Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Compression Bandages and Hosiery

Formulary Guideline

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Introduction

The aim of this document is to help health care practitioner to make an informed decision with the patient when managing limb conditions.

This compression guideline document has been developed in line with current best practice and has been reviewed by a group of tissue viability specialist nurses, lymphoedema specialist nurses and representatives from primary and secondary care to ensure choices and the best patient outcomes.

Compression bandages or hosiery are used to reverse venous insufficiency or manage chronic oedema (lymphoedema). Chronic oedema and lymphoedema are now commonly used interchangeable terms to generally define a permanent swelling. It exerts the greatest degree of compression at the ankle, and the level of compression gradually decreases up the garment. Graduated compression is palliative rather than curative, and its use needs to continue for as long as there is evidence for venous disease, chronic oedema. In most cases, this is a life-long condition.

Contact details

Medicines Optimisation Team.
E-mail: cpicb.prescribingpartnership@nhs.net.

Tissue Viability Team.
Telephone: 01223 266540.
Email: cpm-tr.tissueviability@nhs.net.

Assessment

It is important to consider the patient holistically including an Ankle Brachial Pressure Index (ABPI) when making your compression selection. The ABPI test should be used as a guide to assess the presence of significant peripheral arterial disease but should only be an adjunct to clinical assessment.

A vascular assessment helps eliminate the risk of arterial disease. When completing a full assessment, you should consider the following and is there any:

- Muscle pain on mild exertion, such as walking, and is relieved by a short period of rest.
- Sense of fatigue in the calf muscle which occurs during exercise.
- Calf: Foot/great toe rest pain.
- Inability to lie in bed and need to hang leg out/sleeping in chair.
- Motor: sensory deficit.
- Numbness/neuropathy.
- Colour changes, e.g., white, pale, dusky especially on elevation.
- Skin changes, e.g., toe ulceration.
- Nails: hair changes, e.g., atrophic nail changes.
- Pulselessness.
- Delayed capillary refill.
- Temperature gradient in limb, e.g., cooler at extremities

If any one or more of these is present, arterial insufficiency should be excluded by measuring the ankle-brachial pressure index (ABPI). A referral for further test to the vascular department is recommended. Refer to pathways within this document.

ABPI results

- ABPI <0.5: Urgent referral to vascular. Do not apply compression.
- ABPI 0.5 - 0.8: Mixed aetiology. Apply reduced compression.
- ABPI 0.8 - 1.3: No evidence of significant arterial disease. Apply full compression.
- ABPI >1.3: Referral to Tissue Viability or Vascular Service.

Compression

Compression therapy is the cornerstone for treating patients with venous leg ulcer, chronic oedema and lymphoedema. It acts on the venous and lymphatic systems to improve venous and lymph return and reduce oedema. However, it is not always used effectively (full compression 40mmHg) due to a lack of full assessment, lack of knowledge and competency of Health Care Professionals (HCP) in the use of a Doppler machine. As a result, the patients do not always get the full management of their problems. HCP's need to support patient to make an informed decision on the required level of compression.

Compression systems are:

- Bandage layers applied round the legs either to below knee or full leg. The bandages can be elastic or inelastic.
- Compression hosiery.
- Wraps.

It is important to ensure that patients with venous ulcers, chronic oedema, lymphoedema are able to tolerate the compression chosen. The patients can be comfortable while walking but not when resting. The choice between elastic and inelastic compression can make a substantial difference to safety and the patient's comfort.

Concordance is essential to achieve healing as quickly as possible and progress towards a successful maintenance for best results to be achieved. Daily activities and exercises must be maintained.

Check the condition of the skin as fragile skin may be damaged by compression systems if applied incorrectly. For hosiery this can also happen when the patient puts on or takes off the hosiery. If worn incorrectly, compression stocking(s) may cause local pressure on toes or over malleoli, leading to skin necrosis, especially in diabetics.

Understanding circular knit vs flat knit:
Circular knit: Due to its high elastic nature it is most suitable for limbs of a regular shape. It is suitable where there is no or minimal limb distortion. Readily available in 'off the shelf' sizes.
Flat knit: more suitable for limbs with irregular / distorted shape. Have high level of static stiffness therefore will contain oedema more efficiently than a circular knit. The fabric tends to be relatively thick and stiff, which lets it lie across skin folds without cutting into the skin. Made to measure garments are available which allow for more accurate and comfortable fit.

