GUIDELINE FOR THE APPLICATION OF COMPRESSION BANDAGING

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

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Ratified by:
SW PCT
R&B PCT
WF PCT
May 2006
September 2003
July 2003

Adopted by Worcestershire Primary Care Trust Board:
March 2007

This Policy should not be used after end of:
May 2009

Links into Healthcare Standard:

Links into PCT aim:

Impact Analysis (Race Equality)

Impact Analysis (Mental Capacity Act)

THIS DOCUMENT MUST NOT BE PHOTOCOPIED

PLEASE NOTE THAT ALL CLINICAL GUIDELINES ARE AVAILABLE ON http://www.worcestershirehealth.nhs.uk/WorcestershirePCT
CONTRIBUTION LIST

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1.0 Introduction

Graduated compression bandaging from the ankle to the calf is the most effective treatment for those with confirmed venous leg ulceration. A compression bandage should fulfill the following criteria (Fentem 1990)

- Provide a safe, reproducible and effective compression
- Maintain the compression
- Provide compression in the presence of necessary dressings
- Be capable of providing graduated compression
- Remain unaffected by humidity or by discharge from the ulcer
- Be comfortable and permit the wearing of outdoor shoes
- Be liked by the patient making compliance therapy more likely

1.1 Staff Competency

Registered health care professionals who have undertaken specific educational training and are confident and competent (Bale & Harding 2003 & Bale & Harding 2004).

Understanding compression therapy requires knowledge of the scientific principle behind compression as well as the skills to apply bandages correctly. (NHS Centre for reviews and dissemination 1997, RCN 1998 & Cullum et 1999).

1.2 Patient Application Guideline

All patients who are identified and confirmed as suitable for compression.

Compression is the application of a direct gradient of pressure to tissues and underlying structures in order to bring about physiologic changes to the vascular and lymphatic micro-circulation (Moffatt & Harper 1997 and Moffatt 2000).

There are three classifications of compression bandage (They are described according to their extensibility i.e. how much the stretch in response to a given force).

- Inextensible
- Highly extensible- elastic- Long Stretch. The main difference is how the material fibres behave over the calf muscle at rest and during exercise.
- Minimally extensible- Short Stretch
Inextensible bandage

- These bandages apply less than 10mmHg and are rarely used to treat venous leg ulcers alone. Examples are viscopaste/ichthopaste. Paste bandages can be used to treat venous ulcers, particularly where eczema is present or if the patient cannot tolerate compression bandaging (Moffatt 2000).

Highly extensible-Long stretch

- Long stretch bandages - elastic bandages contain the elastic materials elastane and rubber have a high re-coiling force and are thought to increase expelled blood volume and reduce ambulatory venous hypertension. They are capable of applying a sustained level of compression over time.

The long stretch bandage may be used in the 4 layer bandage system providing 40 mm Hg at the ankle graduating to 17 mm Hg at the knee.

Short stretch

- Short stretch bandages applied at full stretch maintain their position as the calf muscle expands, by providing a rigid cuff. Pressure occurs beneath these bandages when the calf muscle expands against the rigid cuff. They offer a low resting pressure and may be used when a patient is sensitive to elastic fibres.

1.3 Procedure for the application of compression bandaging using the multi-layer bandage system

This is a CLEAN procedure.

1. Measure the ankle circumference prior to the application of any compression bandage to ensure the selection of the appropriate bandage. This may be documented on care planning sheets.(see Appendix 1)

2. Ankle circumference less than 18 cms

2 or more orthopaedic wool bandage
1 light support bandage
1 light compression bandage
1 cohesive extensible bandage

18 cms – 25 cms

1 orthopaedic wool bandage
1 light support bandage
1 light compression bandage
1 cohesive extensible bandage

25 cms – 30 cms

1 orthopaedic wool bandage
1 high compression bandage
1 cohesive extensible bandage
Greater than 30 cms

- 1 orthopaedic wool bandage
- 1 light compression bandage
- 1 high compression bandage
- 1 cohesive extensible bandage

**CAUTION**

It is very easy to mix up the light compression bandage with the high compression bandage as the stripe throughout may be the same colour. Multi-layer compression bandaging may be dispensed in kits, making recognition of bandages and storage easier.

Not to undertaken by anyone who has not received training and is not confident and competent

- Cleanse ulcer if necessary by irrigating with warmed normal saline. The foot and leg can be immersed in warm, mains drawn tap water for cleansing with an added hypoallergenic emollient such as hydromol or emulsiderm.

