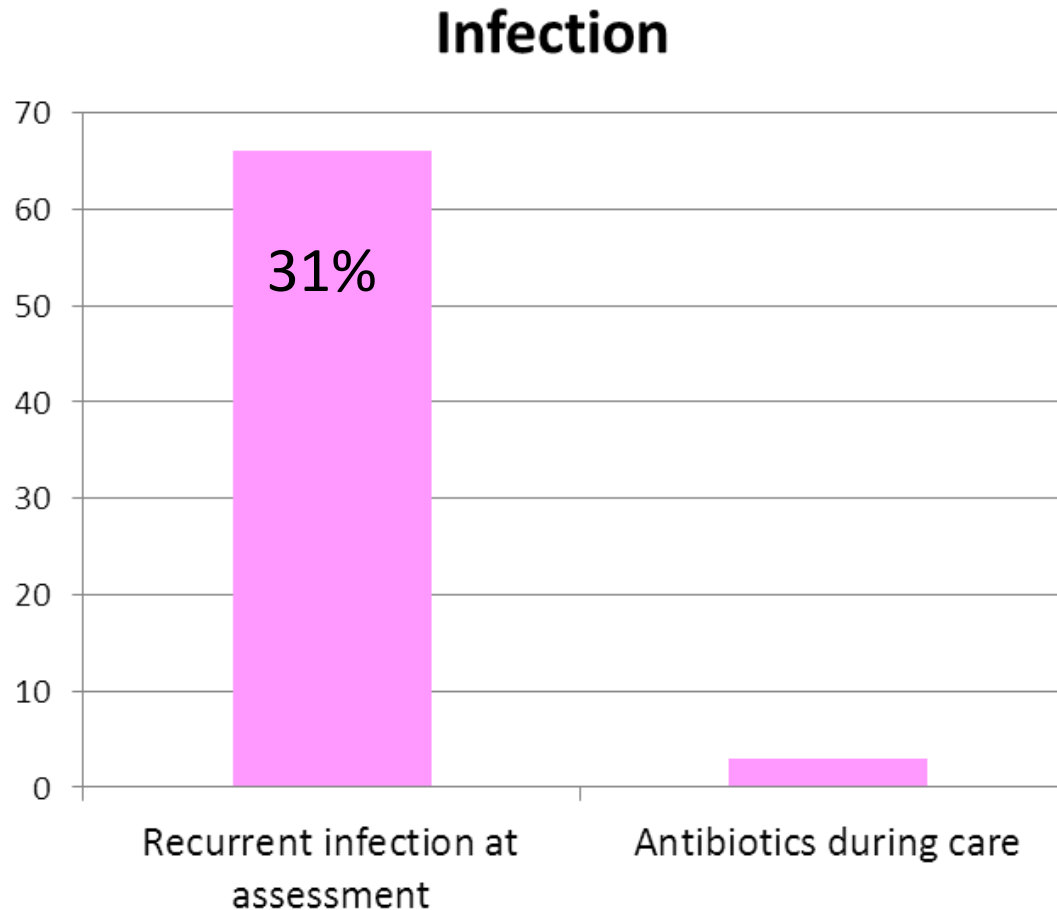
- Non-standard multi-layered inelastic regime
- 8cm fig 8 to the foot
- Additional strapping

