



A complete guide to managing venous leg ulcers



START

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This document provides a complete guide to the management of venous leg ulcers (VLU). Here you'll find everything you need to know to assess, treat and manage this life long condition.

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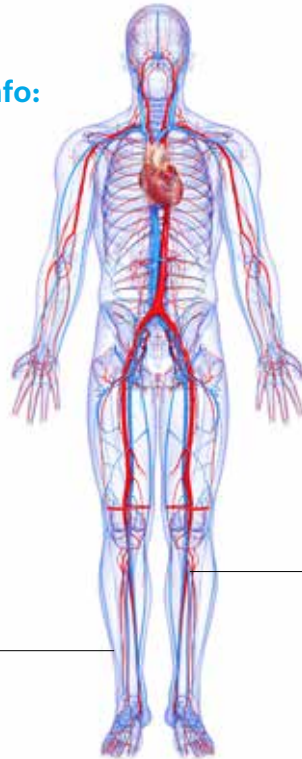
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The circulatory system

Click on the pink sections for more info:



👉 The circulatory system

👉 Arterial insufficiency

The circulatory system

Click on the pink sections for more info:

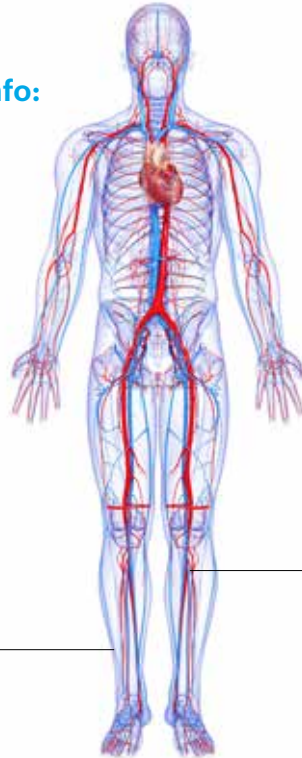
The circulatory system transports oxygen, nutrients and hormones to cells within the body.

It then removes waste products like carbon dioxide.

Arteries carry blood away from the heart and veins carry blood back to the heart.

The lymphatic system is also part of the circulatory system. It gathers fluid from the areas around the cells (interstitial space) and returns it to the circulatory system.

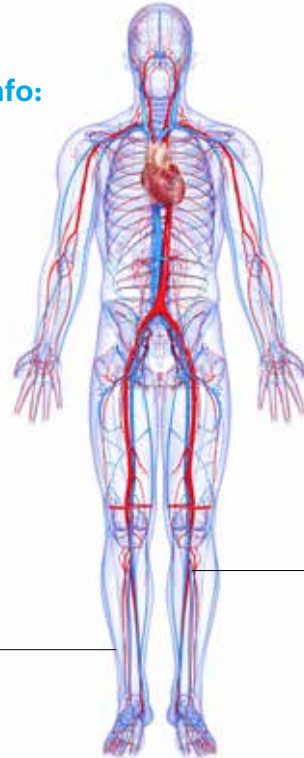
The circulatory system



Arterial insufficiency

The circulatory system

Click on the pink sections for more info:



When there is a build up of fatty deposits, in the walls of the arteries in the legs, the patient is known to have peripheral arterial disease. This makes the walls of the arteries narrow and restricts the blood supply to the legs.¹

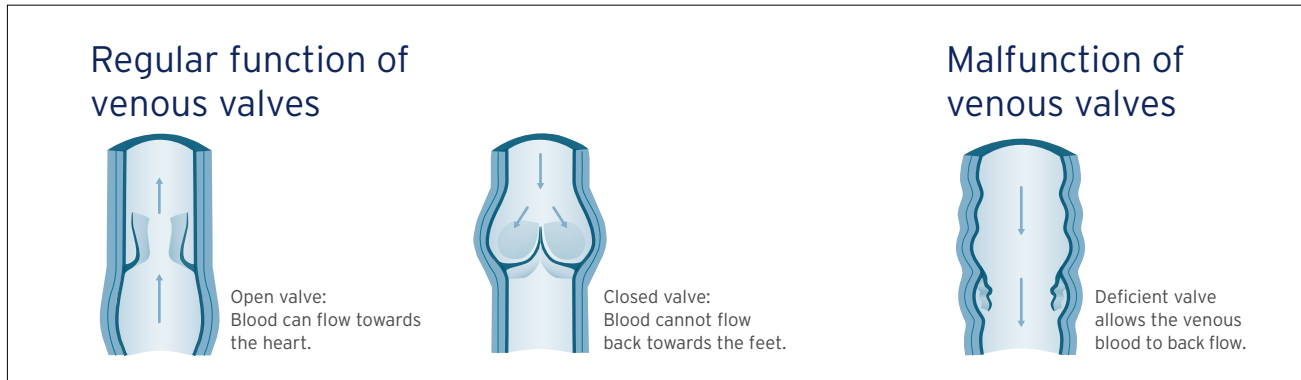
An arterial ulcer occurs due to inadequate blood supply to the affected area (ischaemia). Arterial ulcers tend to occur on the lower legs and feet.²

Arterial Insufficiency

 The circulatory system

Venous insufficiency

The veins in the leg carry blood back to your heart. They have one-way valves that prevents blood from flowing backward. In a patient with chronic venous insufficiency (CVI), the valves don't work like they should and some of the blood may go back down into the legs. The blood pools or collects in the veins.³



Leg ulceration

The majority of leg ulcers are due to venous disease and/or arterial disease. It is very important to determine the aetiology of the ulcers as this has crucial implications for management. It is not uncommon to have a venous ulcer in the presence of arterial insufficiency and this complicates matters.⁴

CEAP Classification

The different stages of venous disease

The international classification system CEAP (Clinical, Etiological, Anatomical, Pathological) identifies early classification and progression of disease. The clinical section (C) shows clinical severity.⁵

Chronic venous insufficiency is defined as C3-C6.



C0

No visible or palpable signs of venous disease

C1

Telangiectasias or reticular veins

C2

Varicose veins

C3

Oedema

C4

a.
Pigmentation or eczema.

b.
Lipodermatosclerosis or atrophie blanche

C5

Healed venous ulcer

C6

Active venous ulcer

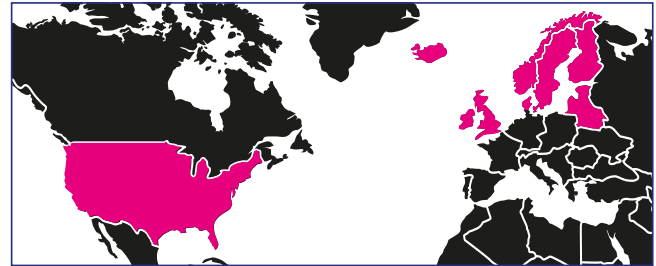
Venous leg ulcers (VLU)

A VLU is defined as an open lesion between the knee and the ankle joint that occurs in the presence of venous disease and takes more than two weeks to heal⁴. In the presence of chronic venous disease wounds become difficult to heal.

👉 Where do venous leg ulcers develop?



Click on the pink hot spots for prevalence data:



Patients with VLUs often have repeated cycles of ulceration, healing, and recurrence.⁶

Venous leg ulcers (VLU)

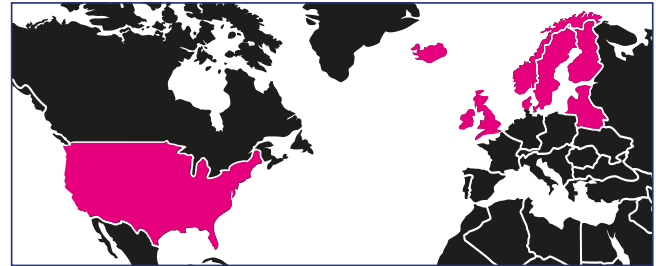
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👉 Where do venous leg ulcers develop?