- A bucket is preferable to allow for complete immersion of calf. The bucket should be washed and dried after use and stored upside down. In a clinic or GP Practice the bucket should be lined with a plastic bag and cleaned between each patient.

- After soaking, dry skin around the ulcer. Apply hypoallergenic protective cream e.g. 50/50 liquid paraffin with white soft paraffin or aqueous cream.

- Apply non-adherent dressing to ulcer bed. If appropriate an alternative wound treatment may be used. Keep foot at 90° angle.

- **LAYER 1 – ORTHOPAEDIC WOOL.** The 10 cms bandage is applied without tension in a loose spiral from base of toes to knee joint with 50% overlap.

- **LAYER 2 – LIGHT SUPPORT BANDAGE.** The 10 cms bandage is applied in spiral toe to knee with 50% overlap with 50% overlap.

- **LAYER 3 – LIGHT COMPRESSION BANDAGE.** The 10 cms elastic conformable compression bandage is applied at mid stretch (50%) in a figure of eight from toe to knee, with a 50% overlap. This layer provides 17 mm Hg pressure at the ankle.

- **LAYER 4 – COHESIVE EXTENSIBLE BANDAGE.** The 10 cms lightweight, elastic, cohesive bandage is applied at mid stretch (50%) in a spiral with a 50 % overlap from toe to knee. This layer provides 23 mm Hg pressure at the ankle.

- The range of multi-layer bandage systems available is included in the Worcestershire Primary Care Wound management formulary.

- Frequency of dressing changes will normally be weekly.

- After initial healing of the ulcer, compression bandaging may be applied for a further two weeks. During this period the leg should be measured for compression hosiery – Class II compression hosiery should be fitted.
If the ulcer subsequently breaks down, then following further compression bandaging, Class III hosiery would be indicated following healing.

Hosiery should be renewed at 3-6 monthly intervals. At this time the patient should be reassessed (including a Doppler assessment) and have their leg(s) re-measured for new hosiery (Jones and Nelson 1998).

1.4 Guideline for the application of Short stretch bandaging

This is a CLEAN procedure

   Explain the procedure to the patient.

   • Keep the foot at a 90° angle.
   • Apply padding toe to knee
   • Start bandaging from the medial (inner) of the foot at the base of the toes to the lateral (outer) aspect.
   • Repeat this step to secure the bandage.
   • The next bandage turn follows over the middle part of the foot and over the lower part of the heel.
   • The bandage is returned over the middle part of the foot.
   • The next turn covers the upper part of the heel, overlapping the previous heel covering by 50%.

THEN SELECT ONE OF THE FOLLOWING METHODS

1. Circular/Spiral
2. Putter technique
3. Figure of eight

Circular/ Spiral
Apply the bandage under an even tension at full stretch overlapping the bandage by 50% from the ankle to the knee. If applying a second bandage apply from the opposite direction i.e. lateral to medial.

Putter technique
Apply the bandage under even tension at full stretch following the natural contours of the limb. On reaching the top of the calf secure the bandage with one circular turn. Bandage back down the limb filling in the previous gaps. If applying a second bandage apply from the opposite direction i.e. lateral to medial.

Figure of 8 (eight)
Apply the bandage under an even tension at full stretch from ankle to knee overlapping the bandage with diagonal figure of 8 turns ensuring no more than a 50% overlap.
Limb Greater than 25 cm at the ankle

- For a limb greater than 25 cm 2 padding bandages may be applied
- 2 short stretch bandages may be necessary.
- This should begin above the ankle, so that the bulk of the bandage is not increased around the foot.
- Applying the second short stretch bandage in the opposite direction may assist in the bandage “locking” together, ensuring a smoother bandage that stays in place.

Advantages of short stretch bandaging:

- Short stretch bandages provide recommended levels of compression during the resting and the working phases of the calf muscle.
- They can be applied over a primary dressing.
- The patient can wear their usual footwear, encouraging patient compliance.
- The bandages can be washed (in a machine) without loosing elasticity.
- They can be re-used and are therefore cost effective.
- They are easy to apply and it is possible for the patients to apply the bandage themselves.
- They are made from 100% cotton which minimises the risk of allergic reaction.

Disadvantages of short stretch bandaging:

- These bandages are not capable of sustaining pressure over a long period of time.
- Their effectiveness is enhanced when patients are active.
- These bandages require reapplication during the early stages of oedema reduction.
- If slippage occurs, the rigid case looses its effectiveness of producing high pressures during walking.