Venous Leg Ulcer treatment options - refer to pathways for appropriate selection

Venous leg ulcer with regular limb shape: no or mild oedema

Compression option	Indication for use	Product information
JOBST Ulcercare Liner Pack 15-20mmHg	Provides mild compression for ambulatory and non-ambulatory patients and can be worn for 24 hours per day. **Can be applied pre-doppler** (refer to pre-doppler pathway).	○ 3 liners per pack. ○ 7 sizes; up to 60cm calf measurement. ○ Guaranteed for 6 months. ○ Machine washable 60°C.
JOBST Ulcercare Kit 40mmHg	Circular knit full compression. Management of venous leg ulcers. Prevent recurrence of healed ulcers.	○ 2 liners, 1 outer layer stocking. ○ 7 sizes; up to 60cm calf measurement. ○ Guaranteed for 6 months. ○ Machine washable. ○ Latex free.
Altipress Liner Pack 10mmHg	Provides very mild compression for ambulatory and non-ambulatory patients and can be worn for 24 hours per day. **Can be applied pre-doppler** (refer to pre-doppler pathway).	○ 3 liners per pack. ○ 5 sizes; up to 40.5 to 50cm calf measurement. ○ Designed to last for a minimum of 3 months. ○ Handwash at 40°C.
Altipress Leg Ulcer Hosiery Kit 40mmHg	Full compression. Management of venous leg ulcers. Prevent recurrence of healed ulcers.	○ 1 Outer stocking, 2 liners per pack ○ 5 sizes; up to 40.5 to 50cm calf measurement. ○ Designed to last for a minimum of 3 months. ○ Handwash at 40°C. ○ Latex free.
Urgo Medical -K- Four 4 Layer Bandages – 40mmHg	Full compression. Management of venous ulcer. Especially: ○ venous ulcers with high exudate. ○ venous ulcer pre-hosiery. See pathway for reduced compression.	○ (1) K-soft wool layer. No compression- spiral application. ○ (2) K-lite bandage. As above. ○ (3) K-Plus bandage. 20mmHg compression. ○ (4) K-Flex bandage. 20mmHg compression. ○ Can be use as 3 layers for mixed ulcers – Layers 1,2,3 or 1,2,4.

Venous leg ulcer with mild to severe oedema

Compression option	Indication for use	Product information
L&R Actico Bandages Short Stretch Compression Bandages 2 Layer	○ Inelastic cohesive compression bandages for the treatment and management of venous leg ulcers, lymphoedema and chronic oedema. Therapeutic working and tolerable resting pressure provide effective ulcer healing and oedema control. ○ Application technique will affect the level of compression applied to the limb; it will need a higher pressure than elastic bandages.	○ Wool layer. No compression. ○ Inelastic bandage. ○ Cohesive quality of the bandage allows for extended wear time, without slippage. ○ Can be effective with ankle passive movement.
3m Coban 2 Compression System	○ Coban™ 2-layer Compression Systems are designed to deliver comfortable, therapeutic compression for the treatment of venous leg ulcers, lymphoedema and other conditions where compression therapy is appropriate.	○ Comfort foam layer (layer 1) 10cm, 15cm. ○ Compression layer (layer 2) 10cm, 15cm.
JOBST Farrow Wrap 4000 Compression Wrap System 30-40mmHg	○ Short stretch compression wrap system with adjustable bands. ○ Hybrid liner with compression in the foot. ○ For the treatment/maintenance of venous leg ulceration, chronic oedema and other lymphatic conditions of the lower limb.	○ 1 pack contains: 1 x leg piece and 1 x Farrow Hybrid liner. ○ 4 sizes, 2 lengths. ○ 2 colours; black or tan. ○ Machine washable. ○ Guaranteed for 6 months.

Maintenance & Prevention

RAL (German Standard: RAL-GZ 387*).
British Standard: (BS 6612).

British Standard	RAL
Class 1: 14 to 17mmHg.	Class 1: 18 to 21mmHg.
Class 2: 18 to 24mmHg.	Class 2: 23 to 32mmHg.
Class 3: 25 to 35mmHg.	Class 3: 34 to 46mmHg.

Compression Hosiery issuing guidelines

Patients should be prescribed 2 garments, per leg. One garment to wash and one garment to wear. (i.e., if a patient has compression hosiery on both legs, they will need 4 garments every 3 or 6 months, depending on brand). **Please ensure you have completed a F.L.E.C.S care plan so your patient knows when to renew their hosiery.**

Please note that patients who pay an NHS prescription charge for their hosiery will be charged at the current NHS prescription charge per garment per limb.

- RAL Standard (JOBST, Juzo* and Haddenham*) garments are guaranteed for 6 months:
    - **Garments should be replaced every 6 months.**
    - ***i.e. if a patient has hosiery on both legs, they will need a maximum of 8 garments in 12 months. Please be aware patient's limb shape may change over time and they will need to be remeasured accordingly. If the hosiery becomes too tight or too loose, it will need to be replaced.***

    Juzo and Haddenham Lymphoedema Specialist garments only.

- British Standard L&R (Activa) and Urgo (Altipress) are guaranteed for 3 months:
    - **Garments should be replaced every 3 months.**
    - ***i.e. if a patient has hosiery on both legs, they will need a maximum of 16 garments in 12 months. Please be aware patient's limb shape may change over time and they will need to be remeasured accordingly. If the hosiery becomes too tight or too loose, it will need to be replaced.***

If a patient's limb measurements do not fit with the regular size garments, made to measure service is available from manufacturers.