Close X

- Approximately 80% of ulcerations are located between the knee and the ankle joint⁴
- Occurs in the presence of venous disease
- There are different types of leg ulcers, but venous leg ulcers are the most common (about 50% of leg ulcers)⁴

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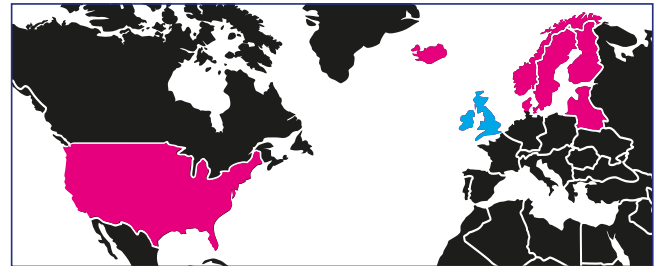
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It is estimated that in the UK, 1 in 170 adults (278,000) have a VLU.⁷

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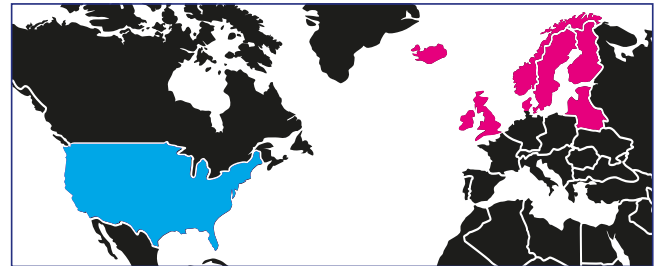
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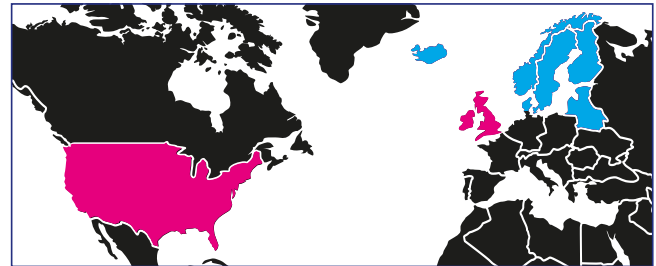
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In Northern Europe, the overall prevalence of this condition is 1% rising to 3% in the adult population over 65 years of age⁹

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Holistic leg ulcer assessment



NEXT



Diagnosis and management of venous leg ulcers (VLU)

Definitions of 'chronic' vary with regard to healing times. It is essential that VLUs are diagnosed and managed as quickly as possible, so the two-week definition should be used. Particularly in patients with a history of VLUs, assessment and treatment of a new lesion on the leg should start as soon as possible.⁴



Wound assessment

A full holistic wound assessment is a vital part of planning the treatment regime:




?	Number of wounds	<ul style="list-style-type: none">Assess and document each wound separately
☰	Wound diagnosis	<ul style="list-style-type: none">Date and duration
📍	Wound location	<ul style="list-style-type: none">Document the position of the wound/s
💧	Assess exudate	<ul style="list-style-type: none">ColourConsistencyAmount
🔍	What is the tissue type on the wound bed?	<ul style="list-style-type: none">NecrosisSloughGranulationEpithelialisationExposed structures e.g. tendon or bone

📏	Wound measurements	<ul style="list-style-type: none">Document wound dimensions (length, breadth, depth)
📐	Condition of the wound edges	<ul style="list-style-type: none">AdvancingNon-advancing



Wound assessment

A full holistic wound assessment is a vital part of planning the treatment regime:

	Peri-wound skin	<ul style="list-style-type: none">• Healthy• Friable• Hyperkeratosis• Macerated	<ul style="list-style-type: none">• Excoriated• Eczema• Dry
	Signs of wound infection	<ul style="list-style-type: none">• New or increased pain• Redness (erythema)• Swelling• Heat• Increasing odour	<ul style="list-style-type: none">• Increased exudate• Friable granulation tissue• Wound breakdown• Delayed healing• Malaise or non specific general deterioration
	Pain level	<ul style="list-style-type: none">• Use visual analogue scale to assess patient's pain level• Record score• Consider other underlying conditions e.g. arthritis• Ensure appropriate analgesia is prescribed, monitored and reviewed regularly	

Immediate and necessary care

When 'red flag' symptoms are identified immediately escalate to relevant clinical specialist. This will reduce the risk of rapid deterioration or serious harm⁹



Red flags:

Any of the following should be considered a red flag:

- | | |
|------------------------------|-------------------------|
| • Spreading infection | • Suspected DVT |
| • Red, hot, swollen leg | • Suspected skin cancer |
| • Limb threatening ischaemia | • Sepsis |

Action

Consider the need for multidisciplinary management:

Referral to an appropriate specialist:

- | | |
|---------------|--------------|
| • Dermatology | • Autoimmune |
| • Malignancy | • Arterial |
| • Pressure | • Diabetes |

Vascular assessment

Vascular assessment is an essential component of leg ulcer management¹¹

An accurate diagnosis is crucial to effective care planning.

A full holistic assessment should include:¹¹



Patient factors



Lower limb factors



Contraindications for compression

Patient factors:

- Medical history and comorbidities
- Nutrition and hydration status
- Symptoms and pain level
- Mobility and strength
- Previous treatment and outcomes
- Patient knowledge and understanding
- Lifestyle and occupation
- Quality of life and social activity
- Sleep activity
- Care and social support network
- Expectations of treatment
- Weight/body mass index
- Capacity to implement supported self care

Close



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Close



Lower Limb factors:

Assess for signs of arterial and venous insufficiency

- Presence and level of oedema
- Limb size and shape
- Mobility and/or ankle movement
- Skin condition
- ABPI (to rule out arterial insufficiency)
- Vascular history
- Limb temperature
- Erythema, pallor and/or cyanosis
- Capillary refill
- Peripheral pulse palpation
- Nails (e.g. Atrophic nail changes)
- Buerger's test (the angle to which the leg has to be raised before it becomes pale, whilst lying down)
- Leg pain (Intermittent claudication chronic ischaemic pain, acute ischaemic pain)



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Contraindications for compression



Contraindications for JOBST Compression:

- Ischemia (e.g. advanced arterial disease)
- Untreated septic phlebitis
- Uncontrolled congestive heart failure
- Phlegmasia cerulea dolens
- Incompatibility to fabric

Close



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Patient factors



Lower limb factors



Contraindications for compression



Ankle-brachial pressure index (ABPI)

What is ABPI?

ABPI (eg Doppler) testing is a non-invasive way of assessing a patient's vascular status in order to establish or exclude the presence of peripheral arterial disease.¹²

ABPI values:⁴

☞ **>1.3**

☞ **Between 0.8 - 1.3**

☞ **>0.5 - <0.8**

☞ **<0.5**

Adhere to local policy and guidance

Challenges of obtaining an ABPI¹⁰

Barriers to carrying out an ABPI include:

- Time, equipment and skill to carry out the assessment
- Patient understanding, willingness and ability to comply
- Medical factors which affect the ability to place the cuff around the ankle, the ability to lie down flat or to stay still
- Access to an appropriate environment

When an accurate ABPI can not be obtained, refer to the BLS positioning paper to help guide your assessment.



[Click here for the BLS Position Paper on ABPI](#)

Holistic leg ulcer assessment

ABPI






What is ABPI?

ABPI / Doppler testing is a non-invasive test to assess a patient's vascular status in the presence of peripheral arterial disease.

ABPI values: Reference (NICE)

ABPI assessment will not diagnose venous disease. It will only exclude the presence of significant arterial disease and is only one component of a full holistic assessment.¹¹

Challenges of obtaining an ABPI,⁸

		Close 
 >1.3	May suggest the presence of arterial calcification, such as in some people with diabetes, rheumatoid arthritis, systemic vasculitis, atherosclerotic disease, and advanced chronic renal failure. For values above 1.5, the vessels are likely to be incompressible, and the result cannot be relied on to guide clinical decisions	Care must be taken in interpreting ABPI results in people with these conditions, as they may be misleadingly high. Compression therapy should be used with caution in people with diabetes, who may have unreliable ABPIs due to arterial calcification as well as an underlying sensory neuropathy. Refer to a vascular service as further assessments may be required to determine the person's suitability for compression therapy
 Between 0.8 - 1.3	Suggests no evidence of significant arterial disease	Compression may be safely applied in most people. For people with cardiac failure, consider seeking specialist advice as there may be a risk of fluid overload if not closely monitored
 >0.5 - <0.8	Suggests the presence of arterial disease or mixed arterial/venous disease	Compression should generally be avoided. However, reduced compression can be used under specialist advice and with strict supervision. Refer the person for specialist vascular assessment
 <0.5	Suggests severe arterial disease	Compression treatment is contraindicated. Refer the person urgently for specialist vascular assessment

Adapted from the NICE 2021, Interpretation of ABPI¹¹

CASE

A full holistic assessment is a vital part of planning the treatment regime:

CASE is Essity's tool to simplify the various stages of holistic assessment and stands for Cause, Assess, Select and Evaluate. The following CASE booklets are available to assist you with assessment:

CASE for Looking After Legs:

Improving the assessment of venous leg ulceration by taking a holistic approach



CASE for Holistic Wound Assessment

For better care and wound healing outcomes



CASE for Chronic Oedema

Supporting holistic assessment of patients with chronic oedema



CASE documents are a useful guide to help with assessment, check your local policies for further guidance.



