NHS
Suffolk and North East Essex

Suffolk and North East Essex Lower Limb Compression Formulary

Final version 1.0 – June 2024

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Introduction

Scope and Purpose

This formulary has been developed as a resource tool, to support and guide all Health Care Professionals (HCP'S) in selecting the most appropriate products to use in practice for patients with Chronic Venous Insufficiency (CVI) that require Lymphoedema or Venous compression treatment in the management of their chronic oedema and / or active leg ulceration, within Suffolk and Northeast Essex primary care settings.

Best Practice is to provide a holistic patient assessment of all patients presenting with lower limb conditions and treating with compression if appropriate. This guide aims to provide the information, tools, and resources to do this.

It is the responsibility of the HCP to identify their learning needs and ensure competence to practice.

Stakeholders

This formulary has been prepared by Suffolk and Northeast Essex Medicines Management Teams, in consultation with Lymphoedema, Vascular, Tissue Viability Specialists and representatives from primary and secondary care.

Product Inclusion

The products listed within this document have been selected for inclusion, following evaluation and review in collaboration with our specialist stakeholder professionals. The product list should be sufficient to cover most patients' needs. In exceptional circumstances other products may be prescribed, where formulary products are found to be inadequate or unsuitable.

Resources

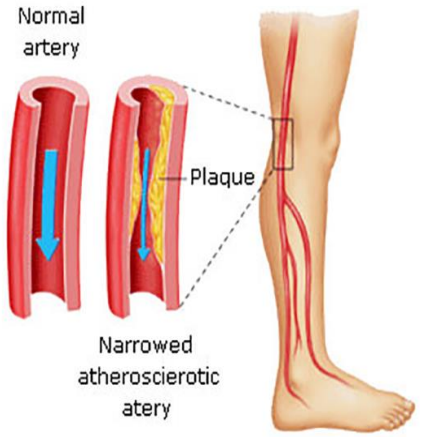
The most up to date version will be available via the ICB websites below:
https://suffolkandnortheastessex.icb.nhs.uk/health-and-care-professionals-area/medicines-management/appliances

Conditions of the Lower Limb

Peripheral Arterial Disease (PAD)

Is a narrowing or occlusion of the peripheral arteries, affecting the blood supply to the lower limbs. It is most caused by atherosclerosis, a build-up of fatty substances called plaque to the arteries.
Intermittent Claudication is the most common symptom of PAD. Diminished circulation can lead to pain in the lower limb when walking, exercising, or elevating.
Other signs and symptoms include:

- Coldness in the lower leg or foot.
- Weakness or altered sensation.
- Change in colour of the legs.
- Loss of hair or slow growing toenails.
- Shiny skin.
- Weak pulses.



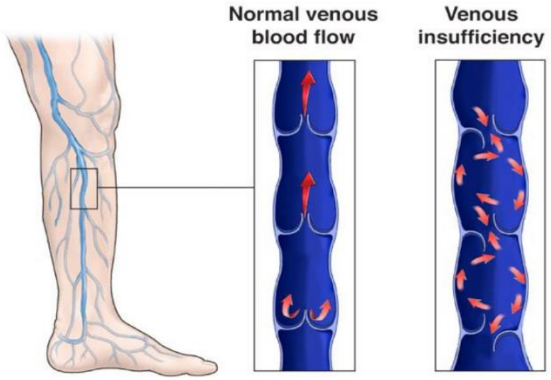
Chronic Venous Insufficiency (CVI)

Normal venous blood flow is characterised with good venous return, active calf muscle pump and functioning valves in the vein. With chronic venous insufficiency, blood 'pools' in the veins causing poor venous return from the lower limb to the heart, which increases the venous pressure. Prolonged venous hypertension can cause enlarged veins, oedema, and venous skin changes. These include Hyperpigmentation, Venous Eczema, Lipodermatosclerosis and Atrophy Blanche. As the condition of the skin and subcutaneous tissue worsens, it becomes increasingly vulnerable to ulceration.

Other signs and symptoms include:

- Swollen feet.
- Pain aggravated by standing.
- Leg cramps.
- Thickening of skin around ankles.
- Varicose veins.
- Itchy or throbbing legs.





Acute / Chronic Limb Ischaemia



Chronic Limb-threatening ischemia is inadequate tissue perfusion defined by ischaemic rest pain with or without tissue loss (e.g., ulcers, gangrene, or infection).

Acute limb ischaemia is a sudden decrease, usually over less than two weeks, to limb perfusion that threatens limb viability.

Critical Limb Ischaemia is an advanced stage of peripheral artery disease when circulation is severely impaired causing imminent risk of limb loss.

Other signs and symptoms include (5 P's):

- Pain in the foot especially at night.
- Pale appearance of the limb.
- Paralysis or Abnormal sensations in the limb.
- Perishing Cold limb.
- Pulselessness.



The National Wound Care Strategy defines lymphoedema as a gradual build-up of lymph fluid in the tissues resulting from a failure of the lymphatic system. This progressive, chronic condition manifesting as swelling to one or more limbs. This is a chronic condition, causing pain and discomfort and increased susceptibility to infection i.e. acute cellulitis. It can lead to breakdown of the skin in conjunction with venous leg ulceration. Therefore, alleviating symptoms and reducing risks of infection with appropriate management is essential.

PROCESS:

- Check for signs of infection, thrombosis, breathlessness, loss of sensation.
- Complete HOLISTIC ASSESSMENT.
- ABPI Doppler Assessment.
- Lifestyle factors to manage oedema: medication, diet and exercise, fluid management.
- Commence RAL or Wrap compression garment (if ABPI is between 0.8-1.3).

REFER:

- Swelling in upper limbs, genitals, head, and neck refer straight to Lymphoedema.
- Where conservative management and compression garments are unsuccessful.

If ABPI below 0.8 or above 1.3 or red flags present – refer to Vascular for assessment



Venous Leg Ulcer

A leg ulcer is defined as a loss of skin below the knee on the leg or foot with has not healed within 2 weeks. A venous leg ulcer occurs in the presence of venous disease and is the most common type of leg ulcer, accounting for 60-80% of cases occurring in the gaiter area of the leg (ankle to mid-calf).

