

CIRC Meeting 2016

Schloss MARETSCH , Bozen , Southern Tyrol

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Center of Interdisciplinary Research on Compression



nij smellinghe

Velcro band devices or conventional bandaging? Pro and contra

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Expert document for lower leg compression therapy 2015

Overview of materials

Used in initial / maintenance phase

Elastic properties (PLaCE rule)

Stiffness of materials

Compressietherapie aan de onderste extremiteiten

Expertdocument 2015



Modern compression technology: how to choose ?

- Bandages
- Garments
- Mechanical compression (Intermittent pneumatic compression)
- Pads / padding material
- Point pressure device (PPD)
- Adjustable compression device (ACD – velcro)



Influence compression on microcirculation (MC)

Lymphatic part of MC

Lymph capillary pressure



Absorption rate



Rhythmic propulsions



Venous part of MC

- Venous pressure



- Filtration rate



- Valvular function

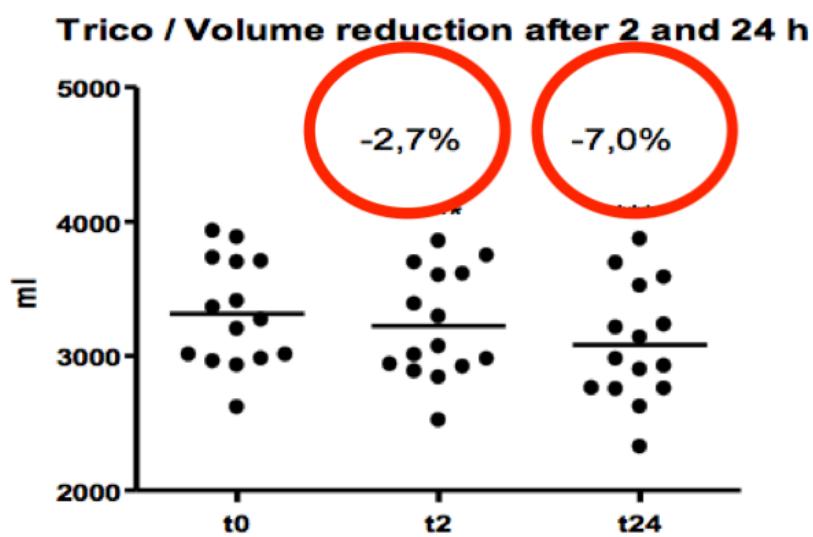
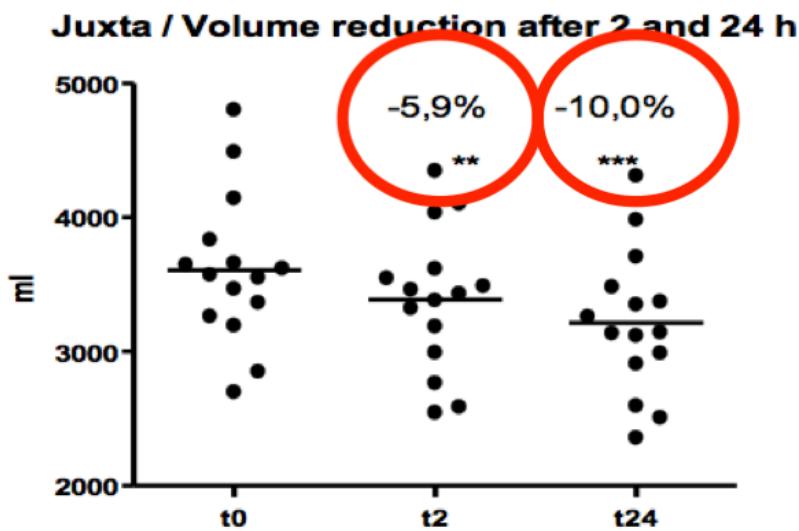


Interstitial volume

Valcro device (juxta fit®) original for maintenance phase used in the treatment phase (Adjustable compression Device /ACD)



leg volumes in lymphedema patients (n=36)