Circular knit compression garments for regular limb shapes – refer to appropriate pathway for selection

Compression class	Compression option	Indication for use	Product information
British Standard	ACTIVA British Standard Compression Stockings CCL1 14-17mmHg CCL2 18-24mmHg CCL3 25-35mmHg	○ No oedema. ○ No shape distortion. ○ Superficial or early varices and prevention of DVT whilst travelling (CCL1). ○ Medium varices, treatment, and prevention VLU and associated conditions (CCL2/3).	○ Size S-XL. ○ Handwash at 40°C. ○ Colours available: black / sand. ○ 3 months guarantee / 100 washes.
RAL Standard	JOBST Opaque JOBST Ultrasheer JOBST RAL Standard Compression Stockings CCL1 18-21mmHg CCL2 – 23-32mmHg	○ Minimal shape distortion. ○ Minimal oedema. ○ Management of lymphatic and venous conditions and help prevent recurrence of leg ulcers. ○ Chronic venous insufficiency; tired, heavy legs; moderate to severe varicosis. ○ Pregnancy related varicosis (CCL1).	○ 6 sizes, 2 lengths. ○ Below knee, thigh high and tights. ○ 5 colours. ○ Open or closed toe. ○ 6 months guarantee. ○ Machine washable.
RAL Standard	JOBST For Men Compression Stockings CCL1 18-21mmHg CCL2 23-32mmHg	○ Minimal shape distortion. ○ Minimal oedema. ○ Management of lymphatic and venous conditions and help prevent recurrence of leg ulcers. ○ Chronic venous insufficiency; tired, heavy legs; moderate to severe varicosis.	○ 6 sizes, 2 lengths ○ Below knee ○ 4 colours ○ Closed toe ○ 6 months guarantee ○ Machine washable
European Standard	L&R Actilymph European Standard CCL1 18-21 mmHg CCL2 23-32 mmHg	○ To prevent ulceration. ○ To prevent recurrence of ulceration. ○ To manage chronic oedema in a limb that has previously been decongested.	○ ○ 5 sizes, 2 lengths ○ Below knee, thigh high ○ Open or closed toe ○ Colours available: black / sand ○ 3 months guarantee / 100 washes

Flat knit compression garments for misshapen limbs, chronic oedema & lymphoedema- refer to appropriate pathway for selection:

Compression class	Compression option	Indication for use	Product information
RAL Standard	JOBST Elvarex CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Mild to severe oedema. ○ Limb distortion. ○ Primary or secondary lymphoedema ○ Helps prevent recurring venous leg ulcers, chronic venous insufficiency, mild to severe varicosis.	○ Made to measure flat knit compression garment ○ Various styles available on prescription ○ 6 months guarantee
RAL Standard	JOBST Elvarex Soft CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Mild to severe oedema. ○ Limb distortion. ○ Primary or secondary lymphoedema. ○ Helps prevent recurring venous leg ulcers, chronic venous insufficiency, mild to severe varicosis.	○ Made to leg measure flat knit compression garment ○ Various styles available on prescription ○ 6 months guarantee
European Standard	L&R Actilymph Ease Made-to-measure CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Mild to moderate oedema. ○ Mild limb distortion. ○ Chronic oedema, lymphoedema, lipoedema, maintenance therapy.	○ Made to measure flat knit compression garment ○ Various styles available on prescription ○ 3 months /100 washes

Compression wrap systems and toe caps for oedema and lymphoedema management- refer to appropriate pathway for selection:

Compression option	Indication for use	Product information
JOBST Farrowwrap Lite 20-30mmHg	o Mild to moderate lymphoedema, chronic oedema, chronic venous insufficiency. o Short stretch technology – delivers low resting pressure and high working pressure.	o 5 sizes, 2 lengths. o Foot piece, leg piece, thigh piece (with kneepiece). o Machine washable. o Guaranteed for 6 months.
JOBST Farrowwrap Strong / Classic 30-40mmHg	o Moderate to severe lymphoedema, some limb distortion, chronic oedema, chronic venous insufficiency, and leg ulcer management. o Short stretch technology; delivers low resting pressure and high working pressure.	o 5 sizes, 2 lengths. o Footpiece, leg piece, thigh piece (with kneepiece). o Machine washable. o Guaranteed for 6 months.
Juxtalite Lower Leg Compression Wrap 20-50mmHg	o Instantly adjustable inelastic compression device for venous disease inpatients who cannot tolerate or apply compression garments. o Built in pressure system (BPS) to set and control correct pressure.	○ 8 sizes, 2 lengths. ○ Guaranteed for 6 months. ○ Comes with an undersleeve and two compression anklets.
Mollelast Toe Bandages	o Highly conformable retention bandage for prevention and management of forefoot and toe oedema and can be used as a retention bandage to hold dressings in place.	
JOBST Farrow Toe Caps	o The toe cap provides a gentle compression for patients with mild to moderate oedema.	o Offered in a range of sizes. o A new ready-to-wear range. o Fine seams with ultra-thin and smooth compression fabric. o Trimmable. o Machine washable. o Guaranteed for 6 months.

Lymphoedema specialist garments

To be prescribed on the advice of the lymphoedema service.