NICE states that they are caused by sustained venous hypertension, which results from chronic venous insufficiency or an impaired calf muscle pump. Risk factors include obesity, immobility, varicose veins, and deep vein thrombosis.

Risk factors for venous leg ulcer include any condition that increases the pressure in the veins of the lower limb, or results in damaged valves.

Description: Shallow, flat margins. Moderate to Heavy Exudate. Sloughy base with granulation tissue at edges. Limb Oedema.



Arterial Leg Ulcer

Ulcers due to peripheral arterial disease often have a 'punched out appearance' with defined edges. These are identified alongside symptoms of peripheral arterial disease.

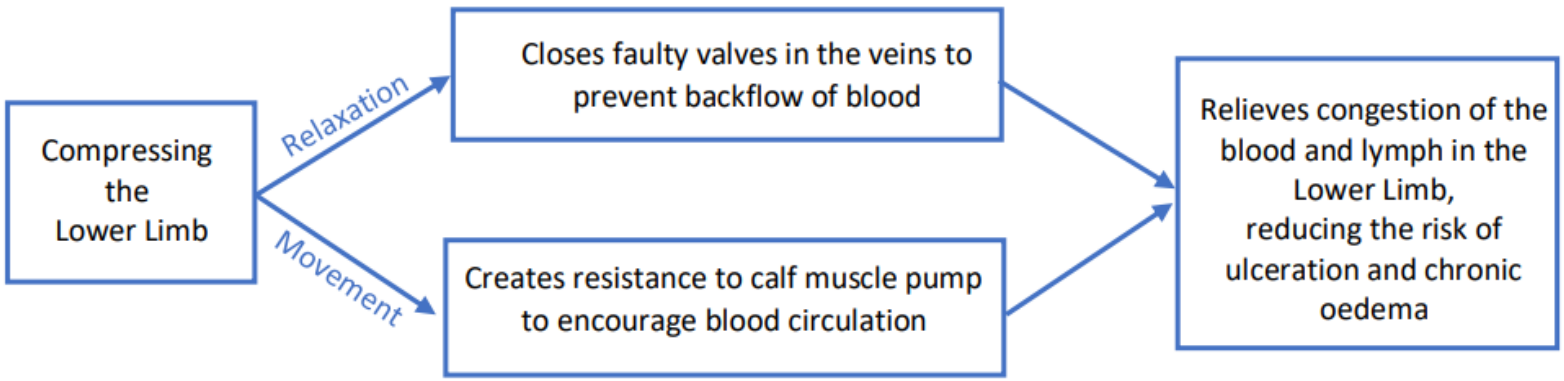
Description: Often on the toes or pressure points, pale cyanotic limb on elevation, surrounding skin is often shiny, thin, taut with reduced hair growth. Presence of necrotic tissue, minimal exudate unless infected.



Mixed Arterial and Venous Leg Ulcers

There is no precise definition for mixed arterial and venous ulcers, though is described when patients present with symptoms of chronic venous insufficiency and peripheral arterial disease. This can be found in 10% of patients with an ankle brachial pressure index greater than 0.5 to less than 0.8 following a doppler ultrasound and physical assessment.

How does compression therapy work?

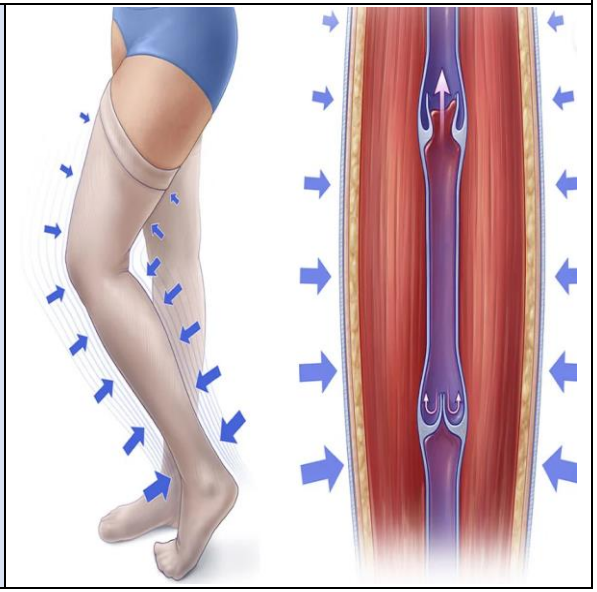


Choosing a Compression Garment: If the patient has been assessed as safe to compress, the clinician and patient must decide which is the most appropriate compression garment to use. When treating leg ulcers, it is recommended by Wounds UK that all patients receive full compression of at least 40mmHg if the vascular assessment deems this as appropriate and safe.

Compression should be considered as <u>'first line treatment'</u> to optimise wound healing and acute/chronic disease management.

Compression therapy is essential for helping improve blood flow in lower legs, it helps to clear blood and fluid from your legs. It plays a key role in the prevention and management of skin changes because of venous and lymphatic disease and to optimise wound healing. It should be implemented as early as possible, including in patients assessed as being at risk of developing leg ulceration, for example with oedema, pain, or changes to lower limb.

Following a holistic assessment, if compression has been deemed as safe for use in the individual patient, best practice is for compression therapy to be commenced.
Compression therapy options vary in the type of garment, degrees of compression, fabric, stiffness, size, and length. These variances can lead to confusion and inconsistency in selecting and prescribing compression. This formulary aims to provide information and guidance on the types of compression garments, assessing patients for this and how to select the appropriate garment for the patient.