Pain Management

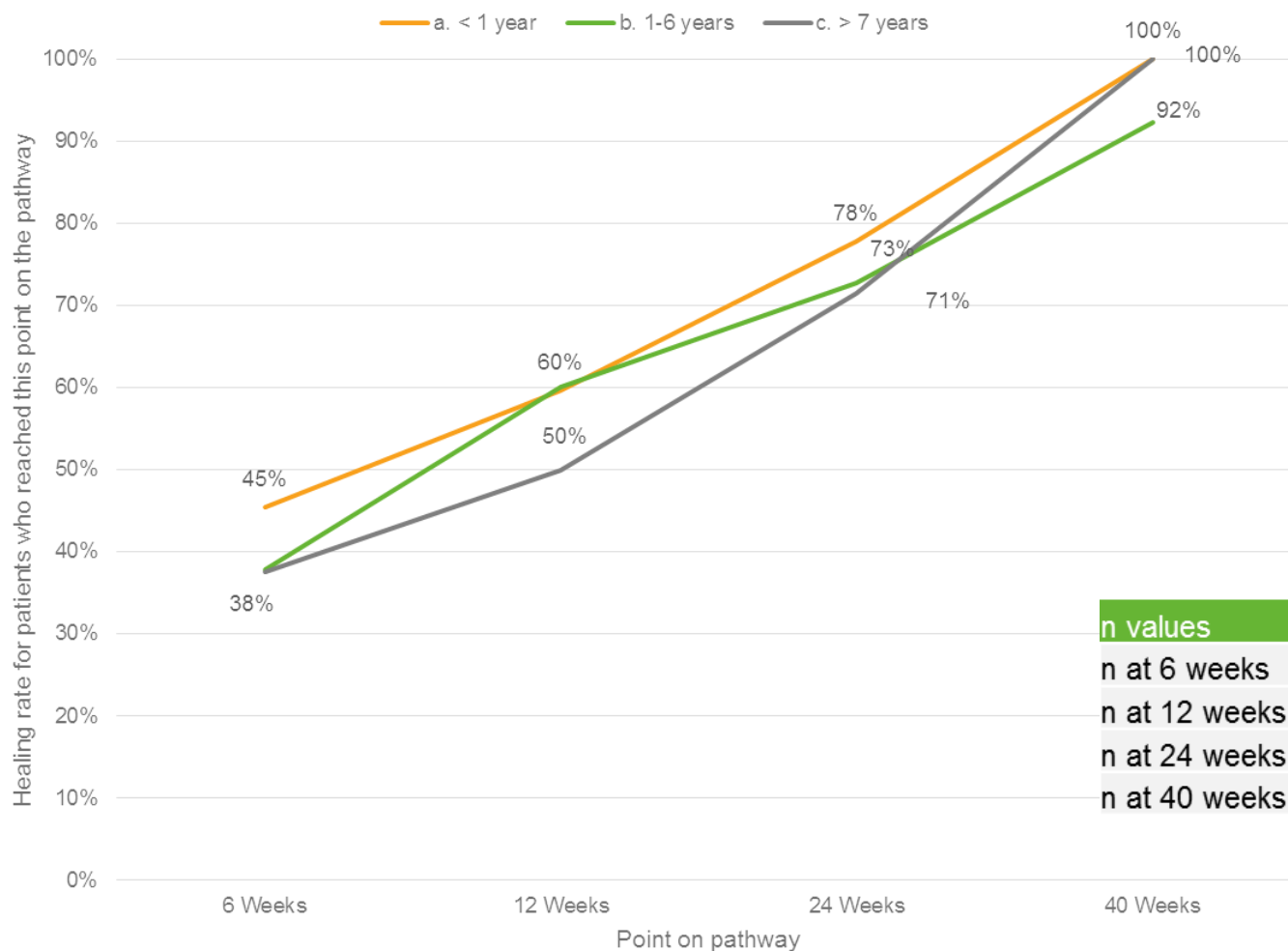


Infection and soggy legs: Last 12 months

201 patients



Cumulative healing rate by duration



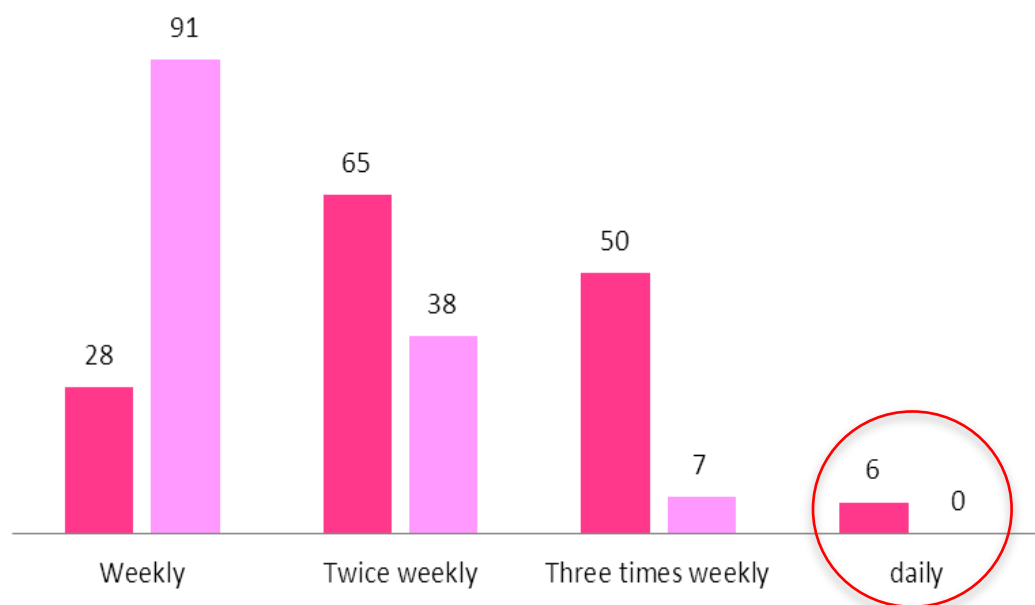
76% healing at 24 weeks

Overall **98%** of VENOUS clients who reached the 40 week point on the pathway had healed. Regardless of duration ($n = 101$)

n values	a. < 1 year	b. 1-6 years	c. > 7 years
n at 6 weeks	108	37	8
n at 12 weeks	99	35	8
n at 24 weeks	90	33	7
n at 40 weeks	70	26	5