Treatment of venous leg ulcers



← NEXT





Woundcare Clinical resources



[Click here for the following clinical resources:](#)

- Evaluating Cutimed Sorbact: using a case study approach
- Comparative study of two antimicrobial dressings in infected leg ulcers: a pilot study
- Evidence is building to support using DACC-coated antimicrobial wound contact layer with NPWT
- Using Sorbact hydroactive on chronic infected wounds



Compression Clinical resources



[Best Practice document for venous leg ulceration](#)



[Use of a wrap compression system for the treatment of venous leg ulceration](#)





[Empowering patients to self-manage with a velcro wrap compression device](#)





[JOBST UlcerCare gait studies](#)

Suitable dressing regime

This table (From CASE) guides you through the dressing choices you can make once you have assessed the wound.

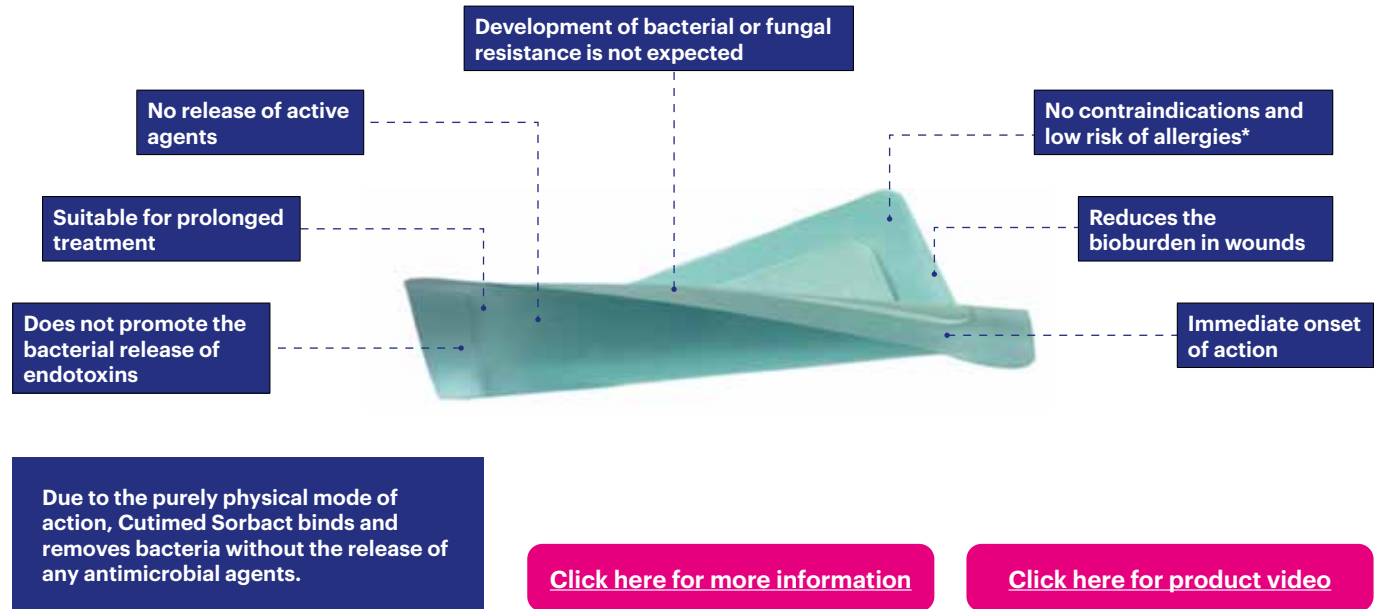
If there is	Observations	Treatment objectives	Dressing / treatment options	Suggested Cutimed medical dressings	Desired clinical outcome
 Tissue non-viable	Slough or necrotic tissue present by debridement with Cutimed® Debriclean	Remove the non-viable tissue by debridement to aid wound progression NB: Diabetic foot wounds must be referred to podiatrist prior to any debridement	Options include: autolytic, sharp surgical, enzymatic, mechanical or biological <ul style="list-style-type: none"> • Hydrogel • Debridement pad • Larval therapy • Moisture donating dressings 	Cutimed® Gel - clear, amorphous hydrogel which can be used to help debride necrotic and sloughy tissue Cutimed® Sorbact® Gel - supports infection management and autolytic debridement in one dressing Cutimed® HydroControl® - unique moisture balancing dressing that either absorbs excess exudate or donates moisture	Viable wound base
 Inflammation or infection	High level of bacteria could cause: pain, redness, swelling, heat, odour, pus, increased exudate, friable granulation tissue	Reduce bacterial load to manage infection or inflammation Consider: <ul style="list-style-type: none"> - Antimicrobials - Protease inhibition - Antibiotics 	Local infection – consider topical antimicrobial / bacterial binding dressings e.g. Sorbact® technology, silver, honey, PHMB, iodine Systemic infection: consider topical antimicrobial and antibiotics For high risk patients that require prophylactic treatment consider using an antimicrobial	Cutimed® Sorbact® - The DACC™ coated surface of Cutimed Sorbact has special characteristics and hydrophobic properties. This supports the natural wound healing process by reducing wound bioburden.	Bacterial balance, reduced inflammation and wound progression

Suitable dressing regime

If there is	Observations	Treatment objectives	Dressing / treatment options	Suggested Cutimed medical dressings	Desired clinical outcome
 Moisture imbalance	<p>Heavy exudate - risk of maceration / excoriation</p> <p>Dry wound</p> <p>Friable skin</p> <p>Consider underlying cause of exudate and identify if compression therapy might be necessary</p>	<p>Aim for a balanced and optimal moist wound healing environment</p> <p>Choose a dressing to either absorb the excess exudate, or add moisture to dry wounds</p>	<p>High exudate - NPWT, super-absorbers, hydrofibres, alginates or foams</p> <p>Low exudate – hydrocolloids, hydrogels, films, moisture balancing dressing</p> <p>If maceration / excoriation present consider barrier preparation to protect vulnerable skin</p> <p>NB: If patient has leg ulceration, compression should be part of the treatment, where the ABPI permits</p>	<p>Cutimed® Siltec® - foam dressings range offering effective and intelligent exudate management</p> <p>Cutimed® Sorbion® - range of super-absorbent dressings that retain high volumes of exudate, even under compression</p> <p>Cutimed® HydroControl® - unique moisture balancing dressing that either absorbs excess exudate or donates moisture</p>	Optimal moist wound healing environment
 Advancing / non-advancing edges	<p>Advancing, epithelialisation visible or non-advancing e.g. undermining, rolled edges</p>	<p>Is your wound showing signs of epithelialisation?</p> <p>If yes, continue with treatment</p> <p>If no – re-assess starting with C of CASE</p>	<p>Barrier preparations (e.g. barrier creams, ointments or films)</p> <p>Wound contact layers to help prevent pain and trauma</p>	<p>Cutimed® PROTECT - spray, foam applicator or cream which provides a long-lasting protective barrier against incontinence, exudate, water loss from the skin and damage to peri-wound margins</p> <p>Cuticell® Contact - a silicone wound contact layer to help prevent pain and trauma</p>	Advancing edge of wound, healthy peri-wound skin and signs of progression to wound closure

Cutimed® Sorbact®

Can be used in the management of clean, colonised, contaminated and infected wounds.



Cutimed® Sorbion®

A super-absorbent dressing which absorbs and retains a high volume of exudate, even under compression.



Outstanding absorption capacity



Saving time and money



Retains exudate well



Easy to apply

[Click here for more information](#)

[Click here for product video](#)

Cutimed® Sorbion®

A super-absorbent dressing which absorbs and retains a high volume of exudate, even under compression.