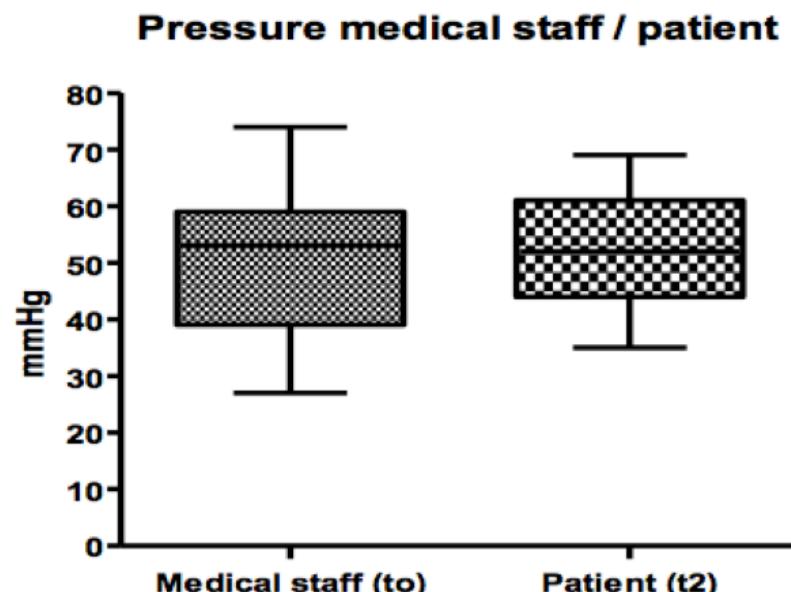
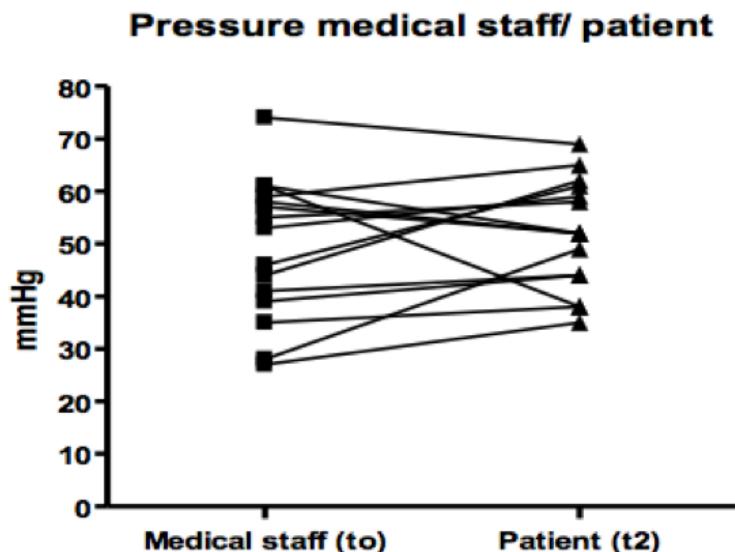


T0 - T24: volume reduction → 2CC: - 7.0% (median 290cc)

T0 - T24: → JF: - 10.0 % (median 429cc)

(P<0.05)

Patient is able to learn applying adequate pressure after one demonstration (selfmanagement)



Total number of adjustments between 2-24 hours: (n=26)

Looser : 12 x

Tighter: 14 x

Damstra, RJ, Partsch H. Prospective, randomized, controlled trial comparing the effectiveness of adjustable Compression Velcro wraps versus inelastic multicomponent compression bandages in the initial treatment of leg lymphedema. *Journal of Vascular Surgery*, 2013; 1(1), 13–9

Cost efficacy of using Juxta CURES™ and UCS™ debridement cloths

JCN 2015 May 11:1–4.

