

ACW: review of the published data

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Adjustable Compression Wraps publishe data

data come from just one ACW:

- pressure maintenance overtime
- venous, pitting edema
- lymphedema
- venous leg ulcers

venous, pitting, edema

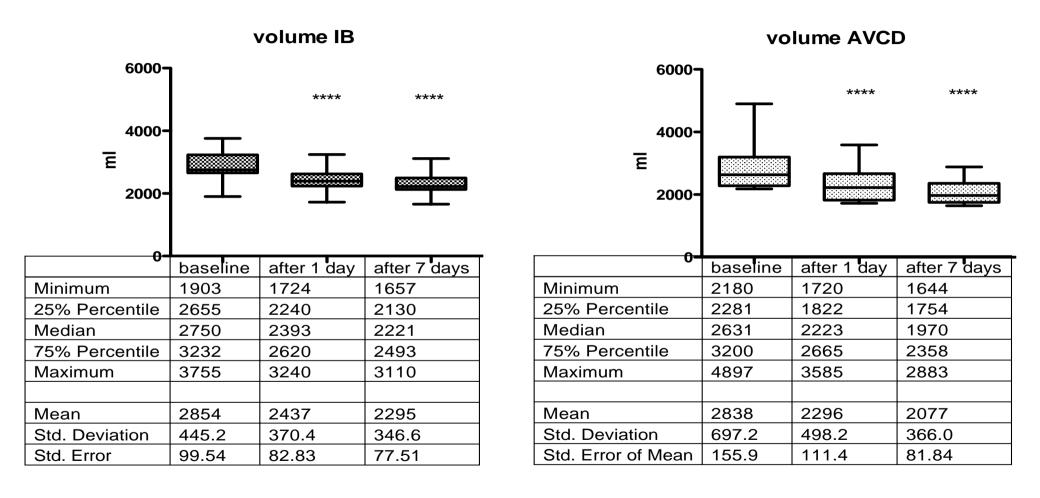
36 patients (40 legs) with venous edema were randomly treated by inelastic bandages applied with full stretch and ACW

 inelastic bandage for 1 week; subsequently the patients were moved to a knee length stocking adjusted to the reduced leg size

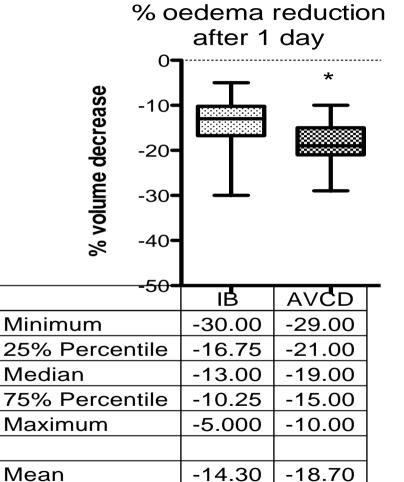
ACW (CircAid®) was used all period long

Mosti G et al. Adjustable Velcro(®) Compression Devices are More Effective than Inelastic Bandages in Reducing Venous Edema in the Initial Treatment Phase: A Randomized Controlled Trial. Eur J Vasc Endovasc Surg. 2015;50:368-74.