Outstanding absorption capacity

- Gel-forming polymers maintains of moist a wound enviroment
- Additional space for expansion - optimal contact to the wound bed



Saving time and money



Retains exudate well



Easy to apply

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[Click here for product video](#)

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Outstanding absorption capacity



Saving time and money

- Great absorption capacity - both dressing changes and therapy effort can be reduced
- Consequently the patient is mobilised quicker and overall costs are minimised¹⁴



Retains exudate well



Easy to apply

[Click here for more information](#)

[Click here for product video](#)

Cutimed® Sorbion®

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Outstanding absorption capacity



Saving time and money



Retains exudate well

- Mechanically modified fibre matrix, the basis of the Hydration Response Technology
- Wound exudate is safely retained inside in the dressing, even under compression¹⁴



Easy to apply

[Click here for more information](#)

[Click here for product video](#)

Cutimed® Sorbion®

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Outstanding absorption capacity



Saving time and money



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Easy to apply

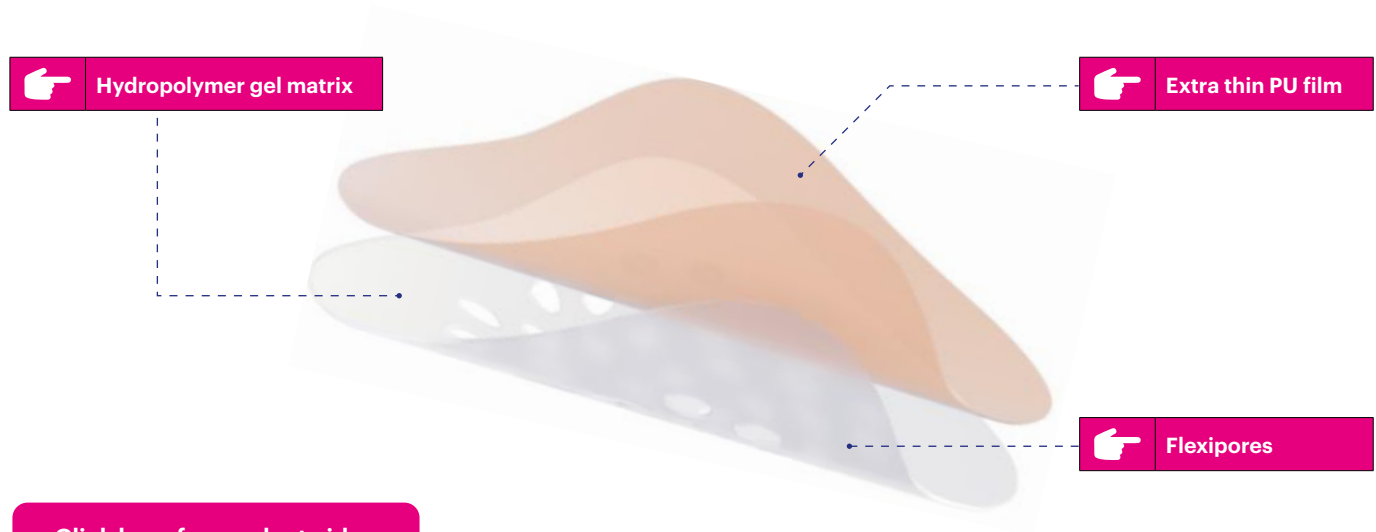
- Ultrasonically sealed polypropylene sheet
- Reduces pain at removal and wound odour by up to 88%¹⁵

[Click here for more information](#)

[Click here for product video](#)

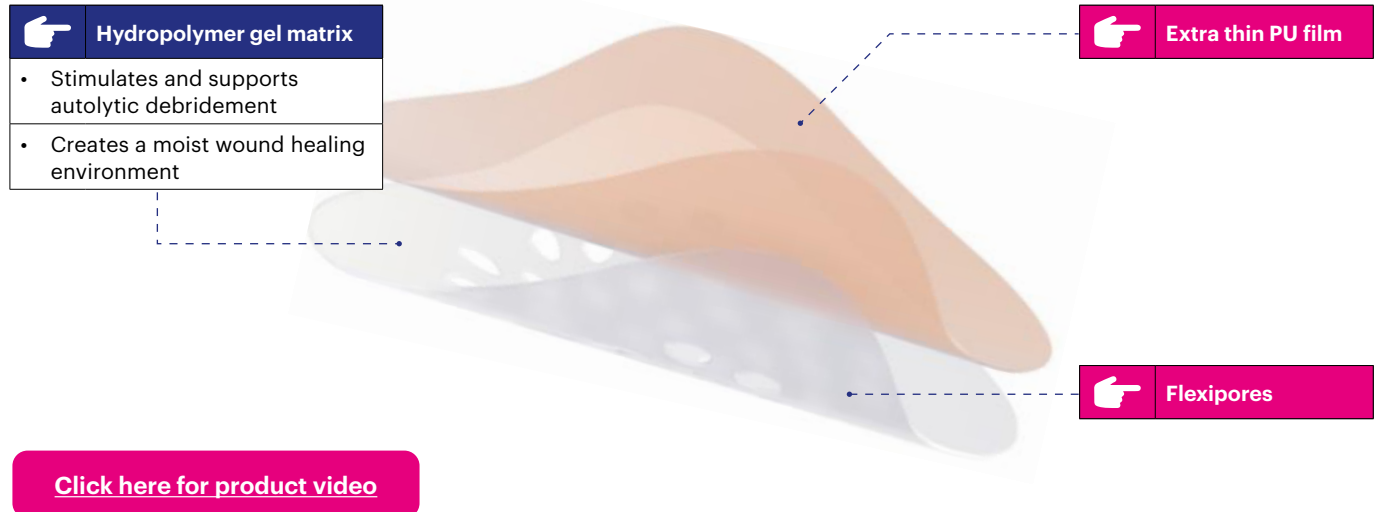
Cutimed® HydroControl

A moisture balancing, absorbent hydropolymer dressing that supports optimal wound healing of dry and low exuding wounds.



