Cleanse and compress — unique combinations to treat venous leg ulceration
The clinician and patient perspective
Discover the medi Wound Care Therapy Chain within the medi World of Compression.

www.mediuk.co.uk

We know what our pressures are – can you be certain you know yours?

juxtacures – awarded as “Most Innovative Product in Wound Care”

• Delivers safe, measureable compression
• Instantly adjustable
• Enables self care

medi. I feel better.
Compression options which promote self-care

When caring for an individual with a venous leg ulcer, healthcare professionals have to consider the individual, the limb, and the ulcer bed. All too often the focus is the wound bed to the detriment of the surrounding skin and the impact any treatment regimen may have on the individual’s wellbeing.

It is without question that compression therapy is the mainstay of treatment for venous hypertension and its associated ulceration (Franks et al, 2016). However, the various methods of applying compression to the limb have not always been viewed as limb or client friendly. The wound care industry has without doubt enhanced leg ulcer healing rates via the production of systems that are able to apply continuous graduated compression. Nevertheless, some of the systems are often not tolerated by clients, with non-concordance being a major barrier to healing and recurrence. This situation has spurred on product development, which has resulted in client friendly alternatives, such as two-component hosiery systems and self-adjustable Velcro compression devices (Ashby et al, 2014; Franks et al, 2016).

The key to the success of these innovations in compression therapy is client self-management. This should help to reduce the impact of living with a venous leg ulcer and the associated dependence on healthcare professionals to deliver the therapy (Wounds UK, 2013). Along with the client, it is being increasingly recognised that informal carers play an important part in the delivery of care (Probst et al, 2014). The innovative compression delivery systems require minimal training and are seen as fitting the requirements of safe and simple-to-use products (Probst et al, 2014). These criteria result in a reduction of risk and anxiety when used by clients, their carers, and less experienced healthcare professionals. However, basic compression principles still need to be taken into account, i.e. measurement of the ankle circumference.

Self-management compression options also help in the management of skin problems associated with venous hypertension, e.g. varicose eczema and hyperkeratosis, by allowing for daily access to cleanse the skin and subsequent application of emollients or topical steroid therapy (All Wales Tissue Viability Nurses Forum, 2014).

This supplement brings together healthcare professionals’ experiences of using an innovative adjustable Velcro compression system (juxtacures™; medi UK) in daily practice, as well as a patient’s perspective on how this therapy improved daily life.

Trude Young, director of education and training, Welsh Wound Innovation Centre


This supplement is sponsored by an educational grant from medi UK
The maintenance of leg ulcers can take up valuable nursing time, while issues such as pain, exudate and compression bandaging have a significant effect on patients’ quality of life. Here, we look at two innovative products that are changing the way leg ulcer treatment is delivered.

Venous leg ulcers are an open lesion between the knee and the ankle joint that remains unhealed for at least four weeks and occurs in the presence of venous disease. The ‘gold standard’ treatment for venous leg ulcers has long been multilayer compression therapy (National Institute for Health and Care Excellence [NICE], 2012). However, this is a time-consuming and often costly treatment and involves the application of compression bandaging by nurses who require extensive training, supervision and a competency assessment.

As with any other skilled technique, compression bandaging expertise can vary, meaning that bandaging does not always reach the optimum sub-bandage pressures, which results in a reduced impact on venous hypertension. In addition, patients can find multilayer compression bulky and concordance can be an issue.

Even before treatment begins, the first step in accurate wound assessment is ensuring that the wound and surrounding skin are clean and that any dead and devitalised tissue is removed to get a true picture of the wound (Downe, 2014). Cleansing is often carried out with a bucket wash or similar, often using bath oil or emollient. For clinicians, however, this practice can be physically demanding and time-consuming, while for patients, pain can be an issue.

### Innovations in Lower Limb Maintenance

Two new products are addressing the twin issues of preparing and treating lower limb leg ulcers.