Circular knit garments for regular limb shape

Compression option	Indication for use	Product information
Juzo Soft RAL Standard CCL1 18-21mmHg CCL2 23-32mmHg	○ Varicose veins. ○ Varicose veins during pregnancy. ○ After vein surgery. ○ Thromboembolisms. ○ Thrombosis prophylaxis for mobile patients. ○ Chronic venous insufficiency (CVI) stage 1 to 3.	○ Below knee, thigh high, tights. ○ 6 sizes, 3 lengths. ○ 9 colours. ○ Guaranteed for 6 months.
Juzo Dynamic Cotton RAL Standard CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Lymphatic oedema: varicosity, ulceration. ○ Varicose veins. ○ Varicose veins during pregnancy. ○ After vein surgery. ○ Thromboembolisms. ○ Thrombosis prophylaxis for mobile patients. ○ Chronic venous insufficiency (CVI) stage 1 to 3. ○ Atrophie blanche.	○ Below knee, thigh high and tights. ○ 6 sizes, 3 lengths. ○ 2 colours; almond and pepper. ○ Guaranteed for 6 months.
Haddenham Veni RAL Standard CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Lymphoedema. ○ Mild oedema CCL1. ○ Mild/moderate oedema CCL2. ○ Chronic venous disease.	○ Below knee, thigh high, tights. ○ 8 sizes, 3 lengths. ○ Standard or extra wide width. ○ 9 colours. ○ Guaranteed for 6 months.
Haddenham Star Cotton RAL STANDARD CCL1 18-21mmHg CCL2 23-32mmHg	○ Mild to moderate lymphoedema. ○ Chronic oedema. ○ Chronic venous insufficiency. ○ Palliative care (CCL1). ○ Patients with sensitive skin.	○ Below knee, thigh high, tights. ○ 8 sizes, 3 lengths. ○ Standard or extra wide width. ○ 2 colours. ○ Guaranteed for 6 months.

Flat knit compression garments for irregular limb shape

Compression option	Indication for use	Product information
Juzo Expert RAL Standard CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Lymphoedema. ○ Chronic oedema. ○ Chronic venous insufficiency.	○ Made to measure flat knit compression garment. ○ Various styles available on prescription. ○ Guaranteed for 6 months.
Haddenham Pertex RAL Standard CCL1 18-21mmHg CCL2 23-32mmHg CCL3 34-46mmHg	○ Moderate lymphoedema. ○ Chronic oedema. ○ Chronic venous insufficiency.	○ Made to measure flat knit compression garment. ○ Various styles available on prescription. ○ Guaranteed for 6 months.

Hosiery Aids

These should not be routinely prescribed on an FP10 but may be purchased from a community pharmacist if the patient requires. Community pharmacies should be able to assist patients with the application of their hosiery. Where a patient is unable or unwilling to purchase a hosiery aid as part of self-care, an acute prescription may be considered.

Links to the manufacturer's websites:

- ActiGlide (Lohmann and Rauscher).
- Easy Slide (Credenhill).
- Ezy-As (Moore UK Ltd).
- Easy Fit Donning Aid (Juzo UK).
- Medi Butler Leg (Medi UK).
- Simon (Sigvaris).
- Sockaid (Urgo Medical).

Recommended Limb Care Plan for Patients and Carers

NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

Care plan agreed	Care plan agreed	Care plan agreed	Care plan agreed	Care plan agreed

Foot Hygiene-
Areas for consideration

- Washing and drying between toes
- Moisturise dry / cracking skin especially heels
- Good nail care
- Monitor / treat Athlete's foot
- Good supportive foot wear

Leg Elevation-

- Aviod long periods with legs down
- Sit with legs elevated
- Consider lying down on the bed for short period during the day
- Sleep in bed at night

Exercise-

- Regularly completing agreed workout plan
- Aim for healthy weight
- See reverse for exercises

Compression-

- Wear hosiery daily
- Wash hosiery daily
- Wear current hosiery
- Try not to wear hosiery immediately after moisturising
- Follow care instructions

Skin Care-

- Wash skin with non-scented product
- Use moisturiser daily and at night if possible
- Monitor skin changes i.e. increased redness, swelling

- For more advice about skin contact your district nurse team
- For any other problems seek medical advice from your GP

NHS no:_____ Address:_____ Signed:_____

Name:_____ _____ Print:_____

DoB:_____ _____ Date given to care provider / family:_____

NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

Looking after your swollen legs

Tissue Viability Specialist Nurse Service/Lymphoedema Specialist Service

Pride in our care

A member of Cambridge University Health Partners

Introduction

This leaflet is designed to help you understand your condition, the causes and appropriate treatment. It is filled with handy tips to help you manage your leg condition.

Swelling in your legs can occur due to multiple reasons. Chronic oedema (sometimes called, lymphoedema) is when you have swelling that has been present for 3 months or more and is not alleviated by limb elevation or diuretics.

The lymphatic system is a network of vessels throughout the body that helps fight infection and remove excess fluid.

Lymphoedema is a life-long condition that produces swelling due to the overloading of the lymphatic system and can affect any part of the body, for example arms, legs, face and genitals etc. It important that this condition is treated as soon as possible.

