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

The International Compression Club
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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
1. **Tall men need more**


2. **The issue of ulcer site**


There is Strong and Very Strong

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

NB Inelastic only

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

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

Infection

- Recurrent infection at assessment: 31%
- Antibiotics during care: 4%
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)
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

Mean healing in days

<table>
<thead>
<tr>
<th>Time in DAYS</th>
<th>Working Age n35</th>
<th>Older Adult n64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean duration pre intervention</td>
<td>256.6</td>
<td>505.4</td>
</tr>
<tr>
<td>Mean time to heal</td>
<td>64.8</td>
<td>70.9</td>
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</table>
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!

1. Check my legs and feet for the eight signs
2. Nominate someone else to take the pledge