### Gentle Debridement

The use of UCS™ (medi UK) can speed up the cleansing and debridement process, freeing up the clinician’s time (Gillies, 2016). UCS is a pre-moistened, single-use cloth for wound debridement and cleaning of the surrounding leg area. The UCS debridement cloth is effective in removing necrotic tissue, slough and hyperkeratosis with minimal trauma and pain, as well as cleansing and hydrating the surrounding skin (Downe, 2014). It contains a skin-friendly surfactant and allantoin to soften hard dry skin and cleanse deep into the wound bed. It softens dead and devitalised material without damaging healthy tissue. UCS offers the ability to quickly and accurately assess the wound and care for the leg, resulting in better patient experience and clinical outcomes (Downe, 2014).

### Adjustable Compression

The advent of innovative adjustable Velcro compression therapy (juxtacure™; medi UK) means that there is an alternative to traditional compression, which may...
The products were reviewed by a team of tissue viability nurse specialists, the nurse consultant, district nurses, wound care link nurses, healthcare assistants and community nurses. The level of pressure required was specified by the clinician and patients/carers were shown how this could be maintained. The patients and their carers were encouraged to contact the district nurse team if there were any concerns about the product in between visits. During the evaluation, all wounds and limbs were cleaned and prepared for compression therapy using UCS. This eliminated the need for washing limbs using buckets.

Thirty patients were fitted with a juxtacures compression system, of which 26 had a complete set of data for comparison at the end of the trial. Over a six-month period, the products improved patient concordance, satisfaction with treatment, and increased independence. Furthermore, the ability to quickly train nursing staff, patients and their carers in the use of the products greatly improved the cost-effectiveness of venous leg ulcer treatment in terms of both dressings used and nursing time.

alleviate some of the issues associated with multilayer bandaging. The juxtacures range is designed to be simple to apply and allows the nurse to accurately monitor the level of compression being applied to the limb.

Juxtacures is an instantly adjustable (and readjustable)-Velcro compression device that wraps around the lower leg delivering the desired sub-bandage pressure from 20–50mmHg. The unique and patented calibrated Built-In Pressure System™ card measures the level of compression to ensure accurate application and consistent pressures (Lawrence, 2014). Adjustable Velcro compression devices such as juxtacures have been proven to be more effective than inelastic bandages at reducing venous oedema and maintaining a precise and consistent measurable therapeutic level of compression (Mosti et al, 2015).

**REFERENCES**


Lay-Flurrie K (2005) Assessment and good technique are key to effective compression therapy. Prof Nurs 20(7): 31–4


---

**JCN supplement 2017, Vol 31, No 3**
The New JCN Digital Learning Zone

Learn for free online

Products in Practice

Juxtacures™ and juxtalite™

Expert practice means knowing your tools — complete the Products in Practice module on adjustable compression wraps and take the accompanying MCQ test

Up to 30 minutes of CPD

Start >

Products in Practice

UCS™ Debridement

Completing this module on a single-use debridement cloth contributes towards CPD time

Up to 30 minutes of CPD

Start >

LZ:TV

Debriding and cleansing wounds

Now screening on LZ:TV:

UCS™ debridement — watch the video of this unique, convenient and safe system of debriding and cleansing wounds and skin

Up to 10 minutes of CPD

Start >

www.jcn.co.uk/learning-zone/

Remember: all activities count towards CPD time and revalidation, and can be logged in your free-to-use JCN revalidation e-portfolio at www.jcn.co.uk/revalidation
Here, sister Moira Bradley from a busy health centre within Inverclyde talks about her experience of introducing the juxtacures range as a treatment option and how it has had a positive impact on day-to-day clinical life and patient wellbeing.

**Juxta range revolutionises busy wound care department**

Before the introduction of the juxtacures range, as a department we could spend more than 20 hours a week bandaging patients’ legs. In some cases, two, three or four layers would be used if this was considered beneficial, or where the patient needed added compression to heal their leg ulcers. However, there were issues with graduated compression bandaging, including slippage and a reluctance on behalf of some patients to keep the compression on as it was uncomfortable and bulky.

We were asked to evaluate the juxtacures range by our local vascular team. Initially, we ran the evaluation with two patients, but because of the good results we widened it to include 11 more. Our criteria for inclusion was that the patient had good manual dexterity, a crucial aspect in being able to self-manage this product.