Sue Elvin



Effective in woundhealing and ulcer treatment

Study Valcro device in Knee displacement

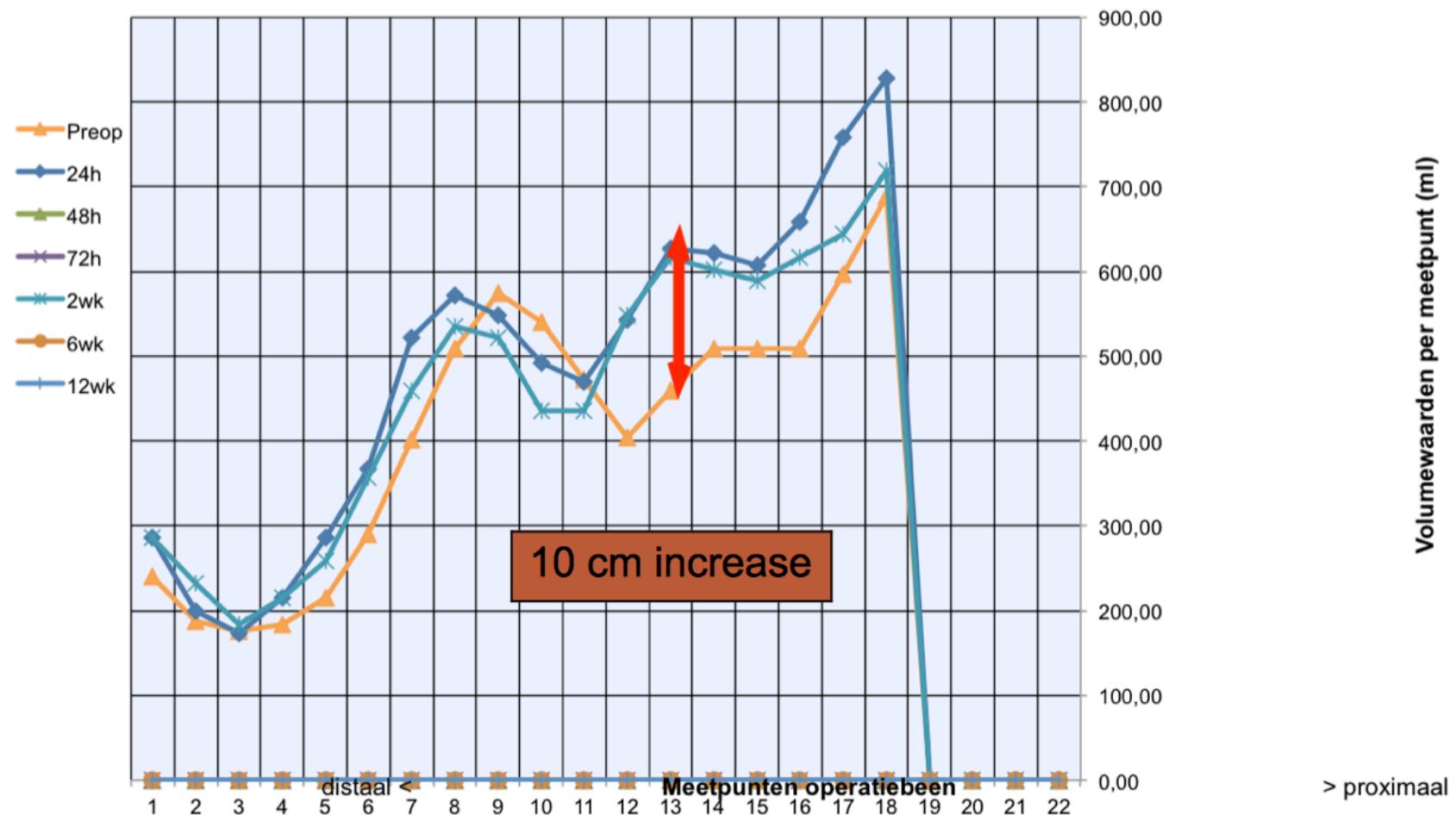
Usual Care	Pilot study
<ul style="list-style-type: none">• Immediately after OK - 24u post OP• Bandages Elastomull Haft ®• 24h until 6 weeks post OP• Anti-thrombosis stockings• CPM• Rapid Recovery / fast track	<ul style="list-style-type: none">• Compression fitting preoperatively• Immediately after OP until 6 weeks post OP• Struva anti-trombosis stocking (class 2)• Juxta Reduction Kit• CPM• Rapid Recovery / fast track