Types of Compression Garments

COMPRESSION BANDAGES	A traditional **treatment used for patients who are assessed as having reducible oedema or patients with high exudate levels**, before commencing a garment. A dressing may be needed to manage excess fluid and prevent leaking. If there is swelling and the limb shape is distorted, padding may be used to restore shape so that compression is delivered effectively. As bandaging can be hot and bulky, restrict movement and independence, it should be used in the short term. Once wound size, exudate volume and swelling are reduced, a wrap or hosiery can be used. Bandages can be either elastic or inelastic.	
COMPRESSION WRAPS	Medical compression garments that are constructed from short-stretch material and applied as straps around the limb and secured with VELCRO fasteners. They produce a therapeutic compression value (low resting pressure, high working pressure) and are being used more in practice due to ease of application and self-care. Some brands have markers or indicators which show where the fasteners need to be to deliver effective compression. Compression wraps have the advantage of being removable giving the wearer freedom to remove it, for example, to shower or carry out a dressing change. Suitable for**: lymphoedema management and patients that want to self-care.**	
COMPRESSION HOSIERY	Available in many different forms and the choice of what to use is influenced by individual needs. Options vary in stretchiness, levels of compression, stiffness, fabric, colour, size, length, and whether they are closed or open toe. Compression hosiery is a single garment and can be selected off-the-shelf in standard sizes, or made-to-measure for the individual. This garment is **only suitable for patients without oedema or limb distortion.**	
HOSIERY KITS	Compression hosiery kits are commonly used for **treating venous leg ulcers** and consist of two garments worn one of top of the other, which equal 40mmHg when both applied. Hosiery kits are designed to be worn 24 hours a day, but the outer layer can be removed at night, although this is not essential. Hosiery kits can be British standard or RAL, depending on the limb assessment. Suitable for**: low to moderately exuding wounds, with no reducible oedema and patients wanting to self-care.**	

Types of Compression Hosiery

Compression Hosiery can be constructed in two ways:	**Circular knit** has no seam and is knitted on a cylinder with circular needles. The fabric tends to be finer, so more cosmetically acceptable.
	Flat Knit the edges of a flat fabric are sewn together creating a seam. The fabric tends to be relatively thick and stiff to allow it to lie against skin folds without cutting the skin.

British Standard

The degree of compression is lower in British Standard garments in comparison to other standards. British standard garments are made from thin, light fabrics which are developed using a circular knit fabric which means it is more elastic and are seen are more cosmetically acceptable. They provide effective compression to heal venous leg ulcers and maintain healing. However, they are only suitable for patients with up to minimal oedema and no limb distortion.

European Class (or RAL)

Levels within these classes are higher than British standard and are available in circular and flat knit garments. If oedema is diagnosed, European Class, also referred to as RAL Hosiery, can be used to prevent deterioration or reoccurrence once limb volume has been reduced with compression bandaging. European Class compression garments are more likely to encourage lymphatic movement and reabsorption of the lymph in the vessels, containing the oedema. This is due to the greater stiffness of the fabric used. The degree of compression is different between these two types of compression hosiery, as illustrated in the table below.

Compression Class	British Standard	European Standard (RAL)	Indications
Class 1 (mild)	14-17 mmHg	18-21mmHg	- Superficial or early varices. - Tired, aching legs. - Ankle flare - Varicose during pregnancy - Mild Hyperkeratosis - Used for prevention of leg ulcers.
Class 2 (moderate)	18-24mmHg	22-32mmHg	- Chronic oedema - Lower limb ulcers - Varicose Eczema - Moderate Hyperkeratosis
Class 3 (strong)	25-35mmHg	33-46mmHg	- Post Thrombotic Venous Insufficiency - Gross Oedema - Ulcer treatment - Lymphoedema - Lipoedema - Lymphorhoea (wet legs)

Assessment: Immediate and Necessary Care

Step 1: Assess for Red Flags

1. **Immediately escalate to the relevant clinical specialist, those with the following 'red flag' symptoms/ conditions:**
   - Acute infection[12] *(e.g., increasing unilateral erythema, swelling, pain, pus, heat).*
   - Symptoms of sepsis[13].
   - Acute or suspected chronic limb threatening ischaemia[14 15], *(e.g., PAD **in combination** with rest pain, gangrene, or lower limb ulceration >2 weeks duration).*
   - Suspected acute deep vein thrombosis[16] (DVT).
   - Suspected skin cancer.
   - Bleeding varicose veins[5].

Step 2: Assess Skin and Wound

➢ **Clean wound and surrounding skin**

When oedema is present, the skin is more vulnerable to infection. This is due to the build-up of fluid within the tissues, which can lead to skin breakdown and ulceration. When skin is broken and/or ulcerated, this can allow bacteria to enter the body and develop an infection. Skin infections can damage the lymphatic system, increasing the risk of developing lymphoedema. Therefore, good skin care is important to maintain skin integrity. This can be done by washing and moisturising the skin daily with a soap substitute. Please see the product list below for formulary emollients available on prescription.

Please note – any patients with mild dry skin should be encouraged to purchase emollients over the counter (OTC)

➢ **Treat any wound infection.**

In line with NICE Guideline (NG152) Leg Ulcer Infection antimicrobial prescribing.

➢ **Record image or description of wound.**

➢ **Dress the wound.**

Apply simple, low adherent dressing (with sufficient absorbency)

➢ **Apply Compression.**

If no red flags present and the patient is at low risk of pressure damage over bony prominences the patient should be offered mild graduated compression (20mmHg or less). Closely monitor skin integrity and signs of vascular insufficiency if there is known or suspected impaired sensation.

Assessment: Early Intervention and Diagnosis

Step 3: Holistic Assessment

HOLISTIC ASSESSMENT

> Previous Medical History

> Medications

> Limb Assessment

> Wound assessment

> Pain assessment

> T.I.M.E.S (Tissue, Infection, Moisture, Edges of wound)

RED FLAGS

Local Infection
- Antimicrobial dressing
- Analgesia
- Review after two weeks

Red Hot Swollen Legs THINK SEPSIS!
- ABCDE assessment
- Medical input
- Antibiotics

Limb Threatening Ischaemia
(Peripheral Arterial Disease (PAD), Leg pain at rest, gangrene, lower limb ulcer – more than two weeks)
= URGENT REFERRAL TO VASCULAR SERVICE

Suspect DVT
Suspect Skin Cancer
Bleeding Varicose Veins
= DISCUSS WITH GP

NO RED FLAG SYMPTOMS

Apply 20mmHG compression Class 1 Hosiery.