The juxtacures range has revolutionised our department. We can fit the juxtacures garments in half the time it took to perform traditional bandaging, freeing-up time to see other patients and consider other treatments. Furthermore, we now have an alternative to compression bandaging, so are able to offer patients a choice of products, helping to promote patient-centred care and involve them in their own treatment. We also now include health promotion advice in our appointment schedules, as we are giving patients back control.

The juxtacures range is easy to apply; just two training sessions of approximately 15 minutes each were required for the staff to get ‘up to speed’. And interestingly, the patients were much quicker than the staff in getting to grips with the range — after two visits many were adjusting it themselves and even guiding the staff.

**Reducing exudate**

At the start of this evaluation we also used UCS sterile, pre-moistened debridement cloths to debride and cleanse patients’ wounds, but we noticed over time that the necessity for this gradually reduced. Initially on using the juxtacures range, the patients’ wounds produced a higher volume of exudate, and seemed to become up to 1mm deeper, but by weeks three to four the wounds were more superficial and exudate volume dramatically reduced. We reviewed the patients’ dressings at this point, and in many cases simply reverted to using a primary dressing.

As the juxtacures garments could be regularly removed to allow patients to shower and apply moisturisers each day, their surrounding skin also showed improvements.

The cost savings we noticed were considerable particularly as we moved from 11 hours of bandaging each week for each of the evaluated patients to two hours 50 minutes. Also, with fewer compression bandages required, we saved approximately £4,500 during the 12-week evaluation period.

Using the juxtacures range has been life-changing for our patients who were able to start wearing their normal shoe size again rather than having to go several sizes bigger. They were also able to easily adjust the product three or four times a day, meaning that compression was consistently applied, and we quickly noticed that patients knew if the product was too loose or too tight, even without consulting the Built-in Pressure System (BPS). Also, as the product could be removed to wash and moisturise the limb, emollients were more frequently applied, which in turn improved skin integrity.

Overall, for the first time, patients felt that they had control of their condition, which may have contributed to the 100% concordance during the evaluation. Every patient bar one is still using the juxtacures garments; in fact, they refuse to go back to bandaging. The patient that did stop using the system was elderly and struggled to use the system due to poor manual dexterity; she was reliant on her husband’s help to apply it throughout the evaluation.

**Concordance**

As mentioned above, many of the patients continue to use the juxtacures range and, during the evaluation itself, concordance was high. Six out of the 11 patients now have healed leg ulcers but wish to continue using the juxtacures range, as they feel they can easily manage to remove and reapply the garments. Most of the patients have long-term chronic conditions, but have responded well to the juxtacures range as they feel it gives them control over their treatment.

To conclude, the UCS debridement cloths were only used for a few weeks, but were effective at cleaning the patients’ wounds, while the juxtacures range has totally transformed care for staff and patients. We now have an alternative treatment to offer patients, as they have responded well to the juxtacures garments and are willing to be involved with the product. Following the evaluation, concordance levels have remained high and patients have totally embraced the juxtacures range, even recommending it to their GPs, who now see it as a credible alternative to bandaging.

As a department, we have found that juxtacures has improved outcomes for our patients, and while it is not for everyone, it definitely has a place as a viable alternative to bandaging.

---

**JCN**

**JCN supplement 2017, Vol 31, No 3**
Encouraging self-management in patients with leg ulcers

Using the juxtacures system has definitely changed our clinical practice. The garments have improved the nurses’ confidence in using compression therapy due to the clear application guidance, which also reassures patients that the juxtacures system will be applied in the same way regardless of which nurse visits. This clear guidance and consistency of application means that we have been able to put an end to the subjective application of compression bandaging by different nurses, which sometimes resulted in sub-therapeutic treatment.

Similarly, with traditional compression bandaging, many patients found that their mobility was restricted, whereas the juxtacures system has improved mobility in many cases. The garment is applied above the malleolus, allowing free movement of the foot and ankle with many patients finding that their foot flexion has improved. This has meant that some patients are able to wear their own shoes again, which has a marked effect on their self-esteem, as they are no longer reliant on prescribed footwear.

