

Compression Therapy

Information for Patient and Carers

One of the main treatments used for venous ulcers is wearing compression therapy to support the veins in your legs.

Compression therapy is available as a bandage, wrap garment or stockings. The decision to apply compression therapy should only be made by the nurse.

To be most effective, compression therapy needs to be worn as advised by your nurse.

Compression bandages should be applied, by your nurse or alternative arrangements may be made on discussion with your nurse following assessment.

The nurse will decide how frequently the bandages need to be changed, the bandages are designed to stay in place for up to 7 days from application.

Compression wrap garments and stockings are available in a variety of different sizes, colours and styles. Your nurse can help you find a garment that fits correctly and that you can manage yourself.

If your nurse has fitted you with a wrap garment or stockings, you will be shown how to remove and reapply it so you can bathe or shower and manage your legs independently.

How will the bandaging help you?

The veins in your legs are tubes that carry blood back from your foot towards your heart. These veins have one-way valves that make sure the blood flows up the legs, and not back down again.

However, sometimes as you get older or if they become damaged, the valves in your veins don't work as well as they used to.

Compression bandaging applies pressure to remove excess/unnecessary fluid (bacteria, protein, etc) from your leg and moves it back into the correct system, this helps the good fluid to get to and from the wound, which helps it to heal faster. This will also help to reducing any swelling in your leg.

Waterproof protectors for the bandages are available on prescription or to buy at a pharmacy for bathing/showering. You will be able to keep mobile and continue your normal daily routine. You will be able to wear your own socks/tights and your own footwear.

What can you do if you have pain?

When compression therapy is first applied, your venous leg ulcer can temporarily become more painful. This can be managed by taking your usual pain killers. Ask your doctor or nurse if you need any further advice.

If you develop severe pain or your toes become blue and swollen, please take off the compression therapy immediately. Keep your leg raised with your heels above your hips in a sitting or lying position and contact your doctor or nurse as soon as possible.

What can you do to help heal your ulcer?

Dressings alone do not heal wounds; they facilitate healing by managing wound bed conditions that may be preventing/delaying wound healing.

Exercise: go for a walk, this encourages the calf muscles in your legs to work, which helps the veins to pump the blood back up the leg. This clears congestion and reduces the swelling.

Elevate: put your feet up when resting, ideally raising your legs higher than your hips. This can be done by lying on your couch or intermittently resting on your bed throughout the day. This helps to prevent your ankles from swelling and allows your legs to drain.

Sleeping in bed at night and not in an armchair is recommended to reduce any swelling in your legs, ankles and feet.

Adopting a **healthy lifestyle** by stopping smoking, eating a healthy diet, reducing your alcohol intake and not injecting drugs into the veins in your legs can help your ulcer heal faster.

Eat a balanced diet; high in protein and vitamins, which keeps your skin strong and helps wounds to heal – ask your nurse for additional information on changes you can make to your diet.

Good skin care is essential in preventing deterioration and ulceration. Regularly washing your legs and apply prescribed emollients daily. **You may be asked to remove your bandages and wash your legs and apply emollient before a nurse attends to reapply your bandages.**

Avoid excess heat by not sitting too close to the fire or other sources of heat.

What do you need to observe?

Monitor for signs of infection or other problems:

- More wound leakage than usual
- More pain than usual
- Increasing redness around the wound
- An unusual smell
- Wound is getting bigger
- Feeling generally unwell

Contact your health care professional or NHS 111 if you are worried.

Participate in your care

Become more involved in your treatment and decisions about your healthcare. You may be asked to make choices about your treatment and advised on ways that you can participate in delivering your own care.

To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

Preventing recurrence

Unfortunately, leg ulcer recurrence is common and often patients experience multiple episodes of ulceration. The main prevention for recurrence is life-long compression therapy, either hosiery or wrap system.

It is also vital that good skin care is maintained with regular washing, emollient and consistent use of your prescribed compression garment, which will need replacing 3 – 6 monthly. Once your ulcer has healed you will be discharged from the nurses and will need to maintain your own skin integrity either independently, with assistance from a relative or you will require assistance from carers.

If you have any comments about this leaflet or the service you have received you can contact :

Community Administrative team
Beechwood Health Centre
60B Keighley Road
Halifax
HX2 8AL

Telephone: 01422 652291

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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