

# USE OF COMPRESSION BANDAGES FOR PATIENT WITH LOWER LEG BLISTER

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## Introduction

It has been estimated that in the United Kingdom there are almost 100,000 people with a leg ulcer at any one time, and a further 400,000 people with a healed leg ulcer that is likely to recur (Callum et al 1985, Cornwall et al 1986, Laing 1992). Forty percent of people will suffer for between one and five years, and ten percent will have their leg ulceration for five years or more (Dale and Gibson 1986). The cost to the health service is in the region of £300M to £600M annually (Lees & Lambart 1992, Bosanquet 1992), equating to 2% of total health care spending. However the personal costs to the patients are immeasurable, many dealing with severe pain as well as the indignities and social isolation that can arise from a malodorous ulcer leaking exudate (Walshe 1995). This poster will highlight how healing was achieved in 5 weeks from initial assessment by the Tissue Viability Service.

## Patient History

Mrs Smith is a 47 year-old lady who leads a busy professional and personal life. She presented to her General Practitioner eight months previously with lower limb blistering. Treatment delivery was carried out by the Practice Nurse. The Practice Nurse subsequently referred Mrs Smith to the Tissue Viability Service for further assessment and treatment suggestion. At the initial visit Mrs Smith described how these blisters healed and new blisters developed. Re-occurrence on this occasion was on the site of a previously healed blister area and was proving challenging for the practitioners trying to manage it. Mrs Smith was waiting for consultation with a Dermatologist when she was initially seen at the Tissue Viability Service. On assessment the blister had been present for more than six weeks so it was assessed according to the Trust Tissue Viability Leg Ulcer Guidelines. This included a vascular assessment with hand held Doppler studies (Crest 1998, Bradley 2004). This revealed no arterial disease (Table 1). The ulcer measured 1.5x1.4cm. Granulation tissue appeared unhealthy, there was no cellulitis or odour and the serous exudate was of moderate amount. Mrs Smith was on no medication and had no known allergies. She ate a well balance diet.

Table 1: Doppler Assessment

Doppler Readings	Brachial	Dorsalis Pedis	Posterior Tibial	ABPI
Right	144	150	150	1.04
Left	140	140	150	1.04

## Treatment

- Topical antimicrobial to reduce bacterial burden (Iodosorb®)
- Compression bandage to reverse venous hypertension, hypoxia and oedema (Actico® short stretch bandage) Williams 2002

## Outcome

This patient has benefited from attending the Tissue Viability Service as she experienced:

- A reduction in pain
- No need for any further courses of antibiotics
- Now has a healed wound - the blister healed in 5 weeks

Mrs Smith was reviewed 3 months post healing. Her ulcer remains healed with no further episodes of skin blistering.

The Tissue Viability team also supported the Practice Nurses who provided the ongoing treatment for this lady by providing them with practical and theoretical knowledge regarding the management of this lady's ulcer.

## Conclusion

Dermatology departments tend to be extremely busy and as a consequence the patient waiting times to be seen at these clinics can be longer than desirable. This can result in practitioners experiencing difficulty in delivering the most appropriate and best care for the patient while waiting for this specialist advice. This poster illustrates how the Tissue Viability Service was able to assist while Mrs Smith waits to be seen at a Dermatology Department.

## References

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Photograph 1: Initial Assessment



Photograph 2: Healing Lower Leg Blister

