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Issue 10, 2022

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ulcer **recurrence**  
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**Love your skin**  
this summer

**Top tips**  
to tackle  
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flat-knit compression  
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# Daylong Direct: fast, accurate dispensing all of the time

The NHS is under more pressure than ever before, with increasing demands for services, staff shortages and a need to balance costs with the expectations of those of us who use it. In order to meet the demands placed upon it, the NHS needs to change its approach to care delivery<sup>1</sup>.

Unwarranted variation in how NHS services provide care has been identified as a waste of resources and funds that lead to poorer outcomes for those receiving treatment<sup>1</sup>. Indeed, for people with lower limb wounds, such as venous leg ulcers, research has shown that many receive less than optimal care that leads to delayed healing<sup>2</sup>. The reasons for this are described in more detail on p.30–1, along with an update on the *National Wound Care Strategy Programme*; why it was set up, and what it is doing to help improve care for people with lower limb wounds in England.

Another part of the NHS' approach to reform is to place patients at the centre of their care, encouraging them to take an active role in their own health, with an

Here at Daylong Direct, we always strive to be consistent in our service delivery, aiming for fast, accurate dispensing all of the time, so that you have what you need as soon as you need it.

emphasis on disease prevention as well as long-term management. The role that compression therapy plays in keeping people with lymphoedema, chronic oedema, and venous leg ulcers healthy is well recognised; its role, along with that of skin care, is discussed throughout this issue.

Here at Daylong Direct, compression is our area of expertise. We always strive to be consistent in the services we provide to our customers, providing fast accurate dispensing all of the time, so you have what you need when you need it. We have always placed you, our customer, at the heart of what we do. This includes providing you with information and support through *In This Together*. The magazine is five years old this issue; we hope you enjoy reading, and please let us know if there is a topic you would like to see covered in future. ➡



Mark Hudston,  
Marketing Director,  
Daylong Direct

Please write to us [editorial@daylongdirect.co.uk](mailto:editorial@daylongdirect.co.uk)

1. *The King's Fund* (2015) [www.kingsfund.org.uk/bettervalue](http://www.kingsfund.org.uk/bettervalue)  
2. *Guest et al* (2020) doi: 10.1136/bmjopen-2020-045253.

# Best in class: which garment is right for you?

Every compression garment is categorised into a class, but what does this mean and how does it affect your limb health? Here we explain why understanding the class of your garment matters.



If you wear a compression garment, you are probably familiar with its class number — usually one, two or three — followed by a number range in brackets, e.g. Class 1 (14–17mmHg). You may have noticed this written on your garment's packaging, or your healthcare professional may have advised you on what class of garment you need to wear to optimise your compression therapy. However, you might not know what this means to you and your treatment. The class of your garment may not stay the same over time; if your condition improves or worsens your compression needs may also change. It is therefore

helpful to understand what the class of your garment means and how it can affect your long-term limb health.

## **Class describes the pressure applied to your limb by your garment**

The class of a compression garment refers to the amount of pressure it delivers at certain measured points on the limb. The pressure is measured in millimetres of mercury (mmHg). For below-knee hosiery, for example, the class will refer to the amount of pressure delivered at the ankle. For a class 1 garment, a pressure range of 14–17mmHg means the garment will

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deliver a minimum pressure of 14mmHg and a maximum pressure of 17mmHg to the ankle, depending on the size and shape of the limb.

For a class 1 garment, the manufacturer will have a set of measurements that will ensure the garment you order is the right size for your limb and that it delivers the correct amount of compression. This is why it is important that your garment fits according to the manufacturer's guidelines. Ill-fitting compression will not deliver the right amount of pressure.

Ideally, you should be measured and assessed by a healthcare professional at regular intervals to ensure your compression garment has the correct fit and is the right garment type and class for your condition at that time. A garment that is too large will not deliver enough compression and may fall down, while a garment that is too small may be difficult to apply or could deliver too much pressure resulting in skin damage and discomfort.

