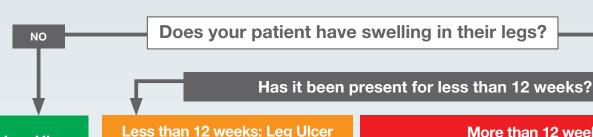




# Lower Limb Oedema Management with a Wound

Assess and take patient clinical history: Venous Leg Ulcer hx, Cellulitis, DVT, Surgery, Trauma, Family History



If your patient

has a leg

ulcer without oedema, refer

to BNSSG Lower Limb

Pathway

Leg Ulcer



with Mild Venous Oedema

More than 12 weeks: Leg Ulcer/Wet Legs with Chronic Oedema





**Mild Venous Oedema** 

Leg Ulcer/Wet Legs with Chronic Oedema If unable to obtain Doppler/ABPI, refer to BLS Position Paper

Doppler/ABPI 0.8-1.34 and/or TBPI 0.7-1.5 and/or ASTP >60mmHg and completion of a lower limb assessment.

# Does your patient have 1 of more of the following:

- Pitting oedema
- Mild Lymphoedema
- Reduction of oedema on leg elevation
- No skin folds
- Mild oedema in toes and feet
- Normal leg shape
- Mild skin changes i.e Lipodermatosclerosis
- Non-pitting oedema
- Fibrosed Lymphoedema
- Oedema is not reduced with elevation
- Skin folds, misshapen legs
- Chronic skin changes i.e Fibrosed tissue, Papillomatosis, skin folds
- Positive Stemmer's signs

Scan the QR code to see the supporting document



Scan the QR code to download the Readywrap® measuring form



## **Management:**

- Consider a B-type natriuretic peptide (BNP) for Acute Heart Failure; refer to GP
- Good skin care regime (washing and creaming legs and feet)
- Lifestvle advice and education
- Wound care as per BNSSG Lower Limb Pathway
- Compression with a high static stiffness index (SSI)

# **Compression Options:**

Select adjustable compression wrap systems if:

- Exudate is contained within the dressing
- ◆ Mild Lymphoedema or Oedema
- ◆ Some limb distortion (no skin folds)

### Use:

- ReadyWrap FootCT and Calf
- JuxtaFit (Foot and Calf Wraps)

# For lower limbs where:

- ◆ Exudate is not contained within the dressing and/or
- ◆ There is some limb distortion and/or
- Mild oedema in toes and feet

# Select compression bandaging Actico® or Urgo KTwo:

- With an ankle circumference of 18-25cm after padding either apply 1 layer of Actico® or Urgo KTwo (18-25cm kit)
- With an ankle circumference of over 25 cm after padding, apply 2 layers of Actico® (2nd layer from the ankle in the opposite direction) or an ankle circumference of 25-32cm after padding, apply Urgo KTwo (25-32cm kit)

# **Management:**

- Consider a B-type natriuretic peptide (BNP) for Acute Heart Failure; refer to GP
- Good skin care regime (washing and creaming legs and feet)
- Lifestyle advice and education.
- Wound care as per BNSSG Lower Limb Pathway
- Compression with a high static stiffness index (SSI)

## **Compression Options:**

Select adjustable compression wrap systems if:

- ◆ Exudate is contained within the
- ◆ Reducible oedema or gross oedema that is non-reducible
- ◆ Some limb distortion

- ReadyWrap® FootCT and Calf
- JuxtaFit (Foot and Calf Wraps)

# For lower limbs where:

- ◆ Exudate is not contained within the dressing and/or
- ◆ There is gross limb distortion and/or
- ◆ Gross reducible oedema

### Use:

■ Actico® inelastic compression bandaging for Chronic Oedema/ Lymphoedema management (scan



the QR code for the video). Daily application for at least 10 days; start reducing frequency of application once exudate

is contained within dressing and/or oedema has reduced and/or limb is more graduated

If Actico® or Urgo KTwo are not suitable for any reason, consider Coban 2 (discuss with WCS if needed)

Contact the WCS if any concerns or further support: sirona.wcs@nhs.net or 0117 9449 733

For product support please contact:



Olivia Fox, Regional Clinical Advisor on **07889 575 665** or by email at Olivia.Fox@uk.LRMed.com



Jenny Moore, Regional Clinical Advisor on 07800 936 929 or by email at Jenny.Moore@uk.LRMed.com



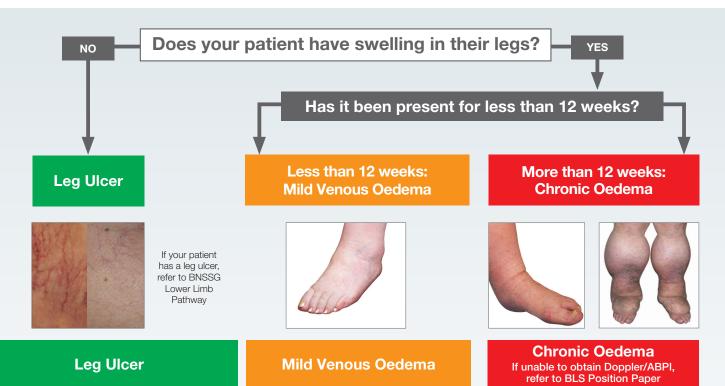
Kiara Ambers, Account Manager on **07989 975 237** or by email at Kiara.Ambers@uk.LRMed.com





# **Lower Limb Oedema Management (without wounds)**

■ Prevention of deterioration ■ Management of oedema in lower limb ■ Prevention of ulceration/lymphorrhea



Doppler/ABPI 0.8-1.34 and/or TBPI 0.7-1.5 and/or ASTP >60mmHg and completion of a lower limb assessment.

Reduction of oedema on leg elevation

■ Mild oedema in toes and feet

# Does your patient have 1 or more of the following:

- No skin folds
- No Oedema in toes & feet
- Normal leg shape
- Venous skin changes i.e. spider veins, heamosiderin staining, varicose veins
- Prominent varicose veins
- Healed leg ulcer

# Management:

- Good skin care (see Sirona Clinical Guidance on the Treatment of Lower Limbs Wounds - available on BNSSG Remedy)
- Washing and creaming
- Compression

### Compression options e.g.:

- Compression Wraps; Readywrap® Foot CT and Calf, JuxtaLite
- Compression Hosiery e.g. Mediven for Men or Mediven Plus

■ Consider a B-type natriuretic peptide (BNP) for Acute Heart Failure; refer to GP

■ Mild skin changes i.e Lipodermatosclerosis

■ Consider if End of Life

■ Pitting oedema

■ No skin folds

■ Normal leg shape

**Management:** 

■ Mild Lymphoedema

■ Manage in RAL (European Standard) or Inelastic Compression Garment if no concerns of cardiac involvement or end of life

# Compression options e.g.:

- Compression Wraps: ReadyWrap®Foot CT and Calf or JuxtaFit (Foot and Calf Wraps)
- Compression Hosiery: Mediven Plus or Mediven Active
- Made to Measure: Mediven Mondi

Non-pitting oedema

Does your patient have 1 of more of the following:

- Fibrosed Lymphoedema
- No reduction of oedema on leg elevation
- Skin folds, misshapen legs
- Oedema in toes and feet
- Chronic skin changes i.e. Fibrosed tissue. Papillomatosis, skin folds
- Positive Stemmer's signs

### Management:

- Referral to Lymphoedema Service who will give lifestyle advice and will discuss compression
- Encourage lower limb elevation and movement regularly



Scan the QR code to see the supporting document



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