Arrange ABPI Within 14 days.

APBI Result

<0.5 – STOP compression. Urgent referral to Vascular.

0.5-0.8 – Mixed disease. Consider 20mmHg or less. Refer to TVN/ Vascular.

0.8-1.3 - Apply Class 2 compression 40mmHG.

>1.3 – Continue 20mmHG and seek advice.

Does the Patient have a LOWER LIMB WOUND?

(If diabetic foot ulcer, refer to diabetic foot clinic)

Is EXUDATE controlled?

YES

Apply: Leg Ulcer Kit or Hosiery.
1. Mediven Ulcer Kit
2. Sigvaris Ulcer X Kit

Self-Care Option - Wrap System:
1. EasyWrap
2. Juxta Wrap

NO

Apply: bandaging system over wound dressing:
- URGO K2

***If oedema present:**
- Actico inelastic compression bandage

Is **OEDEMA**, swelling or limb distortion present?

NONE

Apply: Leg Ulcer Kit or Hosiery
1.Duomed Soft
2. Activa

SELF CARE OPTION:
Easy Wrap
Juxta Lite Wrap
Ready Wrap

MILD-MODERATE
Subsides with elevation

Apply: RAL / EU Class Hosiery
1. Mediven
2. Sigvaris Essential Cotton

MADE TO MEASURE where clinically necessary:
1. Haddenham Pertex
2. Mediven Mondi

HIGH
Extensive Oedema with fibrotic tissue and limb distortion

Apply: Compression bandaging with limb reshaping

If there is Lymphoedema present?

(Lipodermatosclerosis, Skin folds, Severe Hyperkeratosis, Papillomatosis, Lymphangiomata, Lymphorheoa (wet legs), Lipoedema)

Where conservative options and compression garments trialled are unsuccessful – refer to Lymphoedema service for assessment



Assessment: Early Intervention and Diagnosis

Step 3: Holistic Assessment

Within 14 days: assess and identify causes and risk factors for non-healing by undertaking and documenting a comprehensive assessment that includes:

- Full Medical History, including any previous history of leg ulceration.
- Review of medication
- Pain and analgesia
- Psychosocial needs
- Infection risk
- Nutrition
- Record of images
- Limb assessment - which includes:
  - Assessment of sensation
  - Peripheral Vascular assessment, including an Ankle Brachial Pressure Index (ABPI)
  - Skin and Lymphoedematous changes
- ***Wound/Skin Assessment -*** *To assist in the recording and monitoring of specific wounds, please refer to assessment tools incorporating best practice, such as ASSKIN / TIMES*

Referral to specialist if required

Doppler Ultrasound Assessment

A doppler ultrasound should be completed for patients presenting with a lower leg wound or symptoms of chronic venous disease **within 14 DAYS** of presentation. This assessment will provide healthcare professionals with an ankle brachial pressure index (ABPI) reading to measure the vessel competency. Doppler Ultrasounds should only be completed by trained and competent healthcare professionals.

NICE (2021) recommend that doppler studies should be repeated every 6-12 months, or earlier if clinically indicated *- For guidance on the use of automated doppler devices, please see this document.*

Further information on the use of **Automatic Doppler Devices** can be found on SNEE ICB Appliance Webpage: Guidance on the use of automated doppler devices 2024

APBI Readings

An ABPI should not be undertaken in isolation, but in conjunction with a holistic assessment.

The ABPI values should always be interpreted in the context of signs and symptoms. If a patient ABPI is within normal range (0.5 to 1.2) but has symptoms of peripheral arterial disease (such as intermittent claudication or rest pain), then consider a referral for a vascular assessment.