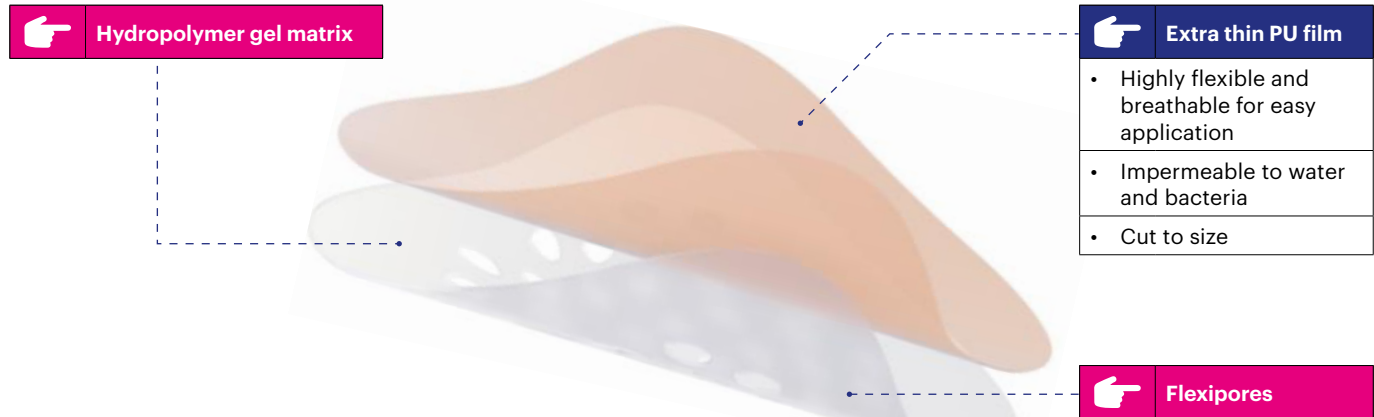
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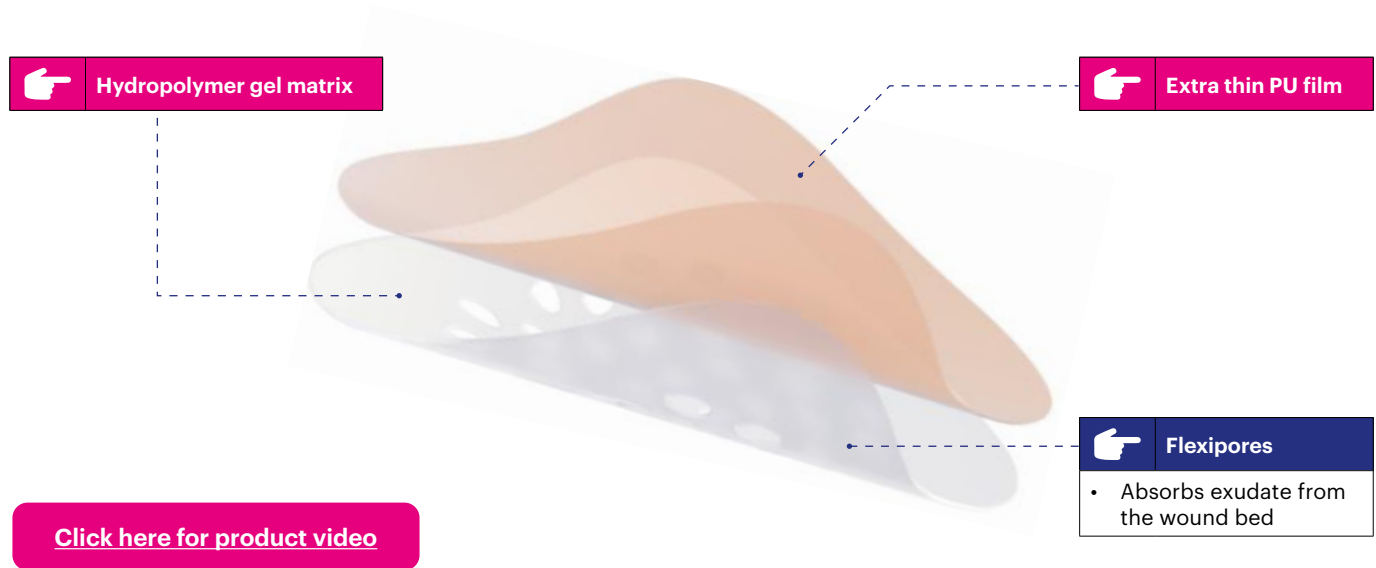
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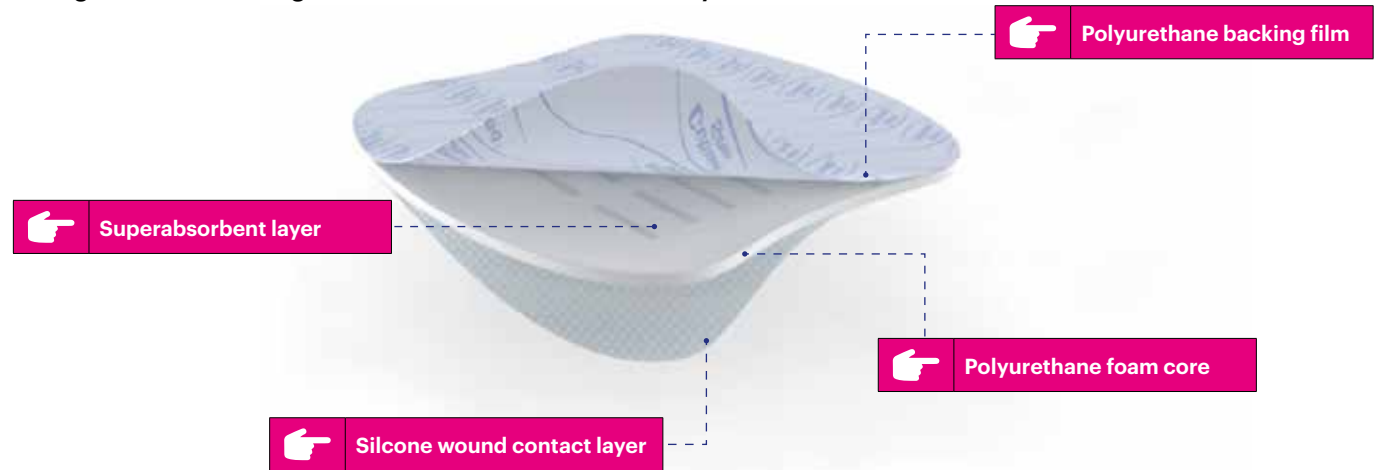
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Cutimed® Siltec®

A range of foam dressings with a silicone wound contact layer

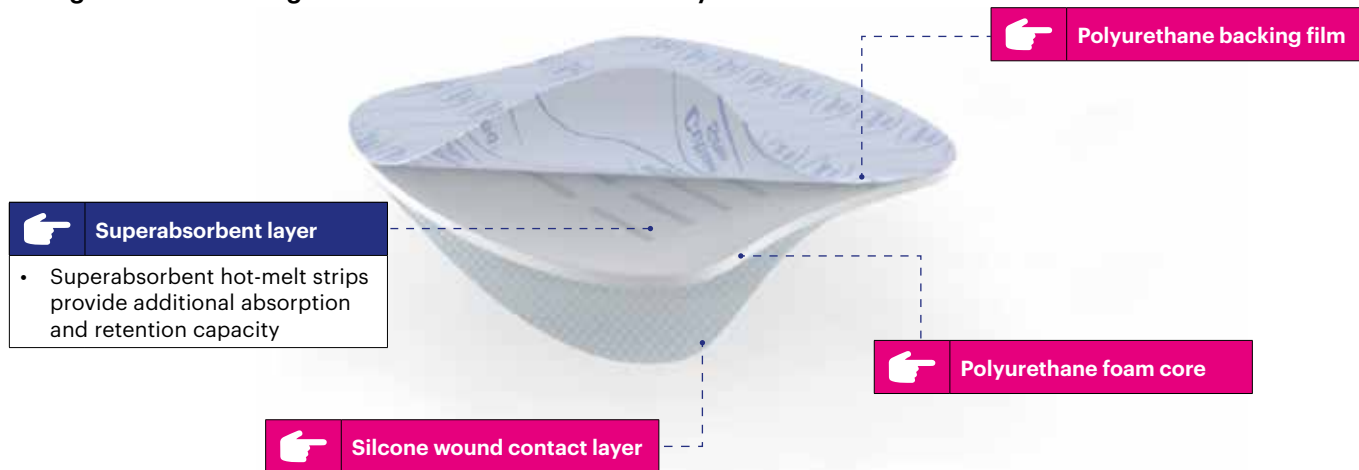


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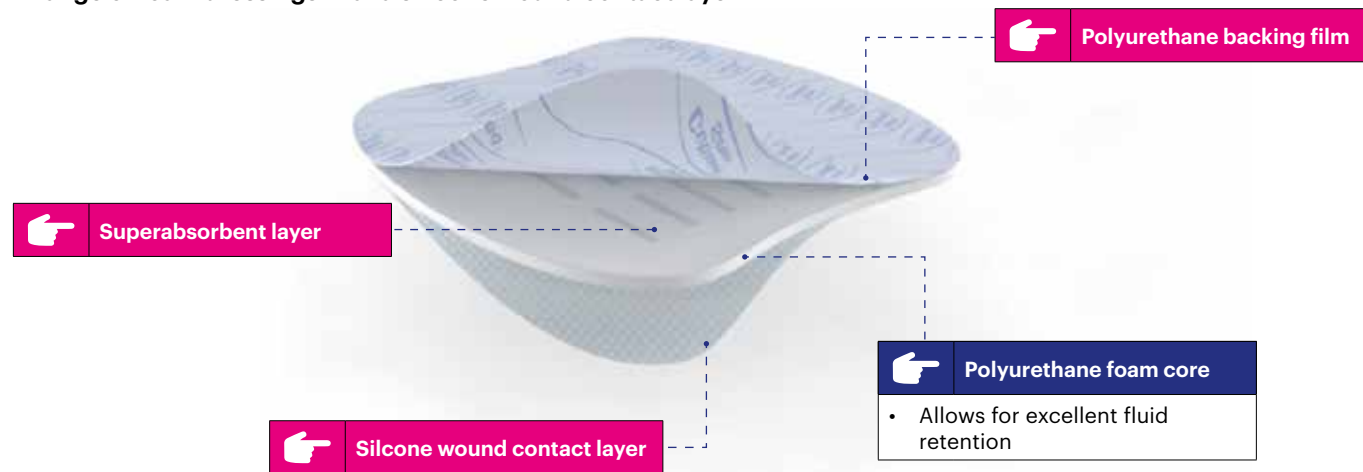