### **The higher the class, the higher the pressure delivered**

Some garments deliver more pressure than others and the class of a garment communicates exactly how much pressure or compression it delivers.

The higher classes of compression garments deliver more pressure. They should only be worn once a vascular assessment has been carried out by your clinician, who will then decide if it is safe for you to wear.

Most compression garments fall into one of three classes, with class 1 delivering the least compression and class 3 the most. Some class 4 garments exist but are used less commonly, usually in specialist cases.

Class 1 garments are often referred to as 'support' garments and can usually be applied to deliver light or 'reduced' compression. While they offer gentle support, it is possible that your condition may benefit from a higher level of therapeutic compression, so you might not be getting the best therapy. For example, mild symptoms such as tired and achy legs may be managed by a light class 1 garment, whereas a more swollen limb may require a higher class of garment to help return the fluid in the limb back into the circulation and alleviate swelling.

However, the higher classes of compression garments deliver more pressure. Therefore, they should only be worn once vascular assessment has been carried out by your clinician, who will then decide if it is safe to wear. This is because in some people with circulatory disease that reduces blood flow to the limb, the pressure applied by a compression garment may further restrict blood flow, resulting in tissue damage. Classes that deliver higher pressures are sometimes made from





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stiffer fabric to help contain the limb.

### Not all garments within a class are the same

Thought you had compression class cracked?

Unfortunately, to complicate matters, not all garments in the same class deliver the same amount of pressure. This is because different manufacturers of hosiery follow different standards or 'guidelines' to determine how the amount of pressure a garment delivers is measured.

There are four main specifications that are used globally:

- » BS/UK – British standard
- » RAL/EU – European standard
- » AFNOR/FR – French standard.
- » US – US specification is based on the RAL standard.

As highlighted in the box below, a class 1 garment made to British standards will deliver a different pressure range when compared to those made to European or RAL specifications.

Remember that as a wearer of compression, it is important to work with your clinician to find a garment that is right for you.

To simplify navigating garment class, the Daylong Direct website has analysed the classes and categorised all compression garments into five groups according to

the pressure delivered: 'extra light, light, moderate, firm and extra firm' to make the selection process easier.

Remember that as a wearer of compression it is important to work in partnership with your clinician to find a garment that is right for you. Your healthcare professional should help guide you on what compression class is appropriate for your individual condition, and should also take your preferences into account.

Depending on your individual condition and circumstances, the first compression garment you try may not be the right one. If this is the case, revisit your options and try a different approach. Whatever you do, don't give up on finding a solution as compression therapy is key to maintaining your long-term limb health. ➡

	British standard	European (RAL) standard
Class 1	14–17mmHg	18–21mmHg
Class 2	18–24mmHg	23–32mmHg
Class 3	25–35mmHg	34–46mmHg

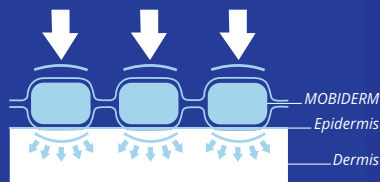


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# Don't let ulcer recurrence and pain stand in your way!

For people with venous leg ulcers, the threat of recurrence is never far away, leading to stress and uncertainty. Here we explain some of the causes of recurrence and how you can take steps to avoid it from happening to you.



It is common for people with venous leg ulcers to experience cycles of ulceration and healing. Recurrence of an ulcer within three months of healing is thought to happen in 70% of people (Chapman, 2017).

Many people with venous ulcers find the uncertainty surrounding this cycle of healing and ulceration stressful and worrying (Chase, 1997; Hopkins, 2004). Understanding why recurrence happens can help you to take action to make sure it is prevented where possible.

