The success and feeling of relief after healing a venous leg ulcer (VLU) may be shortlived if adequate compression therapy cannot be maintained thereafter. Recurrence rates of venous leg ulcers are high (Shenoy, 2014; Harding et al, 2015), which not only contributes a cost burden to the overstretched NHS budget, but also has a financial and social impact on the patient (Adderley and Thompson, 2014). Appropriate compression is necessary to prevent recurrence in venous leg ulceration.

The National Institute for Health and Care Excellence clinical knowledge summaries (CKS) state that following the healing of a VLU, education and lifestyle changes are important to prevent recurring breakdown (NICE, 2016). Non-concordance? In the author's experience, a label of 'non-concordance' is usually given to patients who are physically unable to carry out the care advised, or who find the prescribed treatment too painful.

Education plays a prominent role in helping patients and their families/caregivers understand the importance of treating the underlying condition to prevent further breakdown, with compression therapy being key to maintaining a healed VLU.

The level of compression that hosiery delivers is indicated by its class, ranging from 1–3. However, there are variations in the level of mmHg depending on the type of hosiery being used, i.e. British (BS), RAL (German Standard) or French Standard. So, just asking for a class 1 garment will not allow for accurate compression (or 'dosage' of compression required).

The class of hosiery chosen should always be in line with the severity of symptoms to treat the underlying disease, i.e. the more severe, the higher the class of compression.

If a VLU has healed using 40mmHg compression at the ankle (i.e. if the patient's ankle brachial pressure index [ABPI] was within normal limits, the compression required is 40mmHg; SIGN, 2010), and a class 1 BS compression garment is applied (offering 14–17mmHg at the ankle), the patient's skin is likely to breakdown relatively quickly as there is not enough external pressure to correct the internal (underlying) condition.

Compression works by delivering the highest level of compression at the ankle (where most internal pressure is found...
in chronic venous insufficiency (CVI), and gradually reducing higher up the leg (i.e. 100% of compression is at the ankle, reducing to 70% at the knee and 40% at the top of the thigh). The walls of the compression garment improve the function of the venous system (Figure 1).

**COMPRESSION FOR PREVENTION**

There is a wide range of compression hosiery for patients with healed VLUs. For example, mediven® RAL (medi UK) range is available in different sizes, both open- and closed-toe. It is readily available on prescription (FP10/GP10), reducing the need for made-to-measure hosiery for many patients. mediven active® has a soft fleecy sole making it comfortable to walk in, while mediven plus® offers a range of sizes that can help improve the lipodermatosclerosed limb shape often found in CVI.

**AN ALTERNATIVE TO BANDAGING WHERE HOSIERY IS UNSUITABLE**

There are patients who have to be maintained long term in bandaging because they simply cannot apply or tolerate compression hosiery. This could be due to musculoskeletal conditions hindering dexterity, or other comorbidities that prevent them from applying or removing compression garments. Therefore, it is important that general practice nurses (GPNs) are aware of alternative systems that might be more effective in helping patients to prevent any ulcer recurrence and keep their skin intact.

An example of such a device is juxtalite® (medi UK). This is an inelastic wraparound compression system. It is easy to apply and adjust and allows an immediate return to conventional footwear. The device has a Built-in Pressure System (BPS™), a method by which the pressure applied can be measured (at initial fit) and monitored during the day. The calibrated card is held against two lines on each strap and the scale shows the mmHg applied. This makes application a simple and safe routine, and ensures that the wearer has the optimal compression to deal with the underlying disease and prevent ulcers recurring.

juxtalite provides high working and low resting pressure, ensuring comfort for the wearer. The garments straps can be instantly readjusted while on the limb. With its latex-free properties, anti-odour and antimicrobial fabric, it is patient-friendly and gives sustained and specifically defined compression for up to 24 hours a day. It is available in eight off-the-shelf sizes and two lengths.

It is comfortable and light to wear and can be easily applied and removed by the patient. It is also washable, and can be dried in a tumble drier and is guaranteed for six months’ wear.

Converting from compression bandaging to juxtalite can also help to improve quality of life, as patients are able to wear their own shoes again, and, in the author’s clinical experience, feel more independent as they are no longer restricted by having to wait in for nurse visits to have their bandages changed, or to don/doff hosiery. Anecdotal evidence shows that skin condition improves — with juxtalite being easy to apply and remove, cleansing regimens can become regular again with frequent applications of emollients to improve skin hydration.

juxtalite not only offers an affordable and acceptable choice, but also allows sustained and measurable compression to be worn to prevent VLU recurrence and enables patients to be involved in their own care.

**REFERENCES**