In some cases, this excess fluid can leak out of the tissues on to skin and cause unpleasant symptoms such as skin break down, irritation and other skin conditions. This is often referred to as 'leaky legs".

To manage these conditions, you will need to follow 'F.L.E.C.S': Foot hygiene, Leg elevation, Exercise, Compression therapy and Skin care.

Foot hygiene

Ensure you keep your feet clean, dry and the skin well moisturised, Dry carefully between toes and get treatment for fungal infections (athlete's foot). Ensure you care for your nails and wear supportive footwear.

Leg elevation

You should try to elevate your legs whenever you are sitting. Leg elevation helps improve your circulation and lymphatic flow back to your heart. Do not cross your legs when they are elevated. You can support your legs with a foot stool or elevate on your sofa, to make yourself more comfortable. It is also essential you sleep in bed at night.

Exercise and diet

Staying healthy and as active as possible is vital when managing your limb swelling. Movement of the limbs will encourage fluid to move. Exercises such as walking has great benefits. If you are unable to take long walks or are restricted with movement, you can try seated exercises from your home.

Eating a balanced diet provides nutrients to our bodies, which are essential for maintaining a healthy body and mind. Try to add into your diet foods rich in protein (such as chicken, fish and pulses) and a healthy portion of fruit and vegetables.

If you are overweight, losing weight can help improve your health and feeling of wellbeing and reduce the pressure on your chronic oedema. You can get further advice about weight management from your health care professional.

Compression therapy

To manage your swelling, you must wear compression hosiery or compression wrap systems. These garments enhance the muscle pumping action in your legs and help reduce excess fluid. **It is vital to wear your compression hosiery every day to prevent the swelling from returning.**

Skin care

Your skin is vulnerable to changes when you have swelling present. It is vital to keep your skin in good condition to avoid any risk of infection. Try to avoid grazing or cutting yourself. Any breaks in the skin could allow bacteria to enter the body It is also important to prevent fungal infections in your feet or nails.

Recognising the signs of Infection and cellulitis

Cellulitis is a bacterial skin infection. It is important to be aware of the early signs and symptoms of this infection. If you suspect you have cellulitis, contact your GP immediately.

Redness or warmth in one of your legs, accompanied with any of the following:

- Painful swelling in an area that wasn't swollen before.
- Pain or tenderness in your leg.
- Blisters.
- Red streaks in the affected area.
- High temperature or fever.
- Vomiting.
- Headache.
- Tiredness or fatigue.
- Rash.
- Light sensitivity.
- Confusion.

General advice and tips

- Dry well between toes after bathing to protect from fungal infections and treat with antifungal powder, if required.
- Ensure you care for your nails; if necessary, see a podiatrist.
- Wear footwear at all times. Don't go barefoot.
- Use an electric razor to reduce the risk of cutting your skin.
- Apply your skin care emollients before bed each night.
- Treat any cuts and grazes promptly by washing the area and applying dressing/plaster to cover the area.
- *If you suspect you have cellulitis, seek medical attention immediately.*

Please find below some handy links for further information and support.

- Exercise.
- Legs Matter.
- British Lymphoedema Society.
- International Lymphoedema Framework.
- Cambridgeshire and Peterborough Foundation Trust foot care.

- Shoes / Clothing.
- Cambridgeshire County Council - Falls prevention.

This patent leaflet has been developed in partnership with

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Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@opft.nhs.uk