## Why does ulcer recurrence happen?

The reason a venous leg ulcer comes back is not always straightforward and can be influenced by many factors, for example, a deterioration of general health or poor nutrition. However, in many people, failure to wear compression or stopping compression therapy when healed is a contributing factor to recurrence. Once a leg ulcer is healed, compression is often discarded because the wearer feels that they are now better. This is driven by an

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**References 1.** Ling L. Proshield skin care protective system: A sequence of evaluations. Gloucestershire NHS, UK. Presented at Wounds UK, 2011. **2.** Flynn D, Williams S. Barrier creams for skin breakdown, Nursing & Residential Care, 2011; 13 (12) 553-558. **3.** Maxwell J, Sinclair D. Treatment of moisture related lesions in children. Great Ormond St Hospital for Children NHS Foundation Trust, London UK. Poster presented at EBORW 2012; Vienna, Austria. **4.** Meulenbelt, F. A new solution in the treatment of moisture lesions. AZ 13 Elisabeth Ziekenhuis, Belgium. Presented at EPUAP 2010. **5.** Commercial Stability Report, Test Point 2A. PROSHIELD Foaming Cleanser Box. 2016.

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understandable desire to 'get back to normal' once the ulcer is gone.

However, it is important to remember that the reason your ulcer healed in the first place is because compression helps to treat the underlying problem, and this remains, even when the leg ulcer is no longer visible.

### What is the underlying problem?

If you have been prescribed compression therapy and advised to wear it in the long term even when your skin has healed, it is because you had a venous leg ulcer as a result of an underlying problem with how the veins work in your leg.

When the veins in the lower limb don't work properly, blood flows backwards and pools in the veins, instead of travelling upwards towards the heart. In the long term, this pooling can result in skin changes, swelling and eventually, a venous leg ulcer.

### Why compression therapy is so important

Compression is the recommended treatment for a venous leg ulcer. It works by providing resistance to the muscles in the limb, so when they move, they squeeze the blood in the vessels, returning it to the heart and helping to ease congestion in the tissues by

Remember that the reason your ulcer healed in the first place is because compression helps to treat the underlying problem, and this remains, even when the leg ulcer is no longer there.

encouraging the drainage of fluid into the lymphatic system. By easing the congestion over time, most ulcers will eventually heal and any swelling will reduce.

Once your wound has healed as a result of treatment with compression, the underlying cause will still remain. For this reason, it is recommended that you continue to wear compression to keep the underlying problem under control.

It has been shown that continuing to wear compression after a venous leg ulcer has healed offers the best chance to prevent the recurrence of the ulcer. It is also well accepted that swelling may return if compression is not continued. The reason for this is that the cause of the leg ulcer or swelling is a chronic (long term) condition that needs to be managed constantly.

### Pain

Research into people with venous leg ulcers has shown that pain is a key factor that stops them wearing their compression. Despite knowing that compression therapy is important in managing their condition, if wearing it is too painful, the wearer will understandably stop wearing it.

### What causes the pain?

Pain may arise as a consequence of



ill-fitting compression. Hosiery that is too small or the wrong class may cause pain that is often usually accompanied by marks, such as redness where the garment has been digging in. This pain is usually alleviated on removing the compression and can be resolved by getting a new garment that a healthcare professional has advised is suitable, and that is acceptable to you. It is important that you are measured properly for the specific garment type, and that the correct fabric and class is used for your condition.

### A symptom of Infection

A sudden increase in pain may be caused by infection. It may be accompanied by other symptoms such as heat, redness and feeling unwell. In this case, you should contact your healthcare professional urgently. Be aware that in some people, such as those on immunosuppressants or with a compromised immune system or a condition that affects sensation, these signs of infection may not be present.

### Pain from your condition

Pain can also result from the presence of an underlying condition and will not be alleviated significantly by removing compression. This type of pain can vary from person to person.

In studies, pain associated with venous leg ulcers has been described as unrelenting, unpredictable and overwhelming (Walshe et al. 1995; Hyde 1999; Douglas 2001; Hopkins 2004). It can increase when doing things that use the lower limb, such

as walking or standing, and so these activities might be avoided to prevent the pain occurring (Walshe et al, 1995; Chase, 1997; Douglas, 2001).

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition and may result in even more pain as a result.