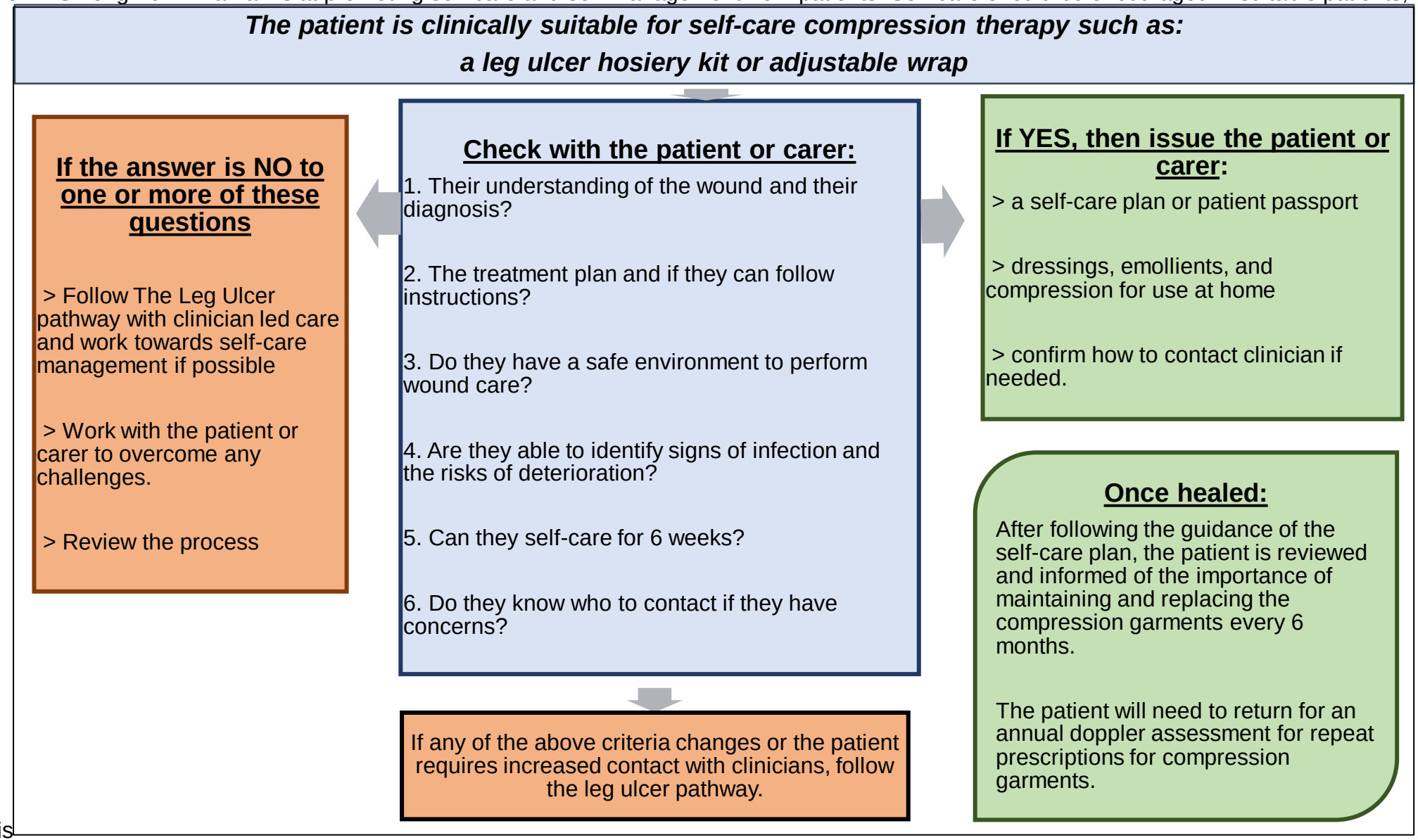
ABPI	ACTION	REVIEW
Less than 0.5 Indicates Peripheral Arterial Disease (PAD)	**DO NOT COMPRESS** **Urgent Vascular Referral required**.	Requires frequent reassessment of PAD
0.5-0.8 Degree of PAD	Assess for red flags. Continue assessment. Refer to vascular or Tissue Viability Team and obtain advice before considering reduced compression (20mmHG or less)	If commencing reduced compression, reassess frequently for PAD.
0.8 -1.3	Suitable for full compression (40mmHg)	Reassess every 6-12 months or sooner if patient presents with any other change in symptoms or condition.
Higher than 1.3 Arterial Calcification may be present.	Assess for red flags. Continue assessment. If pulse sounds are monophasic this may indicate false high readings. Ankle vessels may be non-compressible, indicating severe calcification, which is more commonly seen in people with diabetes. Falsely high readings may be a result of poor Doppler procedure and needs to be reviewed by a specialist nurse. Toe pressure may be advised. Seek the advice of specialist.	Reassess frequently or sooner if patient presents with any other change in symptoms or condition. Obtain advice before vascular referral and before considering compression.

Please see below link to SNEE ICB Appliances webpage – Wound Care and Compression Garments, to access a copy of the **Leg ulcer assessment and management competency pack** (shared with permission of author).

Appliances - NHS Suffolk and North East Essex ICB

Self-Care Pathway

The NHS Long Term Plan aims at promoting self-care and self-management from patients. Self-care should be encouraged in suitable patients,



it is

with the right education, advice, and guidance to do so when caring for their lower limb.

Product Listing Part 1: Circular Knit British Standard Compression Hosiery – For patients *WITHOUT* oedema

Garments	Product Type	Length	Colours	Sizes	Approx Quantities
First Line					
MEDI UK Duomed Soft	Class 1 14-17mmHg Class 2 18-24mmHg Class 3 25-35mmHg	Below Knee Open Toe Below Knee Closed Toe Thigh length - top band, open toe Thigh length - Top band, closed toe	Black Or Sand	(2) Small (3) Medium (4) Large (5) X Large (6) XX Large	Comes as a pair. One prescription per limb, every 6 months. One to wash/ one to wear. Open toe comes with application aid.
FOR PATIENTS WHO HAVE DIFFICULTY APPLYING HOSIERY					
MEDI UK Duomed Soft 2 easy Two-part garment for easy application	Class 1 14-17mmHg Class 2 18-24mmHg	2-part garment. Below Knee	Black Or Sand	(2) Small (3) Medium (4) Large (5) X Large (6) XX Large	No application aid required.
Second Line					
L&R Activa Hosiery	Class 1 14-17mmHg Class 2 18-24mmHg Class 3 25-35mmHg	Below knee open toe Below knee closed toe Thigh closed toe. Below knee open toe Thigh open toe	Black Sand Or Honey	Small Medium Large X Large XX Large	Comes as a pair. One prescription per limb, every 3-6 months. One to wash/ one to wear.
Helpful Information:					
Medi Hosiery Hunter® app: Link here Medi Duomed Soft measuring form: Link here Wounds UK Duomed soft2easy Quick Guide: 77872bbdbe49f413613cde76a074d227.pdf (wounds-uk.com) L&R Activa Hoisiery: Link here					

Product Listing Part 2: Circular Knit European / RAL Class Compression Hosiery - *for patients WITH OEDEMA / LYMPHOEDEMA*

Garments	Product Type	Length	Colours	Sizes	Approx Quantities
First Line					
MEDI UK Mediven Plus	**Class 1** 18-21mmHg **Class 2** 23-32mmHg **Class 3** 25-35mmHg	**Below knee:** - Open Toe - Open toe extra wide - Closed toe. - Closed toe, extra wide. **Thigh (with silicone top band):** - Closed toe. - Open Toe - Open toe Petite - Open Toe extra wide.	Black Or Beige	(1) X Small (2) Small (3) Medium (4) Large (5) X Large (6) XX Large (7) XX Large **Lengths**: Petite or Standard	Comes as a pair. One prescription per limb, every 6 months. One to wash/ one to wear
Second Line					
SIGVARIS Essential Thermoregulating 100% Cotton *Suitable for venous and Lymphoedema, sensitive skin and regulating temperature.*	**Class 1** 18-21mmHg **Class 2** 23-32mmHg **Class 3** 34-46mmHg	**Below knee:** Open Toe Closed Toe. **BK with Grip Top:** Open Toe Closed Toe. **Thigh**: Open Toe. Closed Toe **Thigh with Grip top**: Open Toe. Closed Toe.	Black or Nature	XXS XS S M L XL **Lengths**: Short, Normal and Long	Comes as a pair. One prescription per limb, every 6 months. One to wash/ one to wear
Helpful Information:					