Pilot study in 20 patients / 4 controls
VAS / circumference measurements

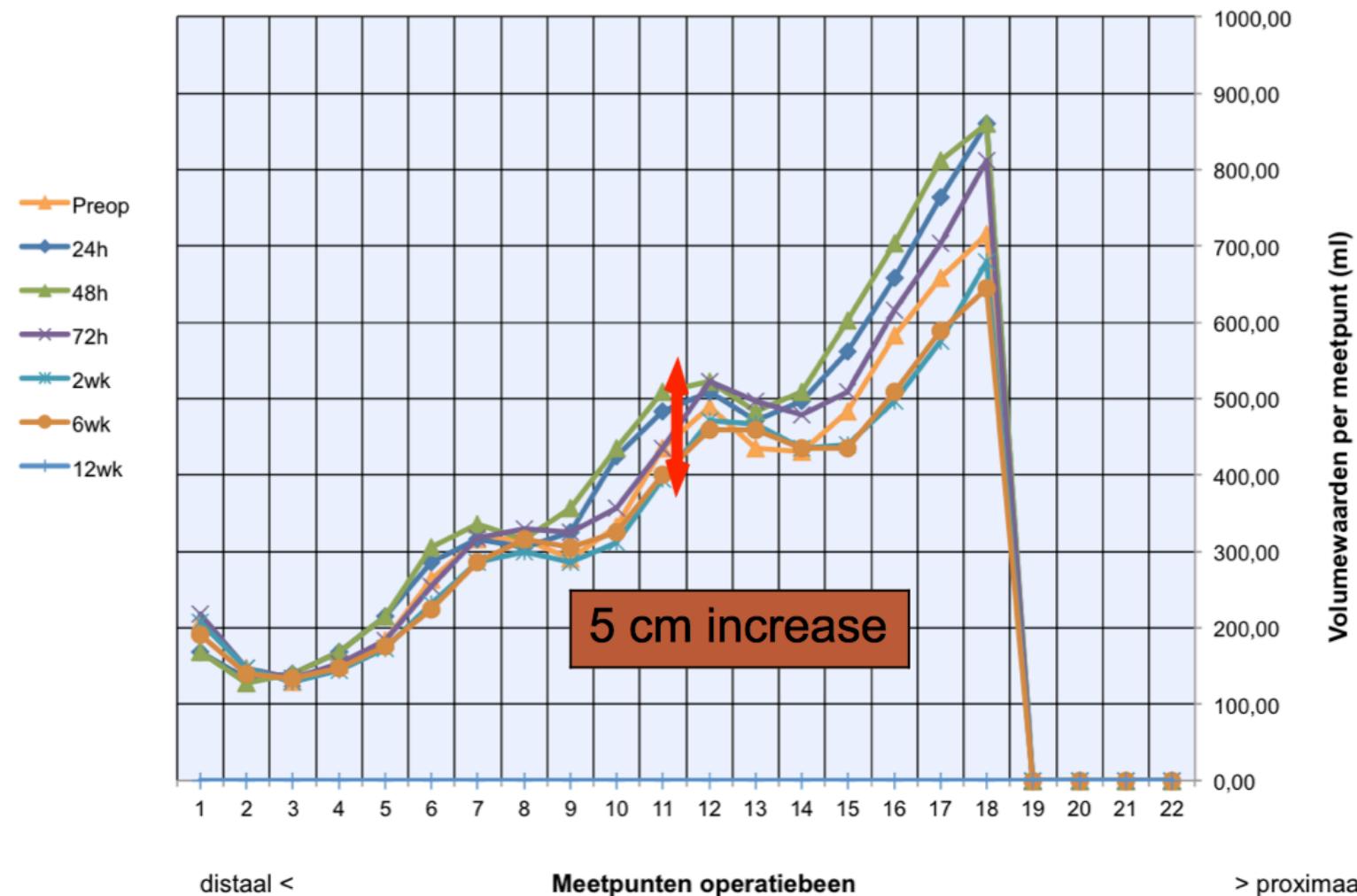


Preliminary results / circumference leg control

Control group



Preliminary results: Valcro-wrap treatment



