Using an Innovative Compression System to Improve Patient Concordance and Quality of Life Whilst Achieving Clinical and Financial Outcomes (Juxta CURES™) Helen Harris Tissue Viability Nurse Specialist. Poster Presentation. Wounds UK. November 2013 Summary: This quantitative and qualitative study reviewed the use of Juxta CURES versus current compression bandaging. The study looked at 14 patients, consisting of venous ulcers (9), mixed aetiology (5). One patient had bilateral leg ulcers. The duration of the leg ulceration being treated ranged from new onset to 2.5 years and all these patients consented to Juxta CURES and therapy was started a compression level suitable for their clinical presentation and Ankle Brachial Pressure Index (ABPI). RESULTS:

- All patients showed wound improvement with improved skin integrity.
- 5 patients progressed to complete healing, 3 patients chose to remain in Juxta CURES after healing
- 96% of clinicians recorded ‘very good’ or ‘excellent’ for ease of application, fit, application time and the use of the Juxta CURES BPS™ system
- 41% cost saving for each of the 14 patients over six months
- £2,142 cost saving for this period with the use of Juxta CURES as opposed to current compression bandaging

A Novel Compression Device – Improving Patient Quality of Life (Juxta CURES™) L Davies Tissue Viability Nurse. Poster Presentation. Wounds UK. November 2013 Summary: Venous ulcers can have a severe impact on a person’s quality of life. Ulcers affect mobility, physical and social activities and can make people feel powerless and isolated. Pain is also an important symptom of venous leg ulceration and can affect sleep patterns exacerbating the above symptoms. This case study shows how Juxta CURES not only healed an 18 month old venous ulcer but also reduced leg oedema and resolved the pain experienced by this patient.

Improved Patient and Nurse Experience: A Simple Measurable Graduated Compression Device (Juxta CURES™) Lindsay Oates District Nurse. Ann Ranton Clinical Manager. Deborah Roberts Clinical Manager. Poster Presentation. Wounds UK. November 2013 Summary: District Nurses play a key role in providing care and support in the community as well as facilitating patient independence. In one city the District Nurses invited patients with venous leg ulceration who were currently being treated with compression bandages to change to Juxta CURES. This therapy enabled these patients to continue “gold standard” compression therapy whilst facilitating a higher degree of independence. The results were twofold:

- The District Nurses found a noticeable reduction in costs and nursing time as well as less visits, less clinical waste and a reduction in back injuries
- The patients were empowered by being able to self-manage with this device and this in turn assisted in maintaining their independence as well as improving their mobility due to less bulk over the foot as well as being able to wear everyday shoes.

Juxta CURES has a positive impact on patients’ quality of life, also benefiting the clinician while maintaining cost-saving efficiencies. Nugent L (2013) Juxta CURES: compression for healing venous leg ulcers. British Journal of Community Nursing, Vol. 18, Iss. Sup5, 05 Sep 2013, pp S40 - S45 Clinicians are expected to show improved healing rates, reduction in recurrence rates and to demonstrate greater patient satisfaction. All patients should rightly expect a high standard of holistic care that supports both their physical and emotional needs. Keeping the patient engaged in the ‘healing process' has many beneficial outcomes, not least to their emotional wellbeing. Managing to heal the wounds within a realistic timeframe is the required outcome for all parties. This article demonstrates how a new compression device, Juxta CURES, has a positive impact on patients' quality of life, also benefiting the clinician while maintaining cost-saving efficiencies.
Juxta CURES, a new compression system which allows greater choice for patients
Summary: The majority of lower leg ulceration has a venous component. Compression therapy is the “gold standard” to reverse venous hypertension and heal venous leg ulceration. In recent years, a new compression system has evolved offering greater patients choice and empowerment as well as showing accelerated healing rates due to the consistent compression and degree of self-management by the patient. All three case studies show how Juxta CURES addresses wound care outcome measures: clinical efficacy, quality of life and patient wellbeing as well as being cost effective.

The Evolution of compression Devices for Venous Leg Ulcers.
D Elson Poster Presentation EWMA. May 2013
Summary: Compression therapy has evolved over the centuries. Modern compression bandages are available in a variety of forms: inelastic, single component short-stretch, single component long-stretch elastic, multi-component inelastic and multi-component long-stretch. There are known disadvantages such as poor application techniques resulting in inconsistent pressures, bulkiness impeding wearing of normal footwear and bandage slippage and bunching. Juxta CURES has moved compression therapy into the 21st century by being cost effective as well as addressing patient comfort and compliance concerns.

Optimising care and offering patient choice for patients with leg ulcers
Meeting the challenges of delivering leg ulcer services. C.Dowsett and D. Elson. Published in: Wounds UK, March 2013 Volume 9 Issue 1
Summary: The NHS is moving toward a more patient centred service, with the Quality, Innovation, Productivity and Prevention and Any Qualified Provider agendas central to this transition. The drive toward patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) is key to this change. Two case studies showed a regimen that involved the use of an instantly adjustable compression device. Both patients enjoyed an improvement in quality of life and mobility after using the device. The two case studies highlight the benefits of incorporating instantly adjustable compression devices into a treatment regimen, with pain and associated depression diminishing as a result.