Medi:
Product information on Medi website: https://www.mediuk.co.uk/products/mediven-plus/
Measuring form: Elegance and mediven plus form

Sigvaris:
Sigvaris Resources for benefits of 100% cotton.prescriptionreferral_essential_thermoregulating.pdf (sigvaris.com)

Product List Part 3: Flat Knit **MADE TO MEASURE** European

<table>
<tr><th>Garments</th><th>Product Type</th><th>Length</th><th>Colours</th><th>Sizes</th><th>Approx Quantities</th></tr>
<tr><td colspan="6">First Line</td></tr>
<tr><td colspan="6">Haddenham</td></tr>
<tr><td>PERTEX LIGHT

Patient has application issues and/or fragile skin.</td><td><u>Class 1</u>
18-21mmHg</td><td><u>Below knee:</u>
Open Toe
Closed Toe

<u>Thigh:</u>
Open Toe.
Closed toe.

With Silicone Grip Top</td><td rowspan="3">Light

Beige

Beige

Black</td><td rowspan="3">Custom Made
Or
Size 4-15

Standard and extra wide Leg and Foot Lengths.

Extras available:

Velcro fastening (+£22.34)

Zip (+£23.45)</td><td rowspan="3">Comes as a pair.

One prescription per limb, every 6 months.

One to wash/ one to wear</td></tr>
<tr><td rowspan="2">PERTEX

Soft but firm supportive flat knit, suitable for moderate oedema.</td><td><u>Class 2</u>
23-32mmHg</td><td><u>Below knee:</u>
Open Toe.
Closed Toe

<u>Thigh:</u>
Open Toe.
Closed toe.

With Silicone Grip Top</td></tr>
<tr><td><u>Class 3</u>
34-46mmHg</td><td><u>Below knee:</u>
Open Toe
Closed Toe

<u>Thigh:</u>
Closed toe.
Open Toe

With Silicone Grip Top</td></tr>
<tr><td colspan="6">Helpful Information</td></tr>
<tr><td colspan="6"><u>Haddenham:</u>

Getting the right fit: made-to-measure garments for lymphoedema management, Lee, N, Wigg, J, 2013, https://hadhealth.com/articles

https://hadhealth.com/hosiery

www.hadhealth.com/code-finder</td></tr>
</table>

<table>
<tr><th colspan="6">Second Line - MEDI UK: TWO Available Options</th></tr>
<tr><td rowspan="3"><u>OPTION 1:</u>
Mediven Mondi

For Lymphoedema/ Chronic Oedema stage 1-2
without deepened Skin folds or Limb Distortion

<u>OPTION 2:</u>
Mediven Cosy

Higher static stiffness fabric For Lymphoedema/ Chronic Oedema, stage 3-4

Suitable for sensitive / Diabetic feet</td><td>Class 1
18-21mmHg</td><td><u>Below knee:</u>
Open Toe / Closed Toe

<u>Thigh:</u>
Open Toe / Closed toe</td><td rowspan="3">Range of colours and patterns</td><td rowspan="3">Custom Made

Extras available:

Closed Toe DTTOE

Silicone Topband DTTB

‘Y’ Knitting Mark DTYKM

Zip DTZIP</td><td rowspan="3">One prescription per limb, every 6 months.

One to wash/ one to wear</td></tr>
<tr><td>Class 2
23-32mmHg</td><td><u>Below knee:</u>
Open Toe / Closed Toe

<u>Thigh:</u>
Open Toe / Closed toe</td></tr>
<tr><td>Class 3
34-46mmHg</td><td><u>Below knee:</u>
Open Toe / Closed Toe

<u>Thigh:</u>
Open Toe / Closed toe</td></tr>
<tr><th colspan="6">Helpful Information:</th></tr>
<tr><td colspan="6"><u>Medi:</u>

Product information on Medi website: https://www.mediuk.co.uk/products/mediven-mondi/

Measuring form: https://images.medi.de/Storage/Documents/UK/EFORM_FP10_mediven_mondi_and_cosy_m2m_referral_form.pdf</td></tr>
</table>

Product List Part 4: Compression Socks / Toe Compression Garments

Garments	Product Type	Length	Colours	Sizes	Approx Quantities
British Standard					
L&R Activa Ribbed Sock	Class 1 14-17mmHg Class 2 18-24mmHg Class 3 25-35mmHg	Closed toe	Black / Brown	S M L XL	Comes as a pair. Two devices per limb, every 6 months. One to wash/ one to wear
European Standard					
MEDI Mediven Active	Class 1 18-21mmHg Class 2 23-32mmHg	Closed toe	Grey Navy Black Brown White	Standard or petite 1- X Small 2 – Small 3 – Medium 4 – Large 5 – X Large 6 – XX Large 7- XX Large	Comes as a pair. One prescription per limb, every 6 months. One to wash/ one to wear.

Garments	Product Type	Length	Colours	Sizes	Approx Quantities
First Line					
Haddenham **Microfine Toecaps** Compatible with all compression garments.	20-36mmHG	One Size	Sand, Black or Beige	XS S M L XL	Comes as a pair. Three devices per limb, every 6 months. One to wash/ one to wear.
Helpful Information:					
Haddenham: https://hadhealth.com/microfine-toecap					