„Optimal“ initial pressure of inelastic material immediately after application

- ARM: ~30 mmHg
- LEG: 40-60 mmHg

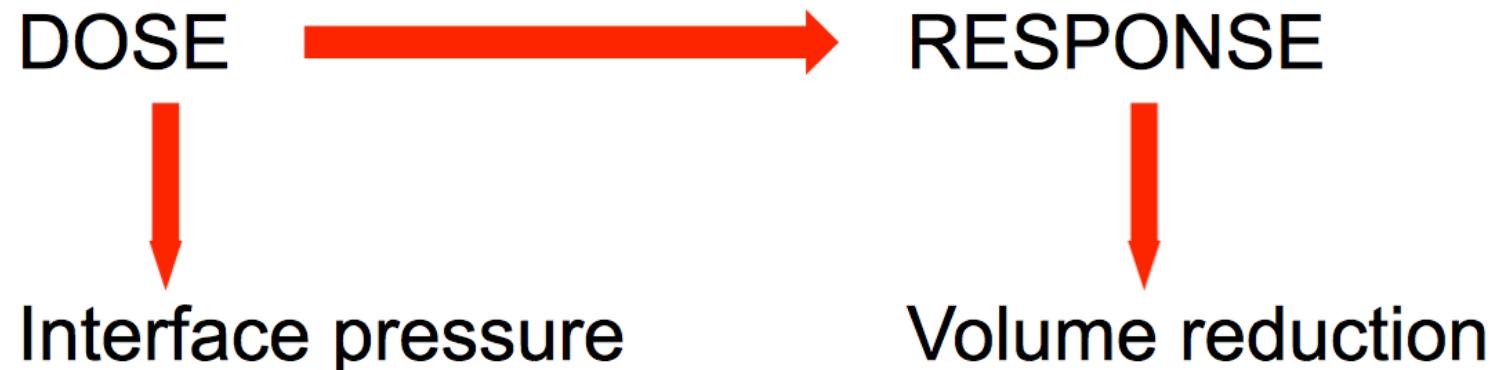
Vanscheidt W et al. J Vasc Surg 2009;49:395-402