The juxtacures system has also helped some patients to become more involved in their wound care treatment. Using multilayer compression bandaging means that patients are often left in layers of restrictive bandaging for several days, without being able to care for the skin on their lower legs. The juxtacures garment enables them to remove the garment, shower and then apply emollients to hydrate the skin before they have a primary wound dressing applied. This can increase their sense of autonomy, thereby improving concordance and satisfaction with treatment plans.

Compression bandaging
Traditionally, applying compression bandaging was seen mainly as a nursing role. Also, once compression bandaging had been applied, it had to remain in place until the next scheduled nurse appointment. The advent of the juxtacures system, however, allows nurses to promote patient self-management, reducing the amount of nursing input required for wound care treatment. As patients can remove and reapply the juxtacures garment themselves, they often feel that they are more involved in their own wound care planning. This increased autonomy not only improves patients’ satisfaction with their overall treatment, but also reduces the nurse-to-patient contact time required, releasing nurses to take on other tasks.

Cost-effective
The juxtacures system has had a significant impact on the cost of treatment locally, both in terms of reducing financial expenditure and nursing time. Initial estimates from the use of the juxtacures system indicate that compression dressing costs reduced from £367.71 per week before the project, to £155.55. The projected costs of compression therapy over the six-month period before juxtacures was introduced was estimated at £22,643.40; with the introduction of the new system, this was projected to fall to £9,270.70 — an anticipated saving of £13,372.70.

The time nurses spend on compression therapy has also been brought down, with the projected cost of nurses’ time over the six-month period being reduced from £12,737.40 to £6,072.30 with the introduction of juxtacures. This also relieves the time pressures on a very busy community nursing team and reduces the strain on qualified nurses who would previously have been required to undertake compression bandaging.

While the juxtacures system is quite different to other products currently on the market, it does require additional staff training and education to ensure it is used appropriately.

Cost-effective treatment choices should always be part of any nurse’s decision-making process, however, and the initial cost of the juxtacures system needs to be balanced against the lifespan of the product when compared to compression bandages or hosiery.
Quality of life
One example of the success of the juxtacures system in our practice was a patient whose leg ulcers healed within two weeks of using the garments. Patients have also been pleased with improvements in their mobility, with many no longer housebound and able to attend practice nurse appointments for treatment.

One important psychological aspect is that patients can readjust the juxtacures system at any time if they find it uncomfortable, without the need to involve a nurse. This has been quite liberating for many patients, as has the ability to self-manage their care — previously, following a compression regimen could be particularly difficult for those that could not apply sock hosiery themselves, for example.

Skin care
As well as using the juxtacures system, we have also introduced UCS debridement cloths into our treatment package for venous leg ulcer management. These cloths provide a quick and easy-to-use method for cleansing and hydrating the lower leg. The cloth quickly cleans the skin, gently lifting any dry, scaly skin plaques and increasing circulation.

These cloths also provide nurses with an alternative to the often heavy bowls of water that were previously used to wash patients’ lower legs in their own homes, thus reducing the physical strain of leg ulcer treatment. Partly because of this, nurses’ perception of leg ulcer management has been revolutionised and visits to these patients are no longer seen as a laborious task. Used in conjunction, UCS and the juxtacures system have reduced the number of visits required, enabling nurses to focus more on the patient rather than having to rush each face-to-face contact.

Concordance
It is often recommended that those patients whose leg ulcers have healed and who have moved on to compression hosiery as a maintenance therapy should be helped to self-manage as a way of encouraging them to concord long-term. There is evidence, however, that patients who have healed using bandages are unlikely to keep up a hosiery regimen, often due to a lack of understanding that chronic venous hypertension is a long-term condition and is not simply resolved when the ulcers have healed. Any treatment plan that involves patients in their wound management is more likely to promote concordance, as it will be self-rather than nurse-led.

Used in conjunction, UCS and the juxtacures system have reduced the number of visits required, enabling nurses to focus more on the patient rather than having to rush each face-to-face contact.

When educating patients in the use of the juxtacures system, it is important to stress that they will be able to flex their feet when wearing it, thereby improving circulation through the use of the calf muscle pump; this also reminds patients that improving their mobility will assist circulation and wound repair. Patients need to understand that the garment is an expensive device; however, if used daily it is a cost-effective wound-healing tool and can still be used for maintenance even after a wound has successfully healed.