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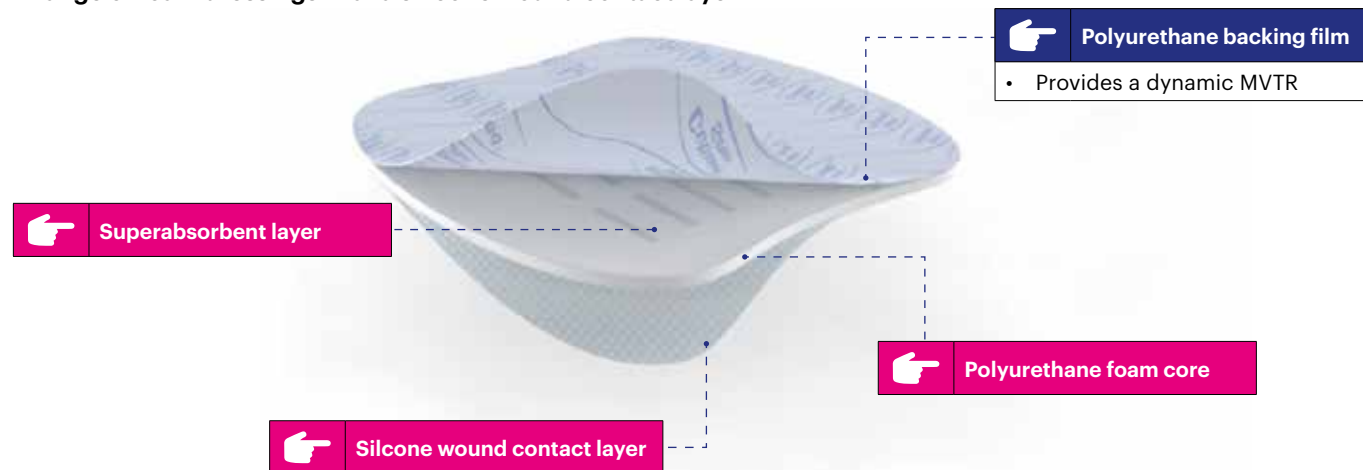


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[Click here for product video](#)

Cutimed® Siltec®

A range of foam dressings with a silicone wound contact layer



[Click here for more information](#)

[Click here for product video](#)

Cutimed® Epiona

A collagen dressing with hemostatic properties that supports wound healing



Cutimed® Epiona

A collagen dressing with hemostatic properties that supports wound healing

Reduces wound size

Up to 38% in three weeks¹⁶



Resorbable



Unique similarity to human collagen



Natural mode of action



[Click here for more information](#)

[Click here for product video](#)

Cutimed® Epiona

A collagen dressing with hemostatic properties that supports wound healing



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A collagen dressing with hemostatic properties that supports wound healing



Cutimed® Epiona

A collagen dressing with hemostatic properties that supports wound healing



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Compression treatment

Compression is the key component for the treatment of venous leg ulceration

When venous valves are compromised, a sustained compression at the ankle of 40mmHg (in the case of a venous leg ulcer) is the recommended pressure to support venous return¹⁷.

External pressure from compression:

- Increases the local tissue pressure
- Prevents the loss of capillary fluid
- Reduces oedema, allowing oxygen and nutrients to reach the wound
- Supports the calf muscle pump action and therefore venous return
- Prevents or reduces the fluid leakage which occurs with venous insufficiency

How compression works:

Click on a hotspot for more info



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1

Compression therapy applies external pressure to the limb, veins and any swollen tissues, preventing fluid from building up and helps the valves to function better



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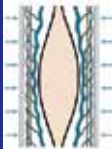

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How compression works:

Click on a hotspot for more info



2	The higher the stiffness of a compression garment, the higher the working pressure and the effect of the muscle pump
	The pressure, exerted onto the body from the outside with the muscles at rest, is called "resting pressure"
	"Working pressure" is exerted temporarily onto the body as the muscles are working and the diameter of the body part increases, pressing against the compression garment



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How compression works:

Click on a hotspot for more info



Graduated compression is strongest at the ankle and decreasing as you move up the limb



Compression treatment

Compression guide for the treatment of venous leg ulceration (VLU)

	2-layer hosiery kit	Wrap compression systems	Compression bandages
Suggested JOBST® solution	JOBST® UlcerCare	JOBST® FarrowWrap® range	JOBST® Compri2 / JOBST® Comprifore
Normal leg shape	✓	✓	✓
Low to moderate exudate	✓	✓	✓
High exudate*	✗	✓	✓
Carer able to apply*	✓	✓	✗
Limb distortion due to oedema	✗	✓	✓
Self-caring patient*	✓	✓	✗
Deep skin-folds	✗	✓	✓

*Case series has been developed to demonstrate super absorbent dressings were effectively used with JOBST® FarrowWrap® Strong variants⁸

*Need to be confident and deemed competent to safely apply compression

JOBST® FarrowWrap® Lite (20-30mmHg) can be considered for patient with mixed aetiology leg ulceration requiring reduced compression

JOBST® FarrowWrap® 4000 is indicated for the treatment of VLU where minimal limb shape distortion is present

Adapted from best practice statement: Holistic management of venous leg ulceration (2016)¹¹

JOBST Comprifore and JOBST Compri2 can be used to manage venous leg ulceration, when a bandage solution is required



2-layer hosiery kit: JOBST® UlcerCare



← NEXT



JOBST UlcerCare

Two-in-one compression system for the progressive management of venous leg ulcers

Suitable for patients with:

- Mild-moderate swelling
 - Active venous leg ulceration
(Can continue be worn after leg ulceration has healed to prevent recurrence)
 - Normal limb shape
 - Low-moderate exudate
 - Where the patient can self-care and can don compression hosiery or where there is carer involvement
 - Reduced time for clinicians
- 40mmHg**
- Outer medical stocking provides 23mmHg
 - Inner compression liner provide 15-20mmHg



Supported self-management for patients



Delivers a high stiffness factor to provide effective compression



Comes in seven sizes to fit a wide variety of leg shapes with ability to wear normal shoes and is available with a zipper option

Colours



Beige Black



[Click here for product information](#)

JOBST UlcerCare Liners

Worn on its own, the liner can offer reduced compression and can be worn during the night.

- May be worn 24 hours a day to hold a wound dressing in place
- Integrated heel and toe
- Contains silk
- Washable at 60°C for hygienic use

15-20mmHg

Colours



White

[Click here for product information](#)



JOBST UlcerCare



Print / open the relevant order form



Measure your patient



Complete the form



Use the garment description from the form to raise the order

For ease of ordering, use [JOBST Online](#)

If you require a made-to-measure garment or an accessory not on prescription, please fax form to Customer Services on **0845 122 3450** or email to compression.uk@jobst.com

Application Video



Measuring Video



[Click here for product order form](#)



**Wrap compression
systems:**

JOBST®

FarrowWrap®



NEXT



Wrap compression systems - introduction

Wrap compression systems offer the benefits of multilayer bandaging without the complexity of application.



The system allows patients to adjust the compression themselves as swelling reduces without the need for additional clinician support



Engineered for easy application



Allows patients to wear everyday clothes and foot wear



Short-stretch overlapping bands efficiently control oedema

JOBST FarrowWrap video



Wrap compression systems – which patients?



Chronic oedema

Patients with swelling resulting from lymphoedema and venous oedema:

- With fluctuations in limb swelling
- In decongestive and / or maintenance phases



Venous leg ulcer

Patients with open wounds between the knee and the ankle:

- Enables patient to change dressings as required
- Allows patient to remove to carry out personal hygiene routines



Larger body sizes

Patients unable to don or unsuitable for compression garments / bandages through:

- Obesity
- Overweight or larger body sizes
- Irregular shape of limbs
- Skin folds



Physical limitations

Patients unable to apply or remove compression hosiery / bandaging due to:

- Arthritis or weak hand strength
- Back problems
- Sensitive or fragile skin at risk of breakdown
- Relying on carer-support



Colours



Tan



JOBST FarrowWrap Lite

Made with a double laminated fabric which is durable and soft. Contains a lower level of compression than other JOBST FarrowWrap products and is suitable for patients with mild to moderate oedema.