### So what is the solution?

Evidence suggests that people with leg ulcers believe that the pain associated with their leg ulcer is something to be endured, since prescribed painkillers often don't help (Walshe et al, 1995; Chase et al, 1997; Douglas, 2001). Patients describe wanting to control their pain enough to forget about their ulcer and to get on with normal life. Some patients desire controlling their pain more than healing (Walshe et al, 1995; Hopkins, 2004).

It is really important that you don't accept pain as a part of your life, or let it stop you from managing your condition with compression. Speak to your clinician about resolving your pain and explain that you want to wear your compression, but that pain is preventing you from doing so. Together, you can find a solution that will allow you to continue your therapy and reduce the risk of recurrence. ▶

*Chase S (1997) J Vasc Nurs XV(2): 73–8; Douglas V (2001) J Wound Care 10(9): 355–60; Hopkins A (2004) Br J Nurs 13(9): 556–563; Walshe C (1995) J Advanced Nurs 22: 1092–1100*





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# From despair to chair! My arm lymphoedema journey

Anita Wallace, Chair of the Lymphoedema Support Network (LSN), took a diagnosis of breast cancer in her stride. Much harder to deal with was the development of arm lymphoedema. Here, she shares her experience describing her journey from despair to Chair, and how the LSN can help others like her.

Every woman dreads the thought of finding a lump in her breast and I was certainly no exception. But, in 1992, when I was relatively young, I did discover a lump and had to face up to the fact that it wasn't just other women this happened to.

Following a biopsy, breast cancer was confirmed. I needed further surgery, followed by four weeks of radiotherapy and a 6-month course of chemotherapy.



Anita Wallace

Overall, I coped with my treatment very well, and learnt to develop a positive, up-beat attitude and had every confidence in both my treatment and prognosis. So much so, that both my surgeon and oncologist asked me to speak to several of their patients in the hope that I could encourage them and be of support. I continued to do this for quite some time.

## A lymphoedema diagnosis

Three years later, when I developed lymphoedema following a blood pressure reading on my at-risk arm, it was a very different story. I was relieved to be referred to a lymphoedema clinic but my delight was short lived. I was seen by a physiotherapist, who kept her notes in a pocket diary, and whose first words to me were: 'well you do have lymphoedema, but you had better get used to it, because there is very little that can be done'.

Those words had a devastating effect on me; in fact, I found this new development far more difficult to deal

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with than my cancer. It took me six months to even begin to come to terms with my fat arm. I had always taken a pride in my appearance and not being able to wear my usual clothes upset me and I lost confidence in myself. On top of this, my arm felt heavy and sometimes ached. I couldn't believe I was given very little information, practical help, or support. I felt isolated and alone.

The one good thing the physiotherapist did for me, however, was to provide a leaflet about the Lymphoedema Support Network (LSN) and I eventually joined the charity. At last, I wasn't alone with my condition as I found others like me who were living with lymphoedema. I felt supported and it was through this organisation that I contacted a manual lymphatic drainage (MLD) therapist who turned my life around.

She suggested a two-week intensive course of bandaging and MLD, which greatly reduced the volume of my arm. She also taught me how to control the condition. I learnt about the importance of self-management, and it was through her that I learnt about daily skin care, compression, exercise and self-massage. I also better understood how beneficial it is to learn as much as possible about the condition.

### **Discovering my self-management routine**

Subsequently, over the years, I have attended several clinics and tried several types of compression sleeves. For me personally, a flat-knit garment is best for keeping my swelling under

control. I often use an applicator to put on the sleeve and a rubber glove to help smooth out any wrinkles. I moisturise my skin at night with an unperfumed moisturiser and shower in the morning with a product that doesn't dry my skin. Having had cellulitis – a skin infection – several times in the past, I now take a low-dose antibiotic every day. Although I am aware of antibiotic resistance, if I stop taking the tablets the cellulitis recurs within weeks. Therefore I will need to take this medication for life.

I'm a great believer in keeping active as it helps to move lymph fluid around the body. Even when I'm working on my computer all day, I make sure I get up at regular intervals and walk around. I have learned to accept my condition but it takes time to work out a self-care routine that works. We are all different, and what works for one individual may not work for another.