Damstra R et al Dermatol Surg 2008; 34:773-8

Damstra R et al. J Vasc Surg 2009;49(5):1256-63

Mosti G, Picerni, Partsch. Plebology 2012;27(6):289-96

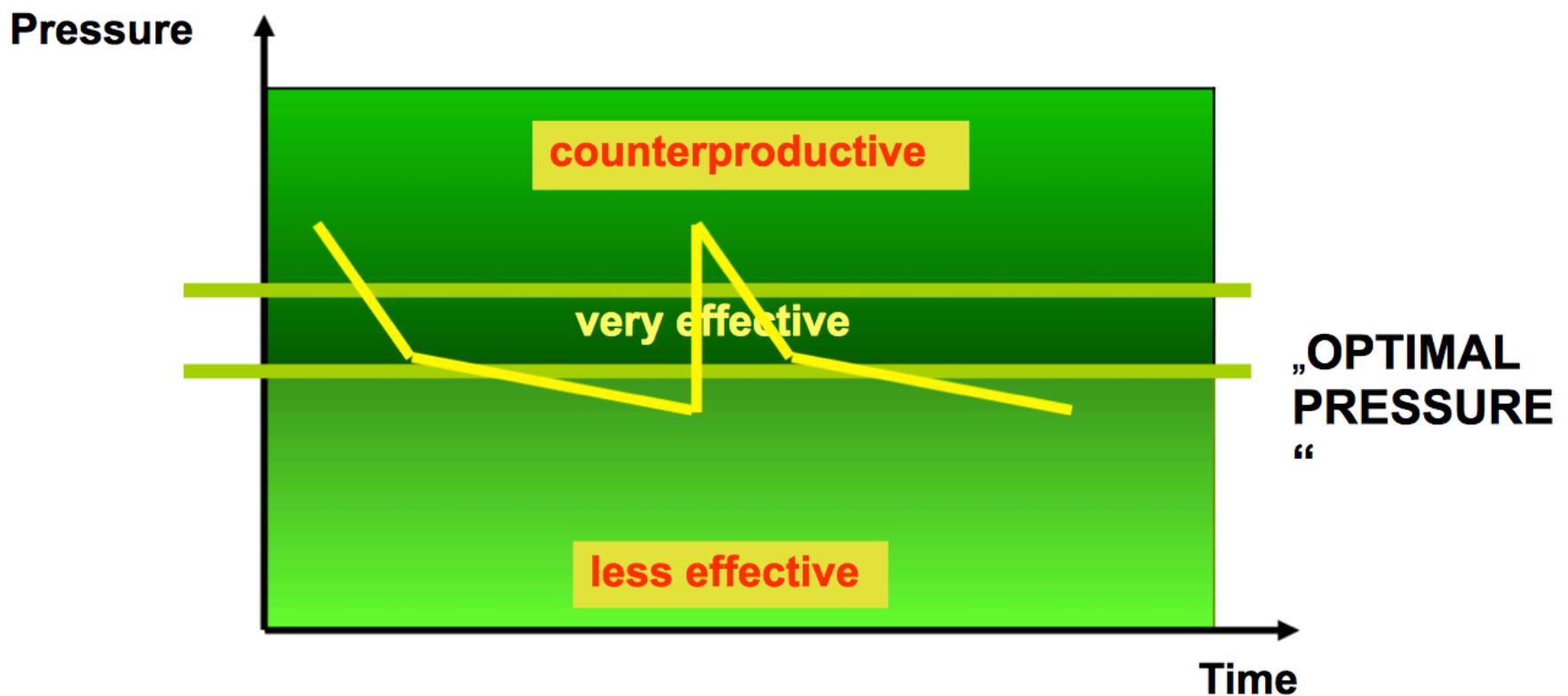
Dose - response relationship



ARM-study: Damstra RJ, Partsch H. J Vasc Surg. 2009 May;49(5):1256-63.

LEG-study: Mosti G, Picerni P, Partsch H. Plebology 2012;27(6):289-96

Twice per week

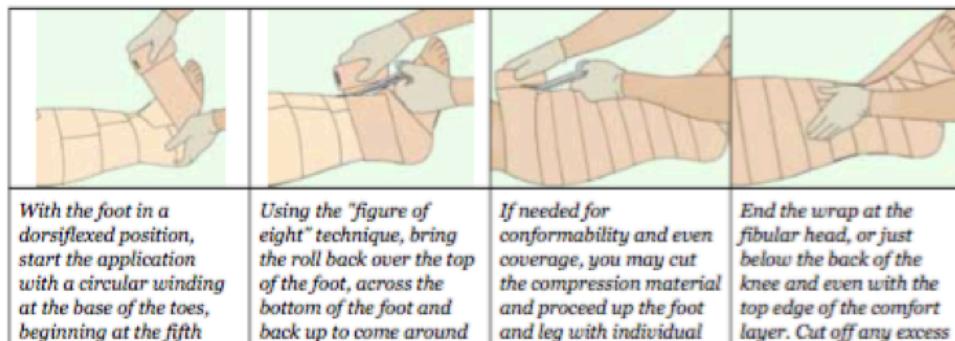


How effective are we ?