In the older population, manual dexterity and hand strength can be an issue for self-management, however, the Velcro wrap system incorporated into the juxtacures garment makes it easy for patients or carers to apply and remove. Because of this, and the fact that the foot remains accessible, the juxtacures system is particularly useful in those patients who require multidisciplinary care, such as podiatry appointments.

One of our objectives in evaluating UCS and the juxtacures system was to see if the skill-mix could be improved across the clinical teams. The versatility of these products has meant that a wider range of clinicians have become involved in providing compression therapy, thereby sharing the patient caseload more evenly. Similarly, one of my main objectives in any patient’s wound care plan is to enhance their involvement so that nursing time is reduced, concordance is improved and greater patient satisfaction is achieved. UCS and the juxtacures system work well together to meet all of these objectives.

Patient experience
One specific example of how the juxtacures system works in practice was a male patient who had a leg ulcer and also experienced intermittent claudication — as a result, he found compression bandages too uncomfortable to wear at night. His leg ulcer also exhibited a high volume of exudate, which meant other compression hosiery options were not appropriate. In all other aspects of his treatment and life generally, he was quite independent, therefore he did not want to rely on others for his wound care.

Using the juxtacures system meant that he could remove the garment when he went to bed and reapply it again in the morning, allowing him to self-manage and providing him with more autonomy. This ability to participate in his treatment plan improved his concordance and his satisfaction with the treatment plan, which in turn enabled him to regain his independence and improve his quality of life.
Innovative compression therapy systems can improve practice

Using juxtacures garments has enhanced my practice, enabling me to provide more choice for patients, encouraging independence and, for those patients who find that bandaging affects their feet too much, allowing them the freedom to wear normal shoes again.

The garments also provide an option for those patients who wish to care for their wound independently, but are unable to apply a two-layer leg ulcer kit. It has allowed patients to become more involved with their care and helps develop trust and a good working relationship, encouraging the patient to take ownership of their wound and how it is managed. It also offers an option for patients who want to maintain a normal lifestyle without nursing visits for compression bandaging dominating their lives.

The juxtacures system promotes holistic nursing by offering an alternative to bandaging (when appropriate) that can be more suitable for a patient and their lifestyle. It allows them the opportunity to shower, and remove and change their dressings at a time that suits them. Similarly, for those patients who are still working, the juxtacures system decreases the need to attend regular compression bandaging appointments, which can be challenging to arrange around work patterns. Ultimately, the juxtacures system gives more choice to clinicians and patients.

I have also seen many patients who are able to manage their legs independently using the juxtacures garment, particularly because they do not need to cover the foot or heel, which some patients find difficult due to poor mobility. The Velcro mechanism enables patients to loosely apply the juxtacures garment initially, so that they can correctly position it, before adjusting the straps to achieve the correct level of compression. Patients can therefore readjust the garment throughout the day if required to ensure that comfort and optimum compression is maintained. Providing patients with the necessary tools to look after their legs independently also reduces the need for community nurse appointments and compression bandaging.

Cost-effective care
Factoring in the cost of bandages and the padding required when providing a patient with conventional compression therapy — particularly if the patient requires up to three dressing changes per week — the juxtacures system pays for itself within a matter of weeks.

Also, in today’s healthcare arena, there is greater demand for nurse appointments. With sufficient education and support, however, patients can apply the juxtacures garment independently, reducing the need for regular visits. Therefore, when the cost of both the supplies necessary to carry out compression bandaging and the time involved in nurse appointments is combined, the cost savings of using the juxtacures garment become self-evident.

Patient empowerment
I have also found that patients feel empowered and more in control through using the juxtacures system. They have often undergone compression bandaging for many years and been unable to wear normal shoes or fully move their ankles. The freedom to remove the garment to shower, as well as being able to dress their leg independently can have a significant impact on a patient’s...
quality of life. Also, chronic wounds can often produce malodour, which patients regularly comment about; being able to remove the garment, wash their legs and apply clean dressings makes a huge difference in helping patients cope with these situations.