### **Working for the LSN**

I have worked with the LSN since 1997, initially as a volunteer, then a Trustee and now as Chair. This has given me the opportunity to share experiences with others who also live with lymphoedema. I certainly know how I felt about developing the condition, and can empathise with how they feel, and understand the difficulties they may experience in trying to adjust to this chronic condition. I feel honoured to be able to make a difference to other people's lives by providing as much information about lymphoedema as possible, the words of that physiotherapist still ring in my ears. ➤

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# Love your skin this summer

We all know the perils of summer for our skin; sunburn, insect bites and gardening scratches and scrapes. For people with lymphovenous conditions, however, these issues can result in infection. Here we explain how to take care of your skin during the summer months.



## **Wear sunscreen**

When in the sun, it is important to protect your skin from damage. Sunburn can result in cracked and sore areas of skin that can be an entry for bacteria, which, if you are vulnerable, can result in infection. Avoid sunburn by covering up with a suitable lightweight fabric, or apply a sunscreen and ensure you have access to shade.



## **Protect your skin when gardening**

If you have lymphoedema or fragile skin on your arms, when gardening, make sure you wear protective gloves. Gauntlet gloves are ideal as they offer protection of the lower arms too, while heavy duty gloves can avoid skin damage from thorns and brambles. Similarly if you have vulnerable skin on your legs, protect your skin by wearing trousers and shoes that offer protection from possible bites, cuts and scratches.



## **When washing**

Avoid using perfumed products that strip your skin of its natural protective barrier. Always moisturise afterwards, also using

a bland moisturiser. All products should ideally have a skin neutral pH to avoid stripping the skin of moisture and making it prone to dryness and cracking, which in turn may increase the risk of infection. See p. 28–29 for more information on skin care.

### **Insect repellent**

Try to avoid being bitten by insects by using a repellent that won't dry out your skin. If possible, use a product that contains natural ingredients instead of harsh chemicals. Avoiding alcohol-based brands is advised (indicated by ingredients that end in 'ol') as this can strip the skin leaving it vulnerable to damage.

### **Insect bites**

As soon as a bite appears, treat with a topical cream for insect bites. An anti-histamine tablet may help to reduce itching and inflammation in the area. Although it is difficult, try to avoid scratching the bite, especially if your skin is fragile. If the temptation is too much, cut your nails short and keep them clean to avoid skin damage and to reduce the risk of infection.

### **Inspect your skin**

Following an activity such as gardening, where you might have got scratched and bitten without noticing, it is important to inspect the skin for signs of damage, that could act as an entry point for bacteria in the environment. If you notice any damaged areas, wash it and apply an antiseptic cream. If the wound is significant, apply a dressing until healing takes place. Monitor any damage regularly to check for signs of infection (described below).

### **When to seek help**

People with conditions of the limb, such as lymphoedema of the arm or leg, chronic oedema or venous leg ulceration, are at an increased risk of developing skin infection known as cellulitis. Once you have had an episode of cellulitis, you are at risk of further infections. Keep an eye on your skin and look for signs of swelling, spreading redness, heat and pain, beyond what is normal for you. If in any doubt, contact your GP or if your symptoms are severe, visit A&E. ➤



# Top tips to tackle itchy skin

## 5 easy steps

### 1 KEEP YOUR SKIN CLEAN AND DRY

When you are washing or bathing, avoid using soap on your skin. Soap can strip the natural, protective barrier of the skin and increases the risk of it becoming dry and itchy. Products used should be simple and chemical free. Consider using an emollient (moisturising) soap substitute instead. Always pat the skin dry and avoid vigorous rubbing as this can also damage the skin.

### 2 REMOVE DRY SKIN

You are wearing compression because your venous or lymphatic system needs help in returning blood or fluid back to the heart. One of the problems associated with problematic

#### TOP TIPS

Itchy skin can cause irritation and discomfort, especially if it is underneath your compression garment. Here we present top tips for banishing your itch!

veins in the legs is dry, dead flaky skin, sometimes referred to as hyperkeratosis. This can become very itchy and so it should be gently removed during washing or bathing.