(How) Do we measure ?

How do we evaluate the results ?

What are results: volume reduction ? Pain ? Wound healing ?



How well is compression applied ?

- “ I am trained!”
- “ I have a lot of experience!”
- “I know exactly what I am doing!”
- “Patients are very satisfied!!”
- **The numbers tell the tale!**

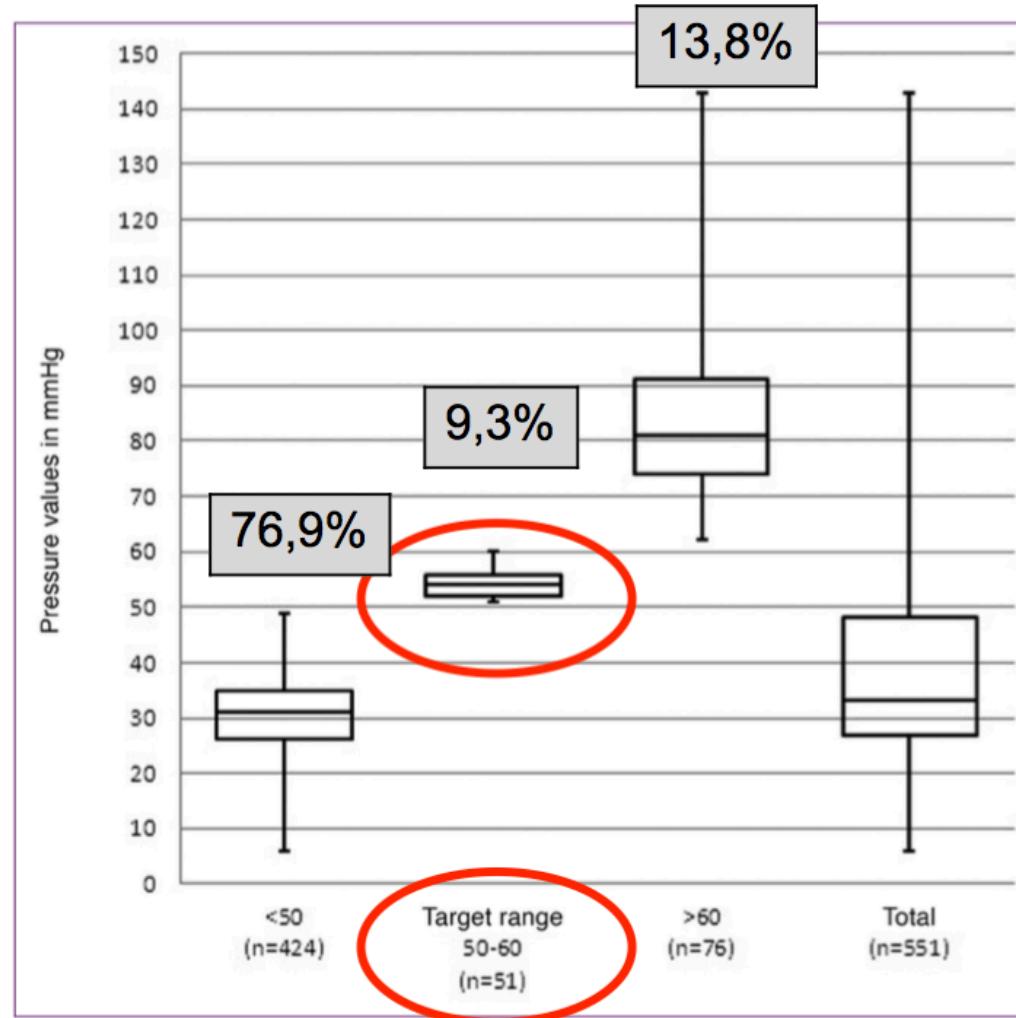


Compression by 68 nurses / 3 types: 30-50 mmHg

Table 2. Subbandage Pressures Obtained by the 3 Compression Bandages^a

Characteristic	Inelastic Bandage (n = 68)	Elastic Bandage (n = 68)	Two-Component Bandage (n = 62)
Bandage pressure, mean (range), mm Hg	30.4 (11-57)	31.8 (18-78)	41.9 (19-80)
Exerted subbandage pressure, mm Hg			
0-19	10 (15)	5 (7)	1 (2)
20-29	28 (41)	31 (46)	10 (16)
30-50	27 (40)	28 (41)	39 (63)
>50	3 (4)	4 (6)	12 (19)
Achieved the desired subbandage pressure range			
Yes	14 (21)	17 (25)	17 (27)
No	54 (79)	51 (75)	45 (73)

Is a bandage always effectively applied ?



N=551 trained professionals

Picopress at B1

Optimal: 50-60 mmHg

Short stretch bandaging

Figure 1 Pressure at rest upon bandaging with short stretch bandages in accord with Sigg (n = 551).

Reasons to use valcro wraps: good bandaging is hard

selfmanagement tools in both initial and maintenance phase

More easy to apply by less skilled professionals and by trained patients

Very disfigured sizes

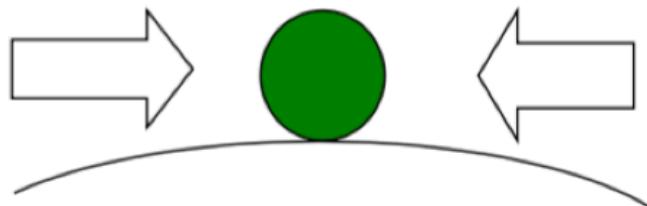
BUT:

4. Necessity for training the therapist to educate the patient and or professional