## MULTI-LAYER BANDAGE SYSTEMS

The following bandages have been identified by their manufacturers for inclusion in multi-layer bandage systems. Please see the latest Worcestershire wound management formulary for recommendations.

<table>
<thead>
<tr>
<th>Orthopaedic wool-Padding</th>
<th>K-Soft</th>
<th>Soffban Natural</th>
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</thead>
<tbody>
<tr>
<td>Retention bandaging</td>
<td>K. Band</td>
<td></td>
</tr>
<tr>
<td>Retention bandage (cohesive)</td>
<td>Actiwrap</td>
<td></td>
</tr>
<tr>
<td>Tubular retention bandage</td>
<td>Comfifast</td>
<td></td>
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<tr>
<td>Light-weight conforming bandage</td>
<td>Cellona</td>
<td></td>
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<tr>
<td>Light support bandage:</td>
<td>K-lite</td>
<td>Soffcrepe</td>
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<tr>
<td>Light Compression Bandage:</td>
<td>K-Plus</td>
<td></td>
</tr>
<tr>
<td>Cohesive Extensible Bandage:</td>
<td>Coban</td>
<td>Co-Plus</td>
</tr>
<tr>
<td>High Compression Bandage:</td>
<td>Tensopress, Setopress</td>
<td>Proguide</td>
</tr>
<tr>
<td>Short stretch</td>
<td>Actico (cohesive)</td>
<td>Comprilan</td>
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</table>

Bandages are not prescribable in kits, however if the individual components are prescribed, pharmacists are able to dispense a kit if the content of the kit exactly matches what has been prescribed.
Parema

K-Four # 1 (K-Soft)
K-Four # 2 (K-Lite)
K-Four # 3 (K-Plus)
K-Four # 4 (Ko-Flex)

Smith & Nephew

Profore Wound Contact Layer 18-25cm
Profore # 1 (Soffban Natural)
Profore # 2 (Soffcrepe)
Profore # 3 (Litepress)
Profore # 4 (Co-plus)

Profore Wound Contact Layer less than 18cm
Profore # 1 (Soffban Natural) x2
Profore # 2 (Soffcrepe)
Profore # 3 (Litepress)
Profore # 4 (Co-plus)

Profore Wound Contact Layer 25-30cm
Profore # 1 (Soffban Natural)
Tensopress
Profore # 4 (Co-plus)

Profore Wound Contact Layer >30cm
Profore # 1 (Soffban Natural)
Profore # 2 (Soffcrepe)
Tensopress
Profore # 4 (Co-plus)

Guideline for the application of Compression Bandaging WPCT
PATIENTS NAME………………………………………………………………
DOB……………………………

DATE PROBLEM / NEED

../.../... .................................................................has venous hypertension
resulting in venous ulcer(s) to RIGHT LEG □ LEFT LEG □ (Please tick)

| A.B.P.I. = 0.8 – 1.2 | Ankle circumference between 18 – 25 cm |

Please refer to separate assessment form

AIM OR GOAL

- To provide optimum compression to aid venous return
- To provide complete healing of the ulcer(s).

<table>
<thead>
<tr>
<th>TREATMENT PLAN (TO INCLUDE PATIENT/CARER ACTION)</th>
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<tbody>
<tr>
<td>1. ....................................................................to receive graduated compression bandaging</td>
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<tr>
<td>2. Wash affected leg in warm freshly drawn tap water.</td>
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<tr>
<td>3. Apply non-adherent dressing to ulcer bed</td>
</tr>
<tr>
<td>4. Apply emollient to surrounding skin</td>
</tr>
<tr>
<td>5. Apply orthopaedic wool bandage in SPIRAL (Layer 1)</td>
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<tr>
<td>6. Apply light support bandage (type 2) in SPIRAL (Layer 2)</td>
</tr>
<tr>
<td>7. Apply light compression bandage (type 3A) in FIGURE 8 (Layer 3)</td>
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<tr>
<td>8. Apply cohesive extensible bandage in SPIRAL (Layer 4)</td>
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NB All bandages are 10cm in width and should be applied from the base of the toes to below the knee with 50% overlap. Layers 3&4 should be applied at mid (50%) stretch. Please record any special instructions below.

PATIENTS SIGNATURE……………………………………
Appendix 1 Care planning sheets 1-5 page 2

PROBLEM NO. 

PATIENTS NAME…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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Appendix 1 Care planning sheets 1-5 page 3

PROBLEM NO.