Out-of-hours service for CPFT mental health service users

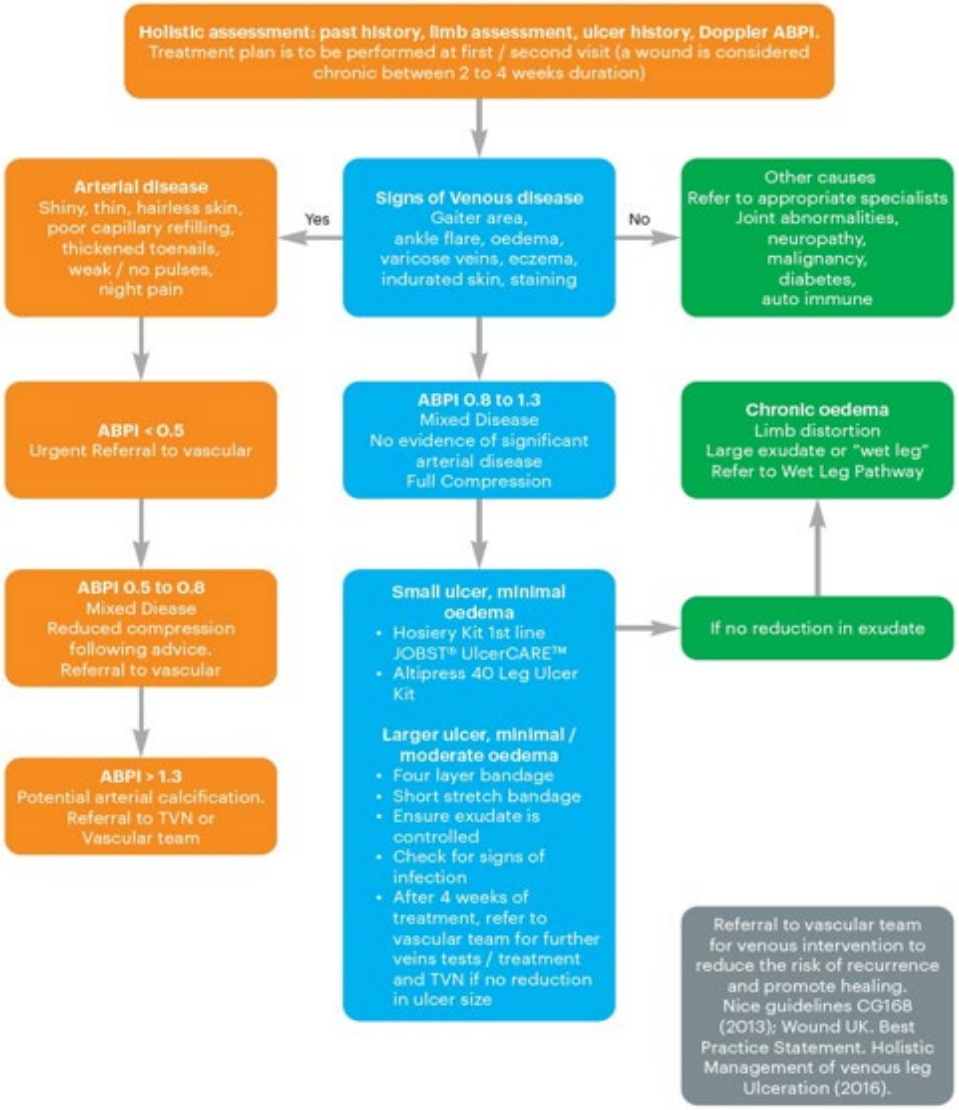
Please call NHS 111 option 2 for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

CPFT supports the HeadtoToe Charity - visit www.HeadToToeCharity.org for details on how you can he

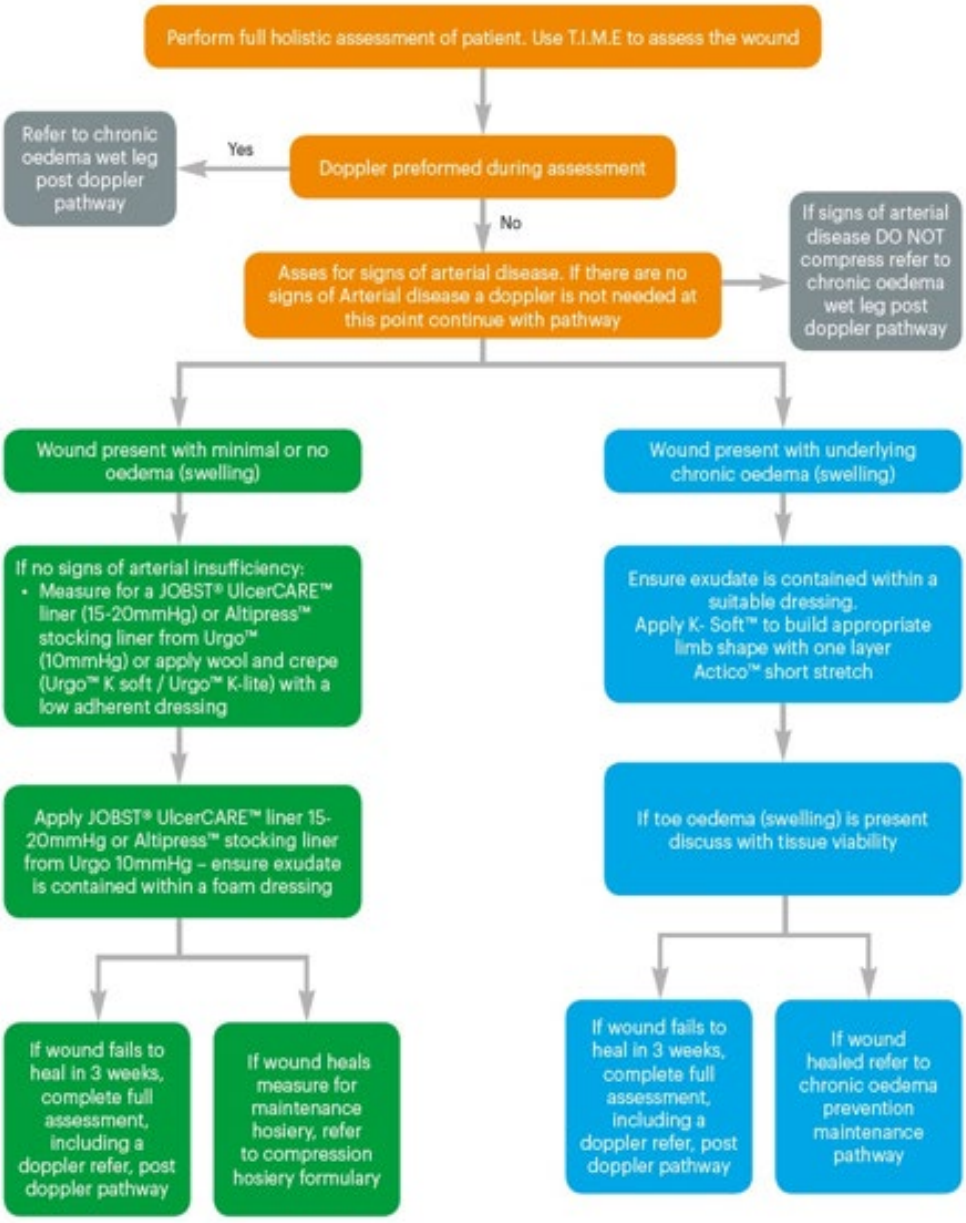
HQ Elizabeth House, Fulbourn Hospital, Cambridge CB21 5EF
T 01223 219400 F 01480 398501 www.cpft.nhs.uk