- Support patient when reduced compression is required
- Can support patients with sensitive skin
- Liner included

Styles available on Drug Tariff



Footpiece Legpiece Kneepiece Thighpiece*

*Thighpiece comes with knee piece

[Click here for product information](#)

Garment Care



Machine wash 30°



Do not bleach



Do not tumble dry



Lay flat to dry



Do not iron



Do not dry clean



Colours



Tan



JOBST FarrowWrap Strong

Made from durable fabric with a soft inner layer recommended for patients with moderate to severe oedema.

- Suitable for skin folds and shape distortion
- Suitable for treatment of an active venous leg ulcer
- Reliable hold for fluctuating oedema
- Liner included

Styles available on Drug Tariff



Footpiece Legpiece Kneepiece Thighpiece*

*Thighpiece comes with knee piece

[Click here for product information](#)

Garment Care



Machine wash 30°



Do not bleach



Do not tumble dry



Lay flat to dry



Do not iron



Do not dry clean



Tan



JOBST FarrowWrap Classic

Made from more rigid material than JOBST FarrowWrap Strong and recommended for patients with moderate to severe oedema.

- Suitable for irregular shaped limbs and deep skin folds
- Suitable for more stubborn oedema and rebound oedema
- Designed to sit flat against skin folds and not dig into the skin
- Liner included

Styles available on Drug Tariff



Footpiece



Legpiece



Thighpiece*

[Click here for product information](#)

Garment Care



Hand wash in warm water



Do not bleach



Do not tumble dry



Lay flat to dry



Do not iron



Do not dry clean

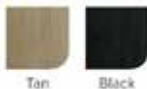
*Thighpiece comes with JOBST FarrowWrap Strong knee piece



Note: Open wounds must be covered with an appropriate dressing before the compression garment is applied.



Colours



Tan

Black

30 - 40mmHg

JOBST FarrowWrap 4000

Made with an inner sleeve to aid donning. Ideal for patients with mild to moderate oedema with or without a venous leg ulcer present.

- Designed for easy application with just four bands
- Suitable for the treatment of venous leg ulceration
- Comes with a JOBST FarrowHybrid compression sock (20-30mmHg wide)

Styles available on Drug Tariff



Legpiece JOBST FarrowHybrid

*JOBST FarrowHybrid replacement liners are available on Drug Tariff

[Click here for product information](#)

Garment Care



When you order a JOBST FarrowWrap 4000 you will receive 1 x JOBST FarrowHybrid (20-30mmHg)

JOBST FarrowHybrid	X-small	Small	Medium	Large
Size received	Medium-wide	Medium-wide	Large-wide	Large-wide*

*Do not order JOBST FarrowHybrid if calf circumference exceeds 60 cm. When a large JOBST FarrowWrap 4000 is ordered, an additional non-compressive liner will be provided to accommodate calf circumference greater than 60 cm. Consider a JOBST FarrowWrap footpiece in this circumstance.

Wrap compression systems: measuring

Measuring and ordering guides



Print the relevant order form
(link to order form on the right)



Measure your patient
(link to measuring list on the right)



Complete the form



Use the garment description from the form to raise an order

For ease of ordering, use **JOBST Online**

If you require a made-to-measure garment or an accessory not on prescription, please fax form to Customer Services on **0845 122 3450** or email to compression.uk@jobst.com

Order forms:

JOBST FarrowWrap order forms can be downloaded via the links below
(NOTE: these forms can also be used to request a prescription or order, including a made-to-measure garment direct from Essity):

👉 **JOBST FarrowWrap below knee order form**

👉 **JOBST FarrowWrap thigh high order form (prescription)**

👉 **JOBST FarrowWrap thigh high order form (direct)**

👉 **JOBST FarrowWrap 4000 order form**

Measuring information

Below are step-by-step measuring guides for each JOBST FarrowWrap piece

Select the wrap piece you need to measure for, to jump straight to that video



Footpiece



Thighpiece



Legpiece



4000



Wrap compression systems - application

JOBST FarrowWrap was engineered for easy application and can offer all the benefits of multilayer bandaging without the complexity of application. The overlapping material supports consistent self-application without the need for specialised intervention by health care professionals. The overlap provides the support needed to efficiently control oedema and help reduce the risk of swelling forming between the bands.



👉 Footpiece



👉 Legpiece



👉 Thighpiece



👉 Kneepiece



👉 JOBST FarrowWrap 4000





Compression bandages: JOBST® Compri2, Compri2 Lite & JOBST® Comprifore



← NEXT



JOBST Comprî2 and JOBST Comprî2 Lite

Two-layer compression bandage system, for the treatment of venous leg ulcers

- Provides sustained compression up to 7 days
- Short-stretch system delivers high working pressure and low resting pressure
- Indicator on outer bandage ensures appropriate compression levels are supplied
- Latex free



Available in JOBST Comprî2 Lite for reduced compression



Print / open the relevant order form



Measure your patient



Complete the form



Use the garment description from the form to raise the order

Application:



Application Video



Click [here](#) for more information

For ease of ordering, use
JOBST Online

If you require a made-to-measure garment or an accessory not on prescription, please fax form to Customer Services on **0845 122 3450** or email to compression.uk@jobst.com

JOBST Comprifore

Four-layer compression bandage system for the treatment of venous leg ulcers

- Kits designed for ankle circumferences of 18-25cm
- Can be adapted for larger or smaller ankles, using additional components
- Provides sustained, graduated compression (around 40mmHg at the ankle), for up to 7 days



Available in JOBST Comprifore Lite for reduced compression



Print/open the relevant order form



Measure your patient



Complete the form



Use the garment description from the form to raise the order

Application:



Application Video



Click [here](#) for more information

For ease of ordering, use
[JOBST Online](#)

If you require a made-to-measure garment or an accessory not on prescription, please fax form to Customer Services on **0845 122 3450** or email to compression.uk@jobst.com



Preventing recurrence of VLUs



← NEXT



Preventing recurrence of VLUs

Introduction

A treatment care plan should be put in place to prevent recurrence once a VLU has healed.

This includes⁴:

- Maintenance of healthy skin – a good skin care regimen
- Ongoing therapeutic compression therapy
- Regular review depending on need and risk of recurrence
- Suitable exercises
- Patient education on the risk of leg ulcer recurrence
- Compression should be a long-term option for patients who have had a VLU¹⁸
- RAL compression garments reduce the rate of VLU recurrence from between 18-20% to 5.8%¹⁹



Preventing recurrence of VLUs: Compression

Guide for the prevention of venous leg ulcer recurrence using compression hosiery

	Circular-knit hosiery	Wrap compression systems	Made-to-measure, flat-knit hosiery
Suggested JOBST® solution	JOBST® ready- to-wear range	JOBST® FarrowWrap® range	JOBST® Elvarex® range
Normal leg shape	✓	✓	✓
Limb distortion	✗	✓	✓
Mild to moderate swelling	✓	✓	✓
Patients ability to apply compression	Good	Poor	Good

JOBST® UltraSheer

Ready-to-Wear RAL compression hosiery

JOBST UltraSheer is a range of ready-to-wear, circular-knit hosiery designed to offer effective, therapeutic compression for the management of lymphatic and venous diseases.

Styles



Knee high



Thigh high



Tights

Colours



Natural



Bronze



Caramel



Café



Anthracite



Black



Breathable



Shimmering



Transparent



[> Click here for more information](#)

JOBST® Opaque

Ready-to-Wear RAL compression hosiery

JOBST Opaque is a range of ready-to-wear, circular-knit hosiery for the treatment of mild to moderate lymphoedema and venous disease.

Styles



Knee high



Thigh high



Tights

Colours



Natural Black Caramel Bronze Navy



Concealing



Moisture Management



Soft Touch



[> Click here for more information](#)

JOBST® *forMen* Ambition

Ready-to-Wear RAL Compression Hosiery

The medical compression sock is indistinguishable from a man's dress sock. The functional and timeless ribbed design makes JOBST® *forMen* Ambition the perfect companion for work.

Styles



AD
Knee High

Colours



Black Dark Grey Brown Navy Khaki

[> Click here for more information](#)



Cotton



Moisture
Management



Odour Control



JOBST® *forMen* Explore

Ready-to-Wear RAL compression hosiery

The effective medical compression sock provides the perfect combination of durability and comfort. The high cotton content makes JOBST forMen Explore the versatile companion for work and leisure.