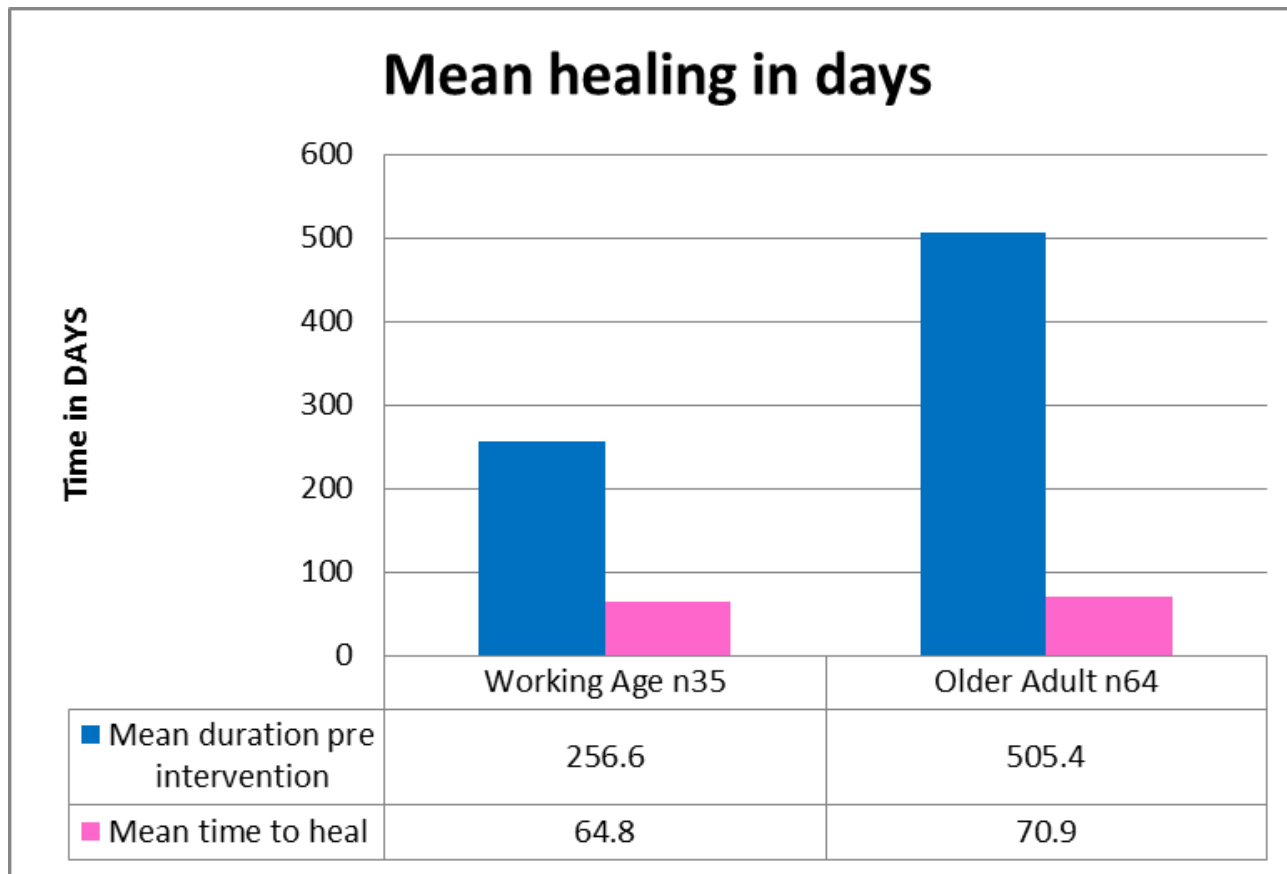
The workload for community nursing

Reduction in Community Nursing Visits at 6 weeks



- An immediate saving in nursing time of **34%** from assessment which increases to **46%** by week 6.
- This is a result of appropriate assessment with therapeutic intervention.

Healing despite duration and age?



Working age: 35 patients

Older adult: 64

Duration over 7 years: all older adult

Makes sense

Total financial analysis

£5,979



“Doing it right first time” presents 89% potential saving or opportunity to treat more cases.

£748



Current cost assumptions:

- Visits all cost £50
 - Hosiery costs £100 (pair and spare pair) for maintenance after healing on pathway
 - All other bandages cost £15 and are replaced at each visit
 - Doppler assessment costs £120
- (2 layer hosiery would reduce costs further)

Discussion points

- Real life clinical setting demonstrates that strong compression is possible
- Education alone is not enough to change practice. Direct support builds confidence and efficacy
- Motivational persuasion: selling the compression!
- The compression usage in this study is contrary to the perceived opinion on patient intolerance to compression
- Age is no barrier to healing but may be a barrier to the offer of therapeutic compression
- Impact on our nursing workforce can be reduced

Thank you

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- Visit the **Legs Matter** Stand!