Leg Ulcer Management Pathway Patient with wound on the lower leg



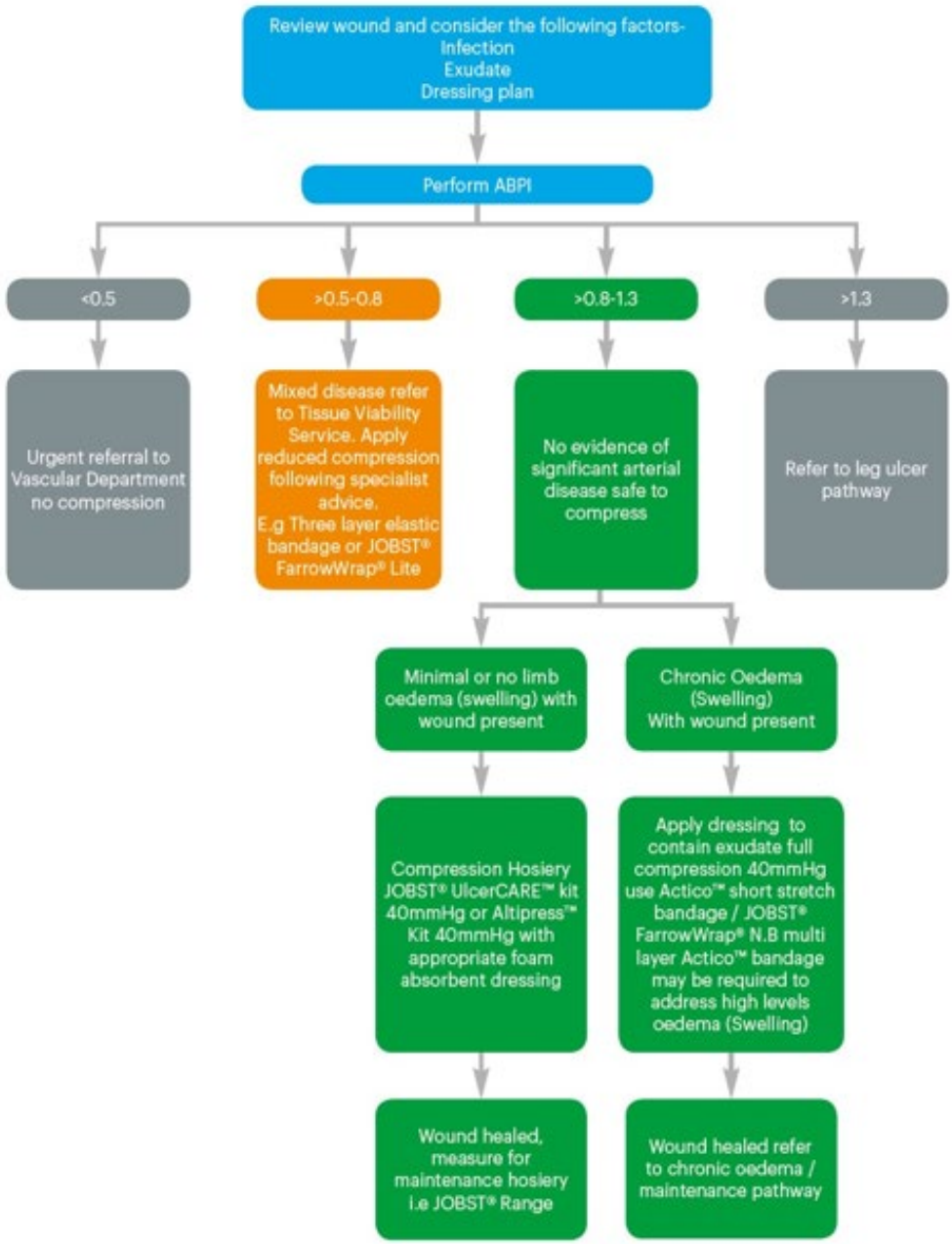
Produced in partnership between Sally Anne Bradford (Clinical Manager Tissue Viability CPFT) and Anne Marle Perrin (Tissue Viability CPFT).