Sometimes you may need a special pad or wipe to help you remove the dry, dead skin.

### 3 KEEP SKIN SUPPLE AND SMOOTH

Once your skin is clean, dry, and free from flakes, apply a simple, chemical free emollient or moisturiser to help keep your skin supple, smooth and elastic. Apply the cream or ointment in a downward motion as massaging upwards forces the cream or ointment into the hair follicles which can cause



folliculitis. Some emollients leave a greasy layer in the bath or shower and so there is a risk of slipping or falling. Use of a rubber mat or grip bar is recommended.

#### **4 STAY WELL HYDRATED**

Keeping your skin hydrated means ensuring your fluid intake is sufficient. Make sure you have a minimum of 1700 mls per day.

#### **5 CHECK OUT ANY ALLERGIES**

Itchy skin can sometimes be caused by an allergic reaction to a dressing or cream. If this is the case, you may need a test to find out what you are allergic to, so that you can avoid using that product in the future. Things that commonly cause problems are lanolin, rubber, perfume and preservatives such as parabens. ➤





# A national strategy to manage lower limb wounds

Inconsistent care in the NHS has been highlighted in recent years. Here, the development of the National Wound Care Strategy Programme, whose aim is to ensure every person in England with a lower limb wound receives optimal care, is described.



**T**he challenges faced by the National Health Service (NHS) — budget restrictions and resource and staff shortages — are well known and often publicised. These difficulties have been made worse by the impact that COVID-19 has had on an NHS already close to breaking point. It is also recognised that these issues can have a negative impact on the treatment that patients receive. There is a postcode lottery in which treatment quality varies depending on the circumstances within the locality.

Less well known is the impact that wounds place on the NHS each year. In recent years, several studies (Guest et al, 2015; 2020; Gray et al, 2018) have shed a

light on the cost of wounds for healthcare services and people with wounds alike:

- A recent estimate highlighted that wounds cost NHS England approximately £8.3 billion in the period 2017/18. This amount is approaching the combined total cost of osteoarthritis and rheumatoid arthritis to the NHS
- A lot of this cost results from unwarranted variation in care. Although guidelines exist that are based on clinical evidence, these aren't always used and followed
- This is the case for people with venous leg ulcers, who were shown in the studies not to always receive an assessment and diagnosis of their wound type. This included vascular



assessment, which determines blood flow to the affected limb, and confirms that compression therapy can be used safely

- There are several reasons for this which include a shortage of experienced staff, lack of time for training of new and existing staff, lack of resources to carry out treatment and restricted funds.
- These shortcomings result in some people with lower limb wounds not healing as quickly as they might, if their treatment was the best it could be from the beginning.
- Wounds that remain unhealed cost the NHS 2.5 times more than wounds that heal, over the course of a year (Guest et al, 2015; 2020; Gray et al, 2018).

The authors of the published research studies (Guest et al, 2015; 2020; Gray et al, 2018) recommended that these issues should be dealt with on a national level, not just at individual care locations, so that treatments are optimised consistently for everyone with a lower limb condition. In response, NHS England commissioned a National Wound Care Strategy Programme (NWCSP) in 2018 to address these issues. Below, Una Adderley, Director of NWCSP, describes the work of the Programme to date. ➡

Guest JF, et al. *BMJ Open* 2015; Gray TA, *BMJ Open* 2018; Guest JF, et al. *BMJ Open* 2020



### **Una Adderley, Director of the National Wound Care Strategy Programme (NWCSP) comments:**

"In September 2018, the National Wound Care Strategy Programme (NWCSP) was launched to optimise the care of people with wounds in England. The aim of the programme is to develop recommendations which support excellence in preventing, assessing, and treating people with wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers.