venous, pitting, edema; results: volumetry



venous, pitting, edema; results: volumetry



6.182

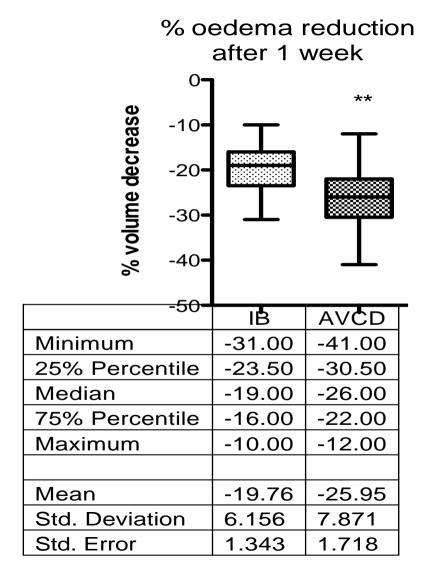
1.382

5.202

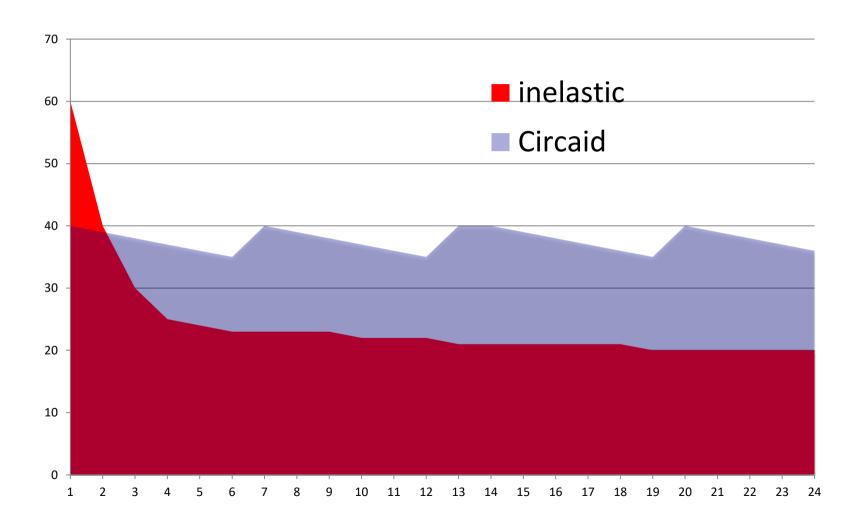
1.163

Std. Deviation

Std. Error



venous, pitting, edema; results: interface pressure



leg lymphedema

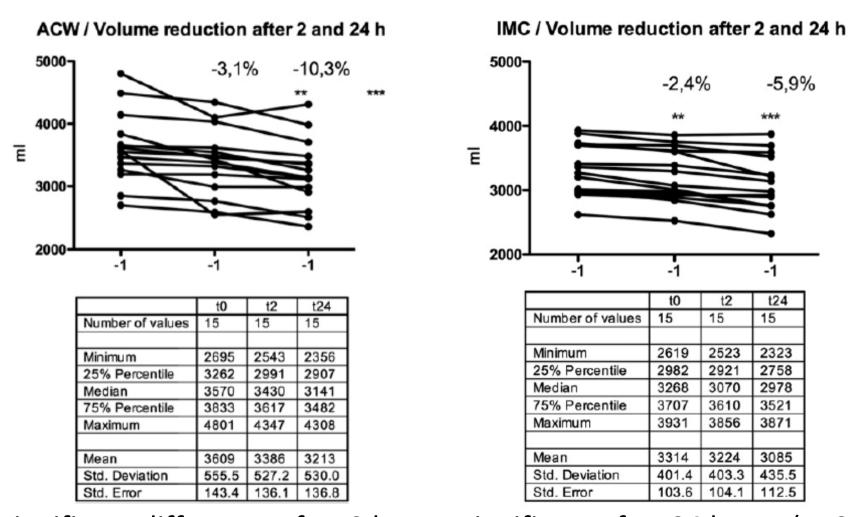
30 patients hospitalized for non-operative treatment of moderate to severe lymphedema of the leg

participants randomized into two groups: group A was treated with ACW (CircAid®) and group B with inelastic multicomponent compression (IMC) bandages

leg volumetry assessment after 2 hours and 1 day

Damstra R, Partsch H. Prospective, randomized, controlled trial comparing the effectiveness of adjustable compression Velcro wraps versus inelastic multicomponent compression bandages in the initial treatment of leg lymphedema. J Vasc Surg: Venous and Lym Dis 2013;1:13-9

leg lymphedema



not significant difference after 2 hours; significant after 24 hours (p<0.05) due to better pressure maintenance

treatment of venous ulcers with CircAid is significantly less expensive than treatment with traditional Unna's boots

trends toward faster healing were noted.

only one randomized controlled study.