Chronic Oedema / Wet Leg Management Pre-Doppler Pathway



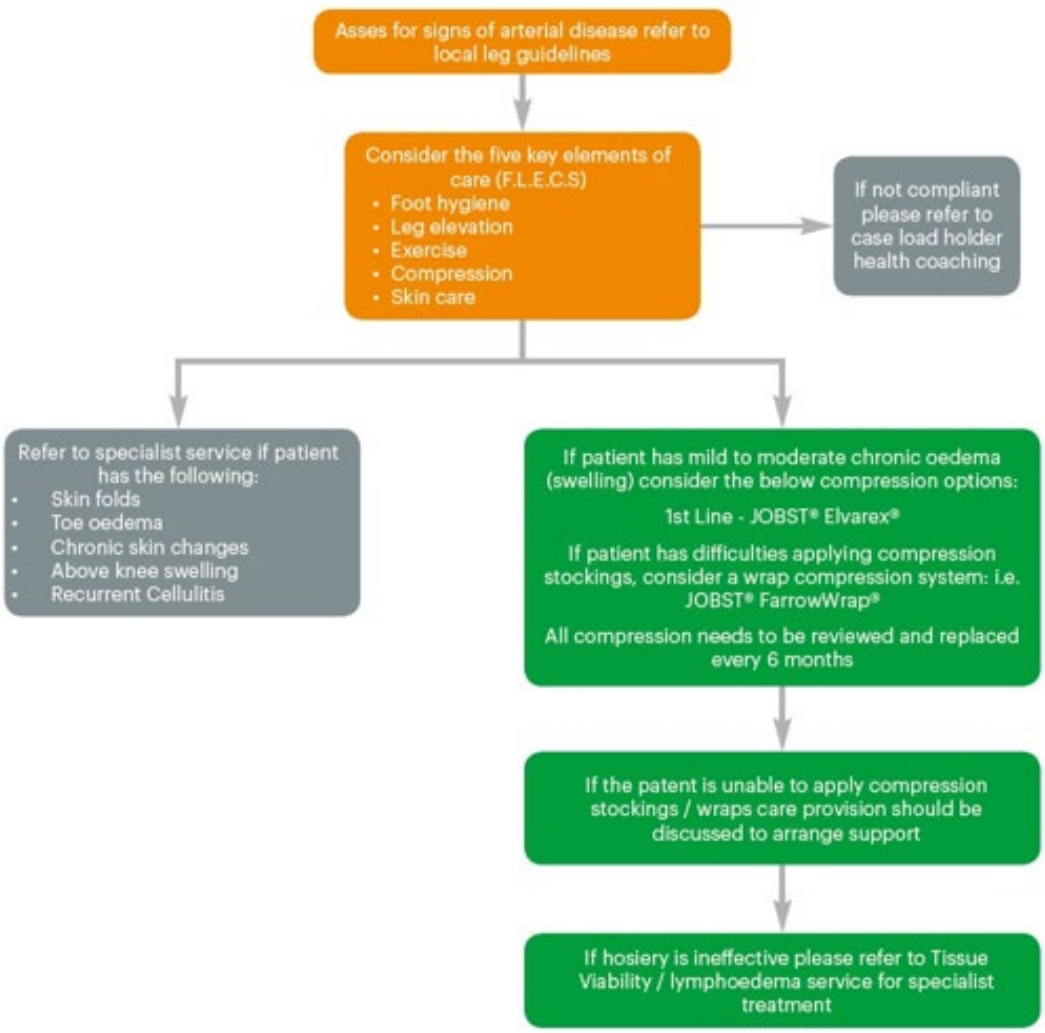
Produced in partnership between Sally Anne Bradford (Clinical Manager Tissue Viability CPFT) and Sue Rossitter (Clinical Specialist Lymphoedema / Joint Lead Day Therapy Arthur Rank Hospice Charity).

Chronic Oedema / Wet Leg Post-Doppler Treatment Pathway



Produced in partnership between Sally Anne Bradford (Clinical Manager Tissue Viability CPFT) and Sue Rossitter (Clinical Specialist Lymphoedema / Joint Lead Day Therapy Arthur Rank Hospice Charity).

Chronic Oedema Prevention / Maintenance Pathway



Produced in partnership between Sally Anne Bradford (Clinical Manager Tissue Viability CPFT) and Sue Rossitter (Clinical Specialist Lymphoedema / Joint Lead Day Therapy Arthur Rank Hospice Charity).

Patient Self-Care Links

- JOBST FarrowWrap
- JOBST Elvarex:
    - JOBST Guide to Measuring Points: This shows you how to mark up your patient ready for measuring.
- Juxta (Medi)
- L&R (Activa):
    - Compression Hosiery
    - Self-care
- Urgo (Altipress liners and Leg Ulcer Kits)

Document ratification details

Ratification Process	**Details**
Authored by:	Cambridgeshire Community Services Cambridgeshire and Peterborough NHS Foundation Trust Cambridgeshire and Peterborough Integrated Care Board Cambridge University Hospitals NHS Foundation Trust North West Anglia NHS Foundation Trust Royal Papworth Hospital NHS Foundation Trust
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