We have also trained family members to care for their relative’s leg using juxtacures. It is often family members who take their relatives to and from nurse appointments, or who have to liaise with district nursing teams. Encouraging them to become more involved reduces the need for these visits, helps them feel included in their relative’s care, and has a positive impact on their quality of life.

In the course of my work, the juxtacures system is always in the forefront of my mind, whether I am seeing a patient for their first assessment or a follow-up appointment. Often patients are unaware that there is a product that can give them more independence when caring for their wound. However, it should be remembered that juxtacures is not suitable for every patient or every wound, although it is important to consider it as a part of your clinical assessment.

**Going forward**

Further education is still required on the use of the juxtacures system, particularly regarding application and the importance of regularly measuring the ankle and calf circumference before each application and adjusting the garment accordingly. However, in my practice, introducing juxtacures has encouraged patients to concord with compression therapy, especially when they felt their bandaging was too tight and they were unable to tolerate it. In these circumstances, introducing juxtacures to the treatment regimen reassures patients that they are in control — they can adjust the garment at any point, and the Built-in Pressure System (BPS) measuring guide helps them feel confident that they are achieving the right level of compression while remaining comfortable.

Alan Elstone, a vascular nurse specialist at Derriford Hospital in Plymouth, explains how being able to control their own lower limb compression can liberate patients.

**Juxtacures can help patients take back control**

As a clinical nurse specialist working in secondary care, the availability of a product like the juxtacures system, which can provide effective and consistent compression for individuals with lower limb ulceration and oedema, is a very positive development. Sometimes in clinical practice, it is tempting to stick with comfortable and familiar treatments and avoid change. However, this is not acceptable in modern health care, where the onus is on nurses to consider and evaluate the evidence for alternatives, so that they can provide patients with the best clinical practice.

As a specialist nurse, I need a range of products to prescribe so that I can manage any given clinical situation over the short and long term; this provides patients with choice, a key element in promoting concordance. The opportunity for some patients to manage their own lower limb conditions presented by the juxtacures system has been liberating for them and the feedback has been extremely positive.

Introducing the juxtacures system has enhanced my clinical practice. The more experienced I have become in prescribing and using the system, the more my confidence in the product has developed. The support the company (medi UK) provides in terms of teaching patients and clinicians to use the garments helps to facilitate its introduction into daily practice; without this kind of support, any issues or problems could lead to failure.

**Cost-effectiveness**

The financial and human price of lower limb ulceration is well documented, with the mean annual cost of treating a patient with a venous leg ulcer with compression bandages estimated at £1,795.30 (the cost for hosiery is slightly lower). However, trying to put a price on treating a patient’s lower limb ulcers is very short-sighted and does not take into consideration the effect on their quality of life, which is often significant.

The opportunity for some patients to manage their own lower limb conditions presented by the juxtacures system has been liberating for them...

Successfully introducing any new product into everyday clinical practice requires considerable resources in terms of time, ongoing company support and education, as well as persistence from patients and clinicians. Everyone involved in the patient’s care needs to be competent at applying any new compression system to...
ensure continuity of care and safe application. If this is achieved, I feel the benefits and cost savings can be considerable in the medium to long term, with valuable nursing time freed-up by compression devices such as juxtacures, which are considerably quicker to apply than multilayer compression bandaging.

Nursing time is often not fully considered when the costs of care are calculated.

We know from research that nursing time is often not fully considered when the costs of care are calculated; instead the focus falls solely on product costs. While the initial cost of prescribing a juxtacures garment is higher when compared with other compression methods, its ability to achieve accurate compression levels and improved concordance, combined with reduced ongoing costs, mean the benefits of the system are clear.

Patient empowerment

The juxtacures system provides a valuable and much-needed alternative to more traditional compression tools such as bandaging and hosiery, which have been used in clinical practice for many years. Juxtacures offers community nurses an easy-to-apply and adaptable compression device, which, with its novel Built-in Pressure System (BPS), promotes self-care for patients.

With the introduction of the juxtacures system, clinicians can now prescribe from a larger formulary of treatments, which can also aid self-care and patient empowerment. No one compression system is likely to be suitable in every case, however, my own clinical experience of introducing and using the juxtacures system has been positive. As well as effective symptom management and improved healing, patients who may have previously struggled with compression bandaging have found a degree of independence through using juxtacures, particularly from the reduced number of nurse visits.