24 extremities of 12 patients with bilateral post-thrombotic venous leg ulcers were randomized to have a four-layer elastic bandage in one leg and a non elastic compression garment CircAid in the contralateral leg.

the initial ulcer area:

CircAid group 48.98±14.13 cm²

four-layer group $50.08\pm18.30 \text{ cm}^2 \text{ (P = .9285)}$

the follow-up was 12 weeks

the ulcer healing rate was significantly faster in CircAid group compared with four-layer group (P=.0173)

66 patients randomized to:

- 1. C2L
- 2. Circaid JuxtaFit

primary outcomes:

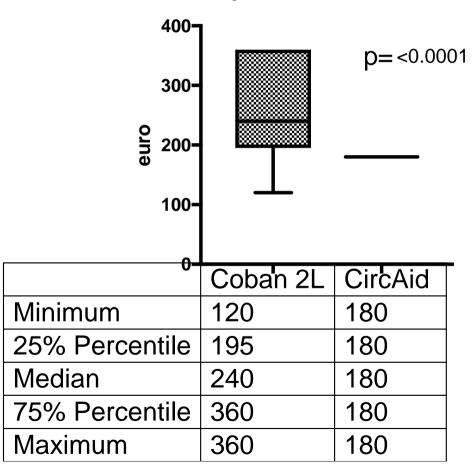
- costs: material, healthcare providers
- self management of compression devices
- ulcer area change
- well-being questionnaire

secondary outcome:

healing rate after 12 weeks, healing time

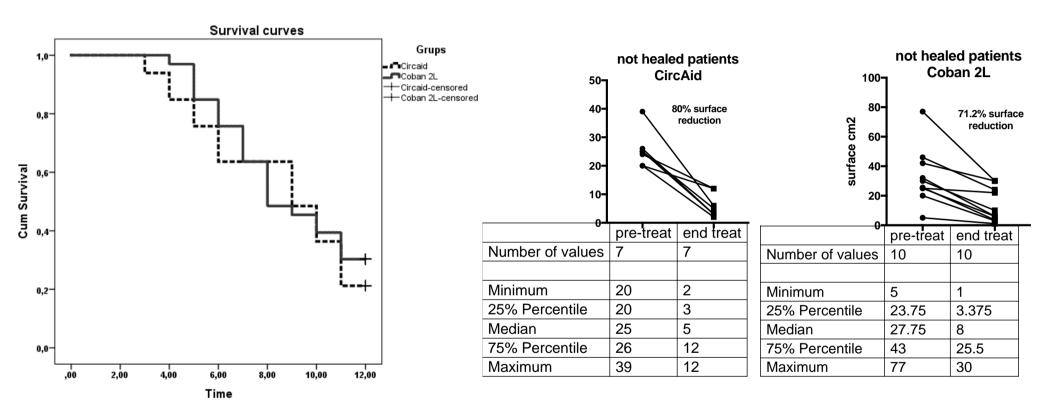
Mosti g et al. Adjustable Compression Wrap devices are cheaper and more effective than inelastic bandages for Venous Leg Ulcer Healing. Phlebology in press.

compression material cost

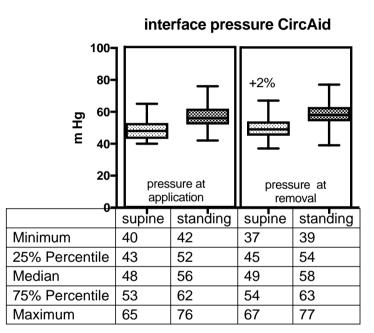


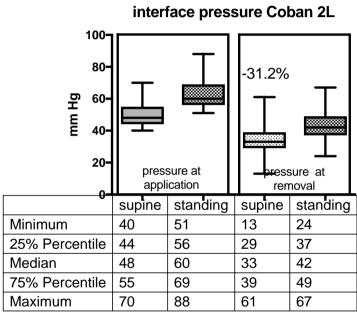
material is not the only factor contributing to total costs. additional cost savings:

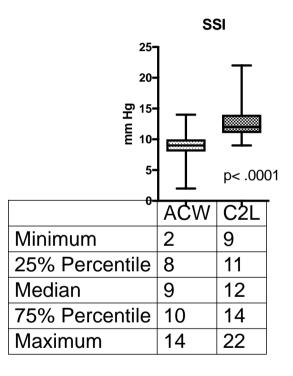
- frequently, dressing changes are necessary more than once per week
 and this would increase the cost of the disposable C2L.
- after 12 weeks, ulcer patients who were not healed (whose number is higher in the group treated by C2L than in the group treated by ACW) will need new bandages while the patients in the ACW group could keep their compression device.
- self-management allowing expert personnel cost saving.