Styles



Knee High

Colours



Black Dark Grey Navy Khaki



Cotton



Durable



Odour Control



[> Click here for more information](#)

JOBST® UltraSheer, JOBST® Opaque and JOBST® forMen



Print / open the relevant order form



Measure your patient



Complete the form



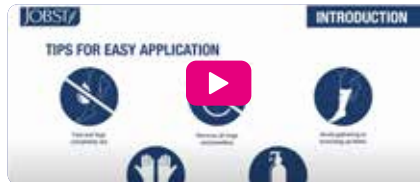
Use the garment description from the form to raise the order

For ease of ordering, use
JOBST Online

If you require a made-to-measure garment or an accessory not on prescription, please fax form to Customer Services on **0845 122 3450** or email to compression.uk@jobst.com



Application Video



Measuring Guides:



Measuring for JOBST UltraSheer and JOBST Opaque



Measuring for JOBST forMen



[Click here](#) for order form

Patient supported self-care

Supporting patients to feel empowered with their care can be the key to prevention

Things to consider when looking at self-care for patients with venous leg ulcers include:



Patient advice for supported self-care

Make sure that your patient knows what to look for and when to ask for more help:

- The garment should be firm-fitting and comfortable, but never too tight or painful.

If the patient notices any:

- Tingling
- Pain
- Numbness
- Developing an infection

They must call and ask for help immediately.

Support systems are important to ensure that your patient knows where to go to ask for help, this includes:

- Patients have contacts for accessing dressings and supplies
- Knowing how and when to call NHS 111.

← [CASE self-care](#)

← [Self-care for compression](#)



Treatment guide for VLUs

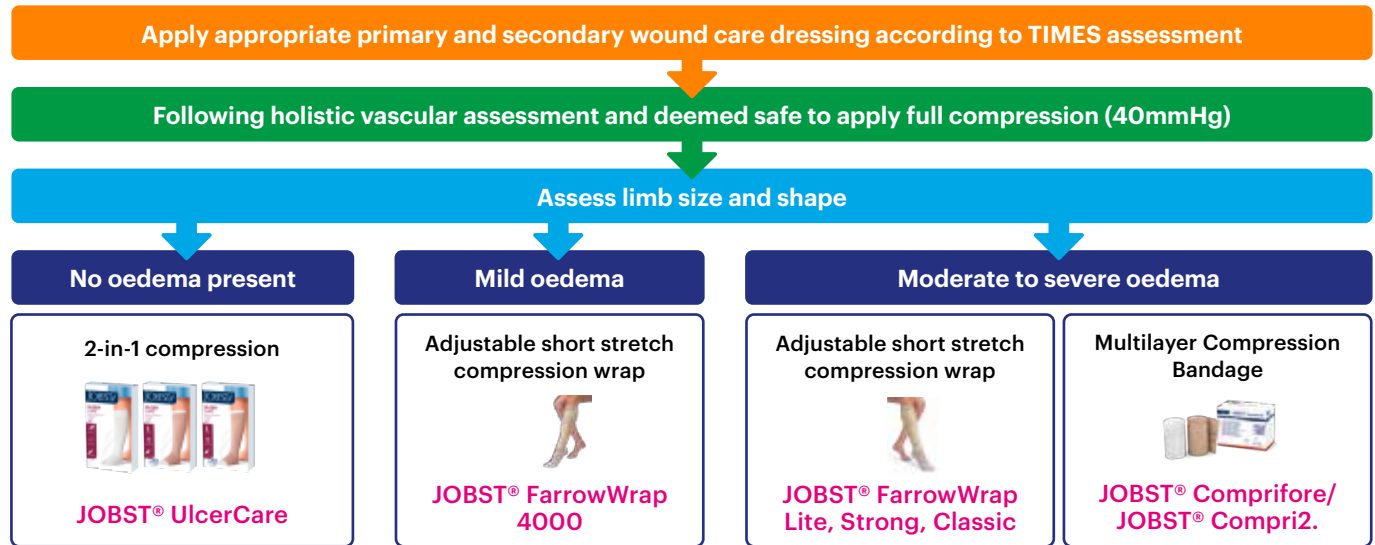


← NEXT



Treatment guide for VLUs

This treatment guide will support your selection and use of compression therapy
(once a venous leg ulcer diagnosis has been confirmed)



Re-evaluate treatment plan regularly to monitor progress. If no progression in healing conduct a full holistic assessment.

References

1. NHS, peripheral-arterial-disease website: <https://www.nhs.uk/conditions/peripheral-arterial-disease-pad/> (accessed 26/02/2021)
2. DermNet New Zealand Trust (2021) website: <https://www.nhs.uk/conditions/peripheral-arterial-disease-pad/> (accessed 26/02/2021)
3. WebDM LLC (2021) website: <https://www.webmd.com/dvt/dvt-venous-insufficiency> (accessed 26/02/2021)
4. National Institute for Health and Clinical Excellence (2021) website: Interpretation of ABPI | Diagnosis | Leg ulcer - venous | CKS | NICE (accessed 05/03/21)
5. Eklöf, B. Rutherford, R.B. Bergan, J.J. Carpentier, P.H. Gloviczki, P. Kistner, R.L. Meissner, M.H. Moneta, G.L. Myers, K. Padberg, F.T. Perrin, M. Ruckley, C. V. Smith, P.C. Wakefield, T. W. (2004), "Revision of the CEAP classification for chronic venous disorders: Journal of Vascular Surgery Vol. 40(6) pp1248-1252
6. Wounds UK. (2016), Best practice statement: holistic management of venous leg ulceration, Wounds UK Available to download from: www.wounds-uk.com
7. Guest, J.F. Ayoub, N. McIlwraith, T. Uchegbu, I. Gerrish, A. Weidlich, D. Vowden, K. Vowden, P. (2015), "Health economic burden that wounds impose on the National Health Service in the UK", British Medical Journal, Vol.5 (12), p.e009283-e009283 website: <http://bmjopen.bmj.com> (accessed 16th March 2016)
8. Xie, T. Ye, J. Rerkasem, K. Mani, R. (2018), "The venous ulcer continues to be a clinical challenge: update", Vol. 6(1), pp18-18
9. National Wound Care Strategy Programme (2020), Lower Limb: Recommendations for Clinical Care, NWCSP.
10. Vowden P, Vowden K (2001) Doppler assessment and ABPI: Interpretation in the management of leg ulceration. World Wide Wounds. Available online at: <http://www.worldwidewounds.com/2001/march/Vowden/Dopplerassessment-and-ABPI.html> (accessed 26/02/2021)
11. Wounds UK. (2016), Best practice statement: holistic management of venous leg ulceration Wounds UK . Available to download from: www.wounds-uk.com
12. Wounds UK. (2019), Best Practice Statement: Ankle brachial pressure index (ABPI) in practice. London: Wounds UK. Available to download from: www.wounds-uk.com
13. Mosti et al. Comparative study of two antimicrobial dressings in infected leg ulcers: a pilot study. J Wound Care. 2015 Mar;24(3):121-2; 124-7
14. Panca, M., et al. (2013): "Clinical and cost-effectiveness of absorbent dressings in the treatment of highly exuding VLU's", Journal of Wound Care, Volume 22., Number 3.
15. Bronsterng, K., Maassen, A. (2014): "Reduced odour and pain as indicators for quality of life in wound patients – results of an observational study", Poster präsentiert beim Middle East Wounds and Scar Meeting, Dubai
16. Sabo, M, et al., 'A Post-marketing Surveillance Study of Chronic Wounds Treated With a Native Collagen Calcium Alginate Dressing', Ostomy Wound Management, 2018
17. Wounds UK Best practice Statement (2019), Addressing complexities in the management of venous leg ulcers. London Wounds UK. Available to download from: www.wounds-uk.com
18. Todd, M, Lay-Flurrie, K. Drake, J, (2017), "Managing ulceration and lymphorrhea in chronic oedema", British Journal of Community Nursing, Vol 2(s5), pps32-s41
19. Dowsett (2011) "Treatment and prevention of recurrence of venous leg ulcers using RAL hosiery", Wounds UK, Vol. 1



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