The NWCSP is supporting several national initiatives to improve care for people with leg and foot ulcers (including venous ulcers). A Commissioning for Quality and Innovation (CQUIN) scheme has recently been introduced to financially reward community services that achieve goals for improving the diagnosis, assessment, and treatment of lower leg wounds. The NWCSP first tranche implementation sites are identifying the best way to introduce and establish new ways of working that ensure such goals are met. Recently, the Academic Health Science Network new national programme 'Transforming Wound Care' has begun working in partnership with the NWCSP to spread good practice across England. Together, these initiatives will go some way to addressing the unwarranted variation in care for people with lower limb wounds across England'.

## Cook up a storm with the Leg Club

Leg Club Favourites is a book with a difference. It contains over a 150 favourite recipes of NHS staff and international clinicians as well as volunteers, members and friends of the Leg Clubs from across the UK and further afield. The book was created during lockdown by Ellie Lindsay OBE, Lifetime President of the Lindsay Leg Club Foundation as means of connecting with others and providing cooking inspiration to help everyone through a difficult time. All proceeds are donated directly to the Leg Club Foundation to support their work caring for people with lower leg wounds in a community setting. Treat yourself and your loved ones today! [www.legclub.org](http://www.legclub.org).



## You've got the power to care for your legs and feet

**LEGS  
MATTER!**

When it comes to keeping your legs and feet healthy you have more power than you might think. Legs Matter recommend five things you can do to take charge of your leg and foot health.

**These include:** putting your feet up, ditching the soap, making a GP

appointment, checking your legs and feet and doing some simple exercises such as heel raises. To get more information on how these actions can help, and to access a wealth of useful downloadable, printable resources for patients and healthcare professionals, visit our website below.

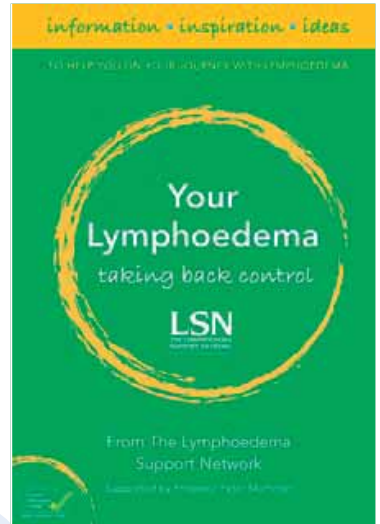
**#legsmatter.**  
**[www.legsmatter.org](http://www.legsmatter.org)**

**STAND  
UP FOR  
LEGS**



## LSN launches first self-management book for lymphoedema

Life at the Lymphoedema Support Network continues to be busier than usual. We are in the process of publishing the first ever LSN self-management book. *Your Lymphoedema – taking back control* gathers together 30 years of experience from the LSN and is aimed at empowering people to live the best life they can with their lymphoedema. The short chapters include information, tips, photographs and quotes from those living with the condition and includes a fully illustrated guide to lymphoedema drainage self-massage. Every word has been checked by our nurse advisor and double checked by Professor Mortimer so you can be assured it is accurate, up to date and of interest whether you are new to lymphoedema or have lived with it for many years. To order go to our website [www.lymphoedema.org](http://www.lymphoedema.org)



## Lipoedema UK co-hosts research update webinars

Lipoedema UK will be co-hosting a series of webinars throughout June and July featuring prominent researchers to provide updates on current research into the condition and its management. International experts will present on liposuction, bariatric surgery, diet and inflammation. There will also be a special Lipoedema UK feature on early stage Lipoedema.

Look out for more information on the webinar dates and topics in our newsletters, on our social media channels and website: [www.lipoedema.co.uk](http://www.lipoedema.co.uk)



# Daylong Direct: free delivery straight to your door

When you need your compression garment renewing, **follow our three step process to get it delivered straight to your door.** Daylong Direct dispense ALL Compression Garments on Drug Tariff Part IXA.

## 1. Clinic visit

If you are ordering compression for the first time, you will need to see a healthcare professional to confirm that it is safe for you to wear compression and that it is the right treatment for you. Once your healthcare professional is happy that it is safe, you can discuss which garment is best for you, you will be measured and will receive a prescription.