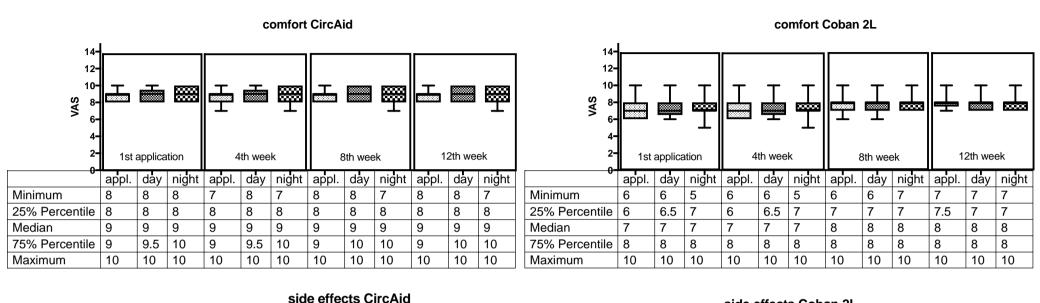
healing rate 83% ACW 65% C2L

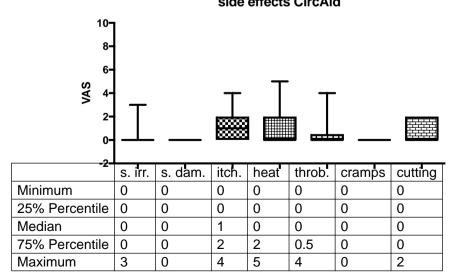


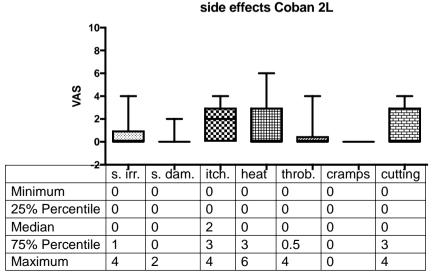




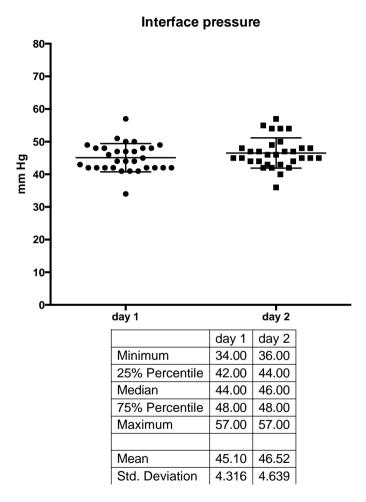
Mosti g et al. Adjustable Compression Wrap devices are cheaper and more effective than inelastic bandages for Venous Leg Ulcer Healing. Phlebology in press.







self application: 1



Mosti G, Partsch H. Druckmessungen unter Klettverschluss-Kompression-Selbstbehandlung durch feste, unelastische Beinwickelung. Vasomed 2017;5:212-6.

Mosti G, Partsch H. Self-management by firm, non-elastic adjustable compression wrap device. Veins and Lymphatics 2017; 6:7003

self application: 2

two training courses for nurses using ACW and instructed to apply the system strongly (>50 mm Hg)

In the first course, the nurses applied the compression system to each other In the second course another group did it on their own legs.

Results:

first course: the median pressure was 58.5 mmHg (minimal 31, maximal value 137 mmHg) second course: median pressure was 61.5 mmHg (minimum 35, maximum 102 mmHg).

Table 1. Pressure values (mmHg) measured after self-application (left) versus application of ACW by another person (right).

	Self-application			Application by another person		
	B1 lying	BI Dorsifl.	BI standing	BI lying	B1 Dorsifl.	BI standing
N	36	36	36	34	34	34
Min	35	25	34	31	35	34
25% Percentile	41	55.25	55.25	17. 75	59.5	55.75
Median	(61.5)	75.5****	73.5***	(58.5)	72****	65.5****
75% Percentile	75	94	85	74	97.25	89.25
Max	102	186	138	137	165	148

ACW: adjustable compression wrap.

Note: Compared with the baseline value in the lying position.

****p < 0.0001 (Friedman test).

Partsch H. Reliable self-application of short stretch leg compression: Pressure measurements under self-applied, adjustable compression wraps. Phlebology. 2019, Vol. 34:208-213



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