PATIENTS NAME………………………………………………………………
DOB…………………………

DATE PROBLEM / NEED

../.../... ...............................................................................has venous hypertension resulting in venous ulcer(s) to RIGHT LEG □ LEFT LEG □ (Please tick)

A.B.P.I.=0.8 – 1.2  Ankle circumference less than 18cm

Please refer to separate assessment form

AIM OR GOAL

• To provide optimum compression to aid venous return
• To provide complete healing of the ulcer(s).

<table>
<thead>
<tr>
<th>TREATMENT PLAN (TO INCLUDE PATIENT/CARER ACTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. .......................................................................to receive graduated compression bandaging</td>
</tr>
<tr>
<td>2. Wash affected leg in warm freshly drawn tap water.</td>
</tr>
<tr>
<td>3. Apply non-adherent dressing to ulcer bed</td>
</tr>
<tr>
<td>4. Apply emollient to surrounding skin</td>
</tr>
<tr>
<td>5. Apply 2 orthopaedic wool bandage in SPIRAL (Layer 1)</td>
</tr>
<tr>
<td>6. Apply light support bandage (type 2) in SPIRAL (Layer 2)</td>
</tr>
<tr>
<td>7. Apply light compression bandage (type 3A) in FIGURE 8 (Layer 3)</td>
</tr>
<tr>
<td>8. Apply cohesive extensible bandage in SPIRAL (Layer 4)</td>
</tr>
</tbody>
</table>

NB All bandages are 10cm in width and should be applied from the base of the toes to below the knee with 50% overlap. Layers 3&4 should be applied at mid (50%) stretch.
Please record any special instructions below.

PATIENTS SIGNATURE……………………………………
PROBLEM NO.

PATIENTS NAME........................................................................................................

DOB..............................................

DATE       PROBLEM / NEED

.../.../............................................................................................................... has venous hypertension resulting in venous ulcer(s) to RIGHT LEG ☐ LEFT LEG ☐ (Please tick)

| A.B.P.I.=0.8 – 1.2 | Ankle circumference greater than 30cm |

Please refer to separate assessment form

AIM OR GOAL

- To provide optimum compression to aid venous return
- To provide complete healing of the ulcer(s).

<table>
<thead>
<tr>
<th>TREATMENT PLAN (TO INCLUDE PATIENT/CARER ACTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. .............................................................................to receive graduated compression bandaging</td>
</tr>
<tr>
<td>2. Wash affected leg in warm freshly drawn tap water.</td>
</tr>
<tr>
<td>3. Apply non-adherent dressing to ulcer bed</td>
</tr>
<tr>
<td>4. Apply emollient to surrounding skin</td>
</tr>
<tr>
<td>5. Apply orthopaedic wool bandage in SPIRAL (Layer 1)</td>
</tr>
<tr>
<td>6. Apply light support bandage (type 3A) in FIGURE 8 (Layer 2)</td>
</tr>
<tr>
<td>7. Apply high compression bandage (type 3C) in SPIRAL 8 (Layer 3)</td>
</tr>
<tr>
<td>8. Apply cohesive extensible bandage in SPIRAL (Layer 4)</td>
</tr>
</tbody>
</table>

NB All bandages are 10cm in width and should be applied from the base of the toes to below the knee with 50% overlap. Layers 2, 3&4 should be applied at mid (50%) stretch. Please record any special instructions below.

PATIENTS SIGNATURE.............................................
PROBLEM NO.  

PATIENTS NAME: 
DOB: 

DATE    PROBLEM / NEED

.../.../... has venous hypertension resulting in venous ulcer(s) to RIGHT LEG □ LEFT LEG □ (Please tick)

A.B.P.I. = 0.7 – 0.8

AIM OR GOAL

• To provide optimum compression to aid venous return
• To provide complete healing of the ulcer(s).

**TREATMENT PLAN** (TO INCLUDE PATIENT/CARER ACTION)

1. To receive graduated compression bandaging
2. Wash affected leg in warm freshly drawn tap water.
3. Apply non-adherent dressing to ulcer bed
4. Apply emollient to surrounding skin
5. Apply orthopaedic wool bandage in SPIRAL (Layer 1)
6. Apply light support bandage (type 2) in SPIRAL (Layer 2)
7. Apply cohesive extensible bandage in SPIRAL (Layer 3)

NB All bandages are 10cm in width and should be applied from the base of the toes to below the knee with 50% overlap. Layers 3 should be applied at mid (50%) stretch. Please record any special instructions below.

PATIENTS SIGNATURE: 

Guideline for the application of Compression Bandaging WPCT