If you have been wearing compression for a while, you may have a repeat prescription. This is a white form attached to your green prescription that enables you to get a new garment without seeing your clinician. If you have lost your repeat prescription, contact your healthcare professional to order a new one. Your repeat prescription is valid for 6–12 months, after which you will need a review to check your compression is still right for you, as there may have been changes in your general or limb health.

## 2. Prescription

Once you have your prescription, send it to Daylong Direct using our **FREEPOST** address:

**FREEPOST RTHL-YUAG-GCST,  
Daylong Direct, 10 Cossall Industrial  
Estate, Ilkeston, Derbyshire, DE7 5UG.**

*You can request free envelopes from our customer service team, or write the address on a normal envelope.*

Alternatively, You will need to ask your healthcare professional to send to us using Daylong Direct (reference No. FJ708) as the preferred dispenser.

Did you know you can nominate Daylong Direct as your preferred supplier of compression hosiery today. A free and easy way to get your prescription for compression hosiery - to find out more at **[www.daylong.co.uk](http://www.daylong.co.uk)**

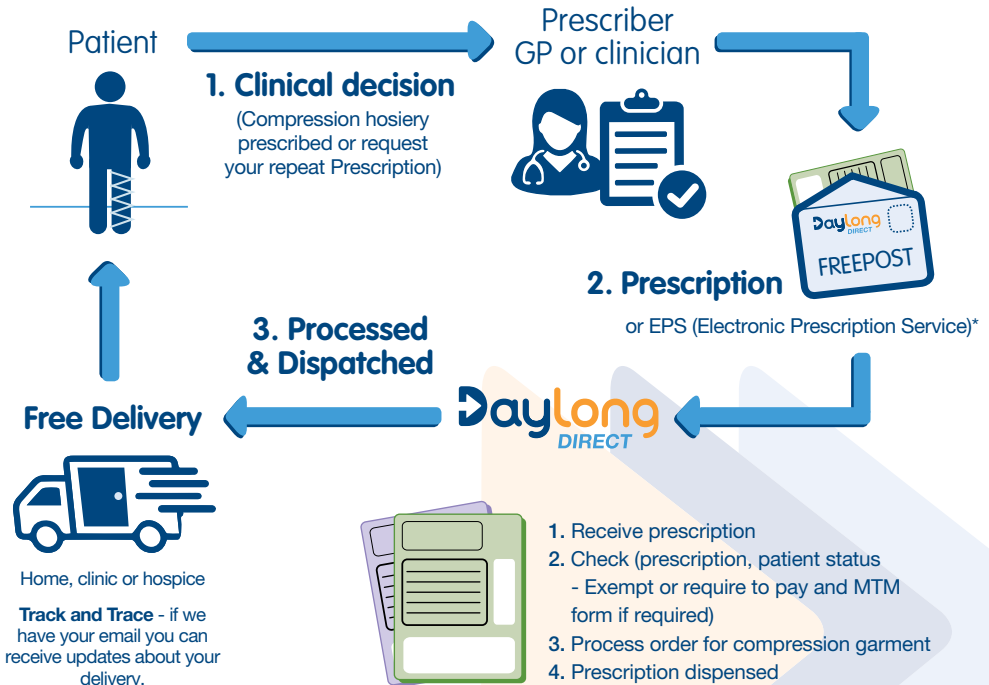


### 3. Processed & Dispatched

Once we receive your prescription, we will check that we have all the information we need, and will dispatch your garment straight to your door for **FREE** via first class post. Our specialist knowledge on compression hosiery and garments allows us to dispense prescriptions quickly, usually within 3-5 working days\* on receipt of the prescription, directly to your preferred address.



**The Re-Mind** (Reminder) service helps you know when they need to order a **NEW** pair of compression garments on prescription. **Our FREE service helps keep patients informed and empowered.**



\* Requires patient nomination

Empower  
your life and  
join the  
community



**LymphConnect® is  
here to help!**

Your free lymphoedema and lipoedema  
online resource:

[www.LymphConnect.co.uk](http://www.LymphConnect.co.uk)