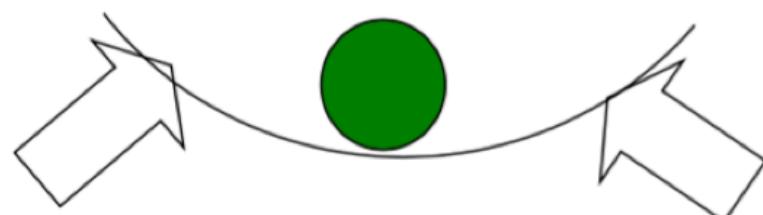
New model with positive health

Ten Napel et al. 2006; WUR/LBI

Control model

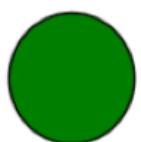


Adaptive model



- Focus on problem
- Continuous monitoring
- Direct stimulation
- Static equilibrium

- Focus on system
- Stimulate self-regulation
- Indirect stimulation
- Dynamic equilibrium



= patient

Multinational, pilot audit of a Velcro adjustable compression wrap system for venous and lymphatic conditions.

Ehmann S¹, Whitaker JC², Hampton S³, Collarte A⁴.

N= 17 (venous legs ulcer, lymphedema, venous edema

4 weeks period:

- improvement open wounds (?)
- 100% circumference reduction

- 94% by patient (59%) or carer (35%)
- just 6% by healthcare professional

Conclusion:

The device can potential reduce costs and healthcare burden

Velcro wraps

PRO

Selfmanagement

More easy to apply

Adjustable

Proven effective

Modern, hands-off
therapist (new concept of
healthcare)

CONS

- More expensive (especially in the initial phase)
- More bulky
- Window edema / strangulation
- Concordant patient
- Paradigm shift needed

Conclusion

- ACD (Velcro) is effective for edema reduction and circumference maintenance
- **Efficiency** when more selfmanagement by patient or carer and less by HCP. Or: more easy for HCP
- ACD fits perfectly in new concepts of chronic care
- In complex indications effective (eg lumps, morbid obesity) when bandaging not possible
- For re-use in operation patients ?