Product List Part 5: Lower Limb Compression Wrap Systems

5.1. VENOUS

Garments	Product Type	Length	Colours	Sizes	Comments
First Line					
<u>Haddenham</u> **EasyWrap Light** For conditions with or without oedema Can be used over dressings.	20-30mmHg	Foot – Regular or long Calf – Regular or Tall Thigh – Short regular	Black or Sand	XS S M L XL	Contains one Standard Below knee Liner Two Devices per limb, every 6 months One to wash/ one to wear Switch to Easy wrap - Fusion liners contains a compressive foot piece (to replace a foot wrap) for dorsal oedema.
<u>Haddenham</u> **EasyWrap Strong** For conditions with or without oedema. Can be used over dressings.	30-40mmHg				
Second Line					
<u>MEDI</u> **Juxtalite** For venous conditions with mild to moderate oedema. **Juxtafit** For Lymphoedema, severe oedema Can be used over dressings	20mmHg 30mmHg 40mmHg 50mmHg	Lengths: Short (28cm) Long (33cm)	Beige	S M M Extra Wide L L Extra Wide XL XL Extra Wide XXL	**Contains**: 2 compressive juxta foot under socks / liners. 1 Built in Pressure System Two Devices per limb, every 6 months One to wash/ one to wear
<u>L&R</u> **Ready Wrap** With adjustable overlapping Velcro straps for oedema reduction, leg ulcers, chronic oedema and lymphoedema patients	40-60mmHg	**Foot** – regular or long **Calf** – regular or long **Thigh** **Knee** **Toe**	Beige or Black	S-XXL	Comes with one liner (non-compressive). Extender straps available. Two Devices per limb, every 6 months. One to wash/ one to wear

5.1. LYMPHOEDEMA

<table>
<tr><th colspan="6">First Line</th></tr>
<tr>
<td><u>SIGVARIS</u>
Compreflex Calf

Suitable for Stage 1-3 Lymphoedema, CVI, post-surgical oedema and open and healed leg ulcers</td>
<td>20-50 mmHg

Variable pressure system</td>
<td>Foot – Regular or long

Calf – Regular or Tall

Thigh – Short regular</td>
<td>Black Or Beige</td>
<td><u>Lengths:</u>

Regular and Tall

S
M
L
XL
XXL</td>
<td><u>Liners available:</u>
➢ Standard
Non compressive liner

➢ Transition
10-15mmHg at ankle and foot.

➢ Complete
10-15mmHg in the calf, ankle, and foot

Two devices per limb, every 6 months.

One to wash/ one to wear</td>
</tr>
<tr><th colspan="6">Second Line LYMPHOEDEMA</th></tr>
<tr>
<td><u>JUZO</u>
Adjustable Compression System

Offers 2 levels of compression (Reduced and Full) with single wrap</td>
<td>Up to 40mmHg</td>
<td><u>Lengths:</u>

Foot – Regular or long

Calf – Regular or Long

Thigh – Short regular</td>
<td>Beige or Black</td>
<td><u>Lengths:</u>
Normal / Long

XS
S
M
L
XL</td>
<td>One Liner included.

Two devices per limb, every 6 months.

One to wash/ one to wear.

Detachable Velcro straps</td>
</tr>
<tr><th colspan="6">Helpful Information:</th></tr>
<tr>
<td colspan="6"><u>Haddenham:</u> https://hadhealth.com/easywrap-lower-limb

<u>Medi:</u>
Production information on Medi website: circaid® juxtalite® – adjustable compression device
Juxta Measuring Form: Juxtalite_referral_form_ABC.pdf (medi.de)

<u>L&R</u>: ReadyWrap® adjustable compression garments

<u>Sigvaris:</u>
https://www.sigvaris.com/globalassets/pdf/pdf-local/uk/medical-literature/brochure_inelastic_wrap.pdf

Juzo: Juzo Adjustable Compression System Light - Juzo</td>
</tr>
</table>

Product List Part 6: Leg Ulcer Hosiery Kits

Garments	Product Type	Length	Colours	Sizes	Approx Quantities
First Line					
MEDI UK **Mediven Ulcer Kit** **For small to moderate sized venous ulcers** with low to moderate exudate and no reducible oedema	RAL 40mmHg Includes: 2 x 20mmHg Liners 1x 20mmHg outer stocking	Lengths: Petite Or Standard	Kit includes: White closed toe liner Beige open toe outer stocking	1- X Small 2 - Small 3 - Medium 4 - Large 5 - X Large 6 - XXL 7 - XXXL	Comes as a pair One prescription per limb, every 6 months One to wash/ one to wear
Second Line					
SIGVARIS **Ulcer** **X kit**	RAL 34-46 mmHg Includes: ➢ 2x 15-20mmHg liners ➢ 1 x outer stocking	Lengths: Short Or Long	Beige	S M L XL	Comes as a pair One prescription per limb, every 6 months One to wash/ one to wear
Helpful Information:					
Medi: Product information on medi website: mediven ulcer kit® – the ulcer stocking system Measuring forms: EFORM_FP10_mediven_ulcer_kit.pdf How to measuring and fit video: https://www.youtube.com/watch?v=TXxq **Sigvaris:** Webpage product information: ulcer-x-below-knee Measuring Form: mce-request-forms/prescriptionreferral_ulcerx.pdf					

Product List Part 7: Compression Bandaging Systems

<table>
<tr><th>Garments</th><th>Product Type</th><th>Ankle Circumference</th><th>Colours</th><th>Widths</th><th>Comments</th></tr>
<tr><td colspan="6">First Line</td></tr>
<tr><td rowspan="2"><u>URGO</u>
KTwo

Full assessment inc. doppler required</td><td rowspan="2">40mmHg</td><td rowspan="2">18-25cm
25-32cm

(Kit includes two layer bandaging system)</td><td rowspan="2">Beige</td><td>8cm
10cm
12cm</td><td rowspan="2">Can stay in place for up to 7 days

*Check Allergy status prior to application - LATEX FREE AVAILABLE IF REQUIRED</td></tr>
<tr><td>KTwo REDUCED

For patient’s a/w doppler assessment <u>WITHOUT</u> red flags</td><td>20mmHg</td><td>10cm</td></tr>
<tr><td colspan="6">Second Line</td></tr>
<tr><td><u>L&R</u>
Actico®
Inelastic Short Stretch.