A prospective, randomised controlled trial of adjustable compression wraps compared to multi-component compression bandages in leg lymphoedema
Summary: This randomised controlled comparative study assessed the effectiveness of an adjustable compression wrap against inelastic multi-component compression bandages in the treatment of leg lymphoedema. Included in the study were 30 hospitalised patients admitted with moderate or severe unilateral lymphoedema of the leg. The primary outcome measures in both groups were reduction in volume of the affected leg and interface pressure after 2 and 24 hours. The results showed patients were able to apply and regulate these adjustable compression wraps after being instructed in their use and after an initial 2hour period of wear. The results also showed the adjustable compression wraps achieving significantly more pronounced reduction in limb volume after 24 hours compared to the multi-component compression.
2012

The 21st century approach to cost effective healing of venous leg ulcers
D. Elson BSc, RN, PG CERT, UK. Poster Presentation Wounds UK November 2012.
Summary: A multi-centred product evaluation compares the costs of treating venous ulcers with compression bandaging versus Juxta-Cures™ over a six-month treatment period. The study showed a 73 percent average reduction in total costs when using the Juxta-Cures™.

The Juxta-CURES™ Built-In Pressure System™ helps patients with mixed arterial-venous disease
Compression therapy in mixed ulcers increases venous output and arterial perfusion. Giovanni Mosti, MD, Maria Letizia Labichella, MD, and Hugo Partsch, MD, Lucca, Italy and Vienna, Austria. Published in: Journal of Vascular Surgery. January 2012 Volume 55 Number 3
Summary: This study showed that patients with mixed arterial-venous disease had improved venous pumping function with compression levels applied up to 40mmHg without impeding the arterial perfusion. The Juxta-CURES™ BPS™ system allows the user to adjust compression levels to suit the clinical requirement.

2011

51.2% of patients are non-compliant with multi-layer compression bandaging
Predicting concordance with multi-layer compression bandaging. C. Miller, S. Kapp, N. Newall RN, G. Lewin PhD, L. Karimi PhD, K. Carville PhD, N. Santamaria RN. Published in: Journal of Wound Care. March 2011 Volume 20 Number 3
Summary: This study observed the relationship between patient and wound characteristics to concordance with multi-layer compression bandaging. Less than half of the patients (209) were concordant with multi-layer bandaging. Furthermore if the same tension is kept throughout the garment for a leg of increasing circumference, then gradient compression is obtained. These principles are incorporated into a patented simple to use system that gives patients and healthcare professionals the confidence they need with their compression therapy.

2009

A randomized trial of class 2 and class 3 elastic compression in the prevention of recurrence of venous ulceration
Two year follow-up results presented American Venous Forum, February 2009 by Dr. D. Milic
In February 2009, Dr. Dragan Milic provided the answer to this question at the American Venous Forum meeting. Dr. Milic reported the two year follow-up results of over 320 venous stasis ulcer patients that were healed with compression bandaging and then were placed in compression stockings that provided A) an average of 25 mmHg compression at the ankle or B) an average of 40 mmHg compression. 1 out of 4 patients that received stockings that provided 25 mmHg had their ulcers come back during the 2 year period, while those who wore 40 mmHg compression stockings reduced their recurrence by 50%.

2005

Inelastic compression increases the healing rate of venous ulcers compared to multilayered bandaging
Summary: The completed study comparing 24 extremities shows that at three months, patients wearing the inelastic CircAid® system had significantly faster ulcer healing rates as compared to patients wearing a conventional four layer elastic compression system.
**Juxta™ system**

**US Patent 7,329,232** This CircAid® innovation features the Juxta-Lock™ band system of the Juxta-Fit™, Juxta-Lite™, and Juxta-CURES™. Classic compression garment band system designs include straight overlapping bands, interlocking bands, or bands used in a combination with a loop or “D-Ring” to create tension within the garment to apply pressure to the limb. CircAid®’s patented juxtaposed band system, meaning the bands alternate and pass above and below each other, introduced many advantages. Instead of the traditional method of applying one band at a time, the juxtaposed band system allows the patient to apply 2 bands at once resulting in much quicker application. Rather than having to thread a band through an opposing band or D-Ring, or tuck it underneath an opposing band, the juxtaposed bands are effortlessly pulled by each other and secured. The juxtaposed band system also allows the bands to be pulled at an angle to further fine tune the garment’s fit to each patient’s unique limb shape, whereas classic band systems can only be pulled directly across the limb. Finally, if the garment becomes too tight or too loose in any area, the juxtaposed bands can easily be pulled and adjusted as needed compared to traditional overlapping systems that require multiple bands to be removed to access the bands that need readjusting.

**Built-In Pressure System™**

**US Patent 6,338,723** This invention is the foundation of both the CircAid® Built-In Pressure System™ (BPS™) and Assured Gradient System. By measuring the amount of stretch in a compression garment wrapped around a limb of known circumference, the pressure applied to the limb can be predicted. The more tension that is applied to the garment, the further it stretches and greater compression is applied to the limb.