For venous leg ulcers with or without oedema</td><td rowspan="2">40mmHg

Apply compression layer at full stretch</td><td>18-25cm
25-32cm

Apply in combination with K-Soft as first layer</td><td rowspan="2">Beige</td><td>4cm x 6m
6cm x 6m
8cm x 6m
10cm x 6m
12cm x 6m</td><td rowspan="2">Full holistic assessment inc. doppler required prior to application

Can stay in place for up to 7 days

*Check Allergy status prior to application - LATEX FREE AVAILABLE IF REQUIRED</td></tr>
<tr><td>Actico® 2C
Two Component Leg Ulcer Kit Latex Free</td><td>18-25cm
25-32cm

<u>Includes</u>:
➢ 1x Padding layer
➢ 1x Compression Layer</td><td>10cm x 6cm
10cm x 9cm</td></tr>
<tr><td colspan="6">Lymphodema Specialist Use</td></tr>
<tr><td>3M
Coban</td><td colspan="2">Apply full stretch in combination with comfort layer</td><td>Beige</td><td>5cm x 2.7cm
10cm x 3.5cm
10cm x 4.5cm</td><td>Multi-layer bandage for lymphoedema patients without wounds</td></tr>
<tr><td colspan="6">Helpful Information:</td></tr>
<tr><td colspan="6">➢ Actico 2C product information Link Here
➢ Actico product information Link Here
➢ KTwo product information https://www.urgomedical.co.uk/urgo-solutions/urgoktwo/</td></tr>
</table>

Product List Part 8: Restricted Specialist Compression

Circular Knit European / RAL Class Compression Hosiery RESTRICTED SPECIALIST ITEM					
Garments	**Strength**	**Product Type**	**Length**	**Sizes**	**Comments**
HADDENHAM **Comfiwave**	RAL / EUROPE 15-21mmHg	Below knee Thigh Length	Short, Regular Long	S M L XL	For patients with application issues, fragile skin, an intolerance for compression, palliative patients
Helpful Information:					
Phillips, N. Lawrance, S,2020, Haddenham Comfiwave: a unique compression device for lymphoedema treatment, https://hadhealth.com/articles **Product Information**: **https://hadhealth.com/comfiwave**					

Prescribing Quantities and Care of Garments

Suggested yearly allocation per patient
• **For treating BOTH legs**: x8 Garments per year – 4 Garments (2 pairs) every 6 months • **For treating ONE leg**: x4 Garments per year – 2 Garments (1 pair) every 6 months
Care and Application of Garments
The garments must be cared for properly, to ensure they last 3 months and continue to provide adequate prescribed compression (see individual manufacturers recommendations) • Wash after each wear. • Wash **Stockings** by hand or on a gentle wash at 30-40degrees. • **Wraps** must be washed by hand in mild detergent and arm water and laid flat to dry. • Do not use fabric softeners or conditioners. • Air dry, (not in direct sunlight or on radiators) Detailed instructions on application of the garments are provided with the products. In cases where patients have a genuine difficulty in applying garments, application aids are available.
Review and Follow up
It is recommended that a review should take place **every 6 months**, with a repeat Doppler Ultrasound, if appropriate. Therefore, it is recommended that these garments are not placed on repeat prescription

Useful Contacts and Information

Useful Contacts	
Medicines Management – Suffolk and Northeast Essex	
Email	medicines.optimisation.nurses@snee.nhs.uk
Website	Appliances - NHS Suffolk and North East Essex ICB
Tissue Viability Teams:	
ESNEFT (acute)	TissueViability.Srv@esneft.nhs.uk
West Suffolk	tissueviabilityreferals@wsh.nhs.uk
Northeast Essex	tvn@esneft.nhs.uk
Nursing Homes:	
West	tissueviabilitynursinghomes@wsh.nhs.uk
West Care Home TVN	Martina.Collins-Stiff@wsh.nhs.uk
East Care Home TVN	Ann.Manning@esneft.nhs.uk
Lymphoedema:	
ESNEFT	Lymphoedema.clinic@esneft.nhs.uk
West Suffolk	wslymphservice@wsh.nhs.uk
Northeast Essex	neecs.lymphoedema@esneft.nhs.uk
Vascular:	
ESNEFT	Vascular.Admin@esneft.nhs.uk
West Suffolk	vascularnurses@wsh.nhs.uk
Northeast Essex	vascularcolchester@esneft.nhs.uk

Clinical and Product Advice		
Medi UK		
Website:	Welcome to medi - I feel better. (mediuk.co.uk)	
General Enquiries:	01432 373500	enquiries@mediuk.co.uk
Clinical Nurse Advisor:	Kelly Buxey	Kelly.buxey@mediuk.co.uk
Account Manager:	Lee Buckingham-Simpson	lee.bs@mediuk.co.uk
L&R		
Website:	Home | L&R Medical (lohmann-rauscher.co.uk)	

General Enquiries:	012883576800	customerservices@uk.lrmed.com
Clinical Nurse Advisor:	Vicky Forknall	Vicky.Forknall@uk.LRMed.com
Account Manager:	Ruth Whiting	Ruth.Whiting@uk.LRMed.com
Haddenham		
Website:	Haddenham Healthcare - Problem Solving Compression Therapy (hadhealth.com)	
General Enquiries:	01844 208842	sales@hadhealth.com clinical@hadhealth.com
Clinical Nurse Advisor:	Tess Henry	tess.henry@hadhealth.com
Account Manager:	Sam Yeo Evans	sam.yeo-evans@hadhealth.com
Urgo		
Website:	Urgo Medical - The advanced wound care division of Urgo Group	
Clinical Nurse Advisor:	Clodagh Connell	c.connell@uk.urgo.com
Account Manager:	Ben Harrison	b.harrison@uk.urgo.com
Sigvaris		
Website:	SIGVARIS GROUP Britain: high quality compression solutions | Sigvaris.com	
General Enquiries:	01264 326666	Contact us - SIGVARIS GROUP Britain | Sigvaris.com
Clinical Nurse Advisor:	Katy Stevens	katy.stevens@sigvaris.com
Account Manager:	Claire Housden	claire.housden@sigvaris.com
Juzo		
Website:	www.juzo.com	
General Enquiries:	01613580104	info@juzo.co.uk
Clinical Nurse Advisor:		Clinical@Juzocare.co.uk
Account Manager:	Stephen Shaftoe	stephen.shaftoe@juzo.co.uk
Patient Choice	08008620686	patientchoicedelivery@nhs.net