Similarly, some patients have reported improved relationships with community nurses as the care is shared between them, thus creating a working partnership and aiding concordance.

For many patients, developing a sense of ownership over their treatment through being able to adjust their own compression is a very positive step forward. For others, especially those in work, not having as many dressing appointments during office hours is a relief, which helps to reduce the stress of having chronic venous or lymphatic disease.

Concordance

For many years, graduated multilayer compression bandaging has been the ‘gold standard’ treatment for lower limb venous ulceration. The use of layered compression hosiery has been a viable option in some patients, but despite its ease of use it is not suitable for patients with significant ulceration and oedema. Previously, the only option in these cases was compression bandaging, which can be effective but is time-consuming and often bulky and uncomfortable — the juxtacures system has provided community nurses and patients with a viable alternative.

To prevent recurrence when managing chronic venous disease and other conditions, such as lymphoedema, effective compression should be continued long term and not just for the healing phase. This means that compression requires a lifelong commitment and we cannot simply leave patients to their own devices; they need to be able to access ongoing, long-term support, specialist knowledge and periodic review. The use of innovative projects like Leg Clubs, as well as new treatments such as juxtacures, are fundamental in supporting people with active or healed leg ulcers to lead meaningful lives in the community.

The patient

Here, Jason Beckford-Ball, speaks to Derek Nicholls, a patient whose life has improved considerably since using juxtacures

Q Could you explain what kinds of problems you have had with your lower limbs?

A Swelling, lymphoedema, blisters, ulcers (leg and feet) and peripheral neuropathy through type 2 diabetes. Because of the neuropathy, my skin’s surface was numb so I felt no pain, although I did have pain in my upper thighs because of poor circulation. The neuropathy was a danger in itself, as I could damage myself, for instance, in the past I could roll a Xerox machine over my feet when working and not even notice, causing damage to my feet.
**Q** What led you to try juxtacures?

**A** Juxtacures was suggested to me by Sue Elvin, the consultant district nurse, and I agreed to give it a try.

**Q** How did juxtacures help with your lower limb problems?

**A** The system helped because I could readjust it and keep it at the correct compression rate. My legs are now almost back to their normal size, with no more ulcers, blisters or swelling. Juxtacures quickly helped to reduce the swelling, so that the ulcers were able to heal. This helped me with everyday things like fitting shoes and clothing.

**Q** Does juxtacures help with your ability to self-care?

**A** The system was quick to apply, comfortable, adjustable, and easy to remove so I could shower when I wished. I soon learned how to apply juxtacures correctly myself, meaning I could reduce the frequency of district nurse visits from twice a week to once a month.

**Q** Is it easy for you to manage/apply/remove yourself?

**A** Yes, very easy. The Velcro straps were really simple to use. Once you learn how to do it, the system is easy to apply. You start from the bottom of your leg at the ankle and work your way up the leg, attaching the straps as you go so that they are comfortable. Then, it is easy to measure the correct range of compression with the measuring card. In the mornings my legs were often thinner due to being elevated overnight; they would then swell during the day.

**Q** Did juxtacures help with your quality of life overall?

**A** It certainly did. I used to have carers visit daily to strip wash me, as I could not afford to get the K2 bandages wet. Juxtacures meant that I could shower by easily removing the system, whereas previously with bandages I had to rely on the carers and couldn’t shower or wash when I wanted.

**Q** What treatments did you have in the past for this?

**A** K2 compression bandages and Ichthopaste.

**Q** What problems did you have with previous treatments?

**A** The bandages could take up to one and a half hours to apply and would often slip and effectively form a tourniquet. So, my only option was to cut off the bandages and wait for them to be reapplied by the district nurses at their next visit.

**Q** What treatments did you have in the past for this?

**A** Before introducing juxtacures to the patient’s treatment regimen, bandaging would slip down quickly and exudate was a problem.

Before using juxtacures.

After using juxtacures.
In my own practice, the juxtacures system has given me another option for treatment. For patients who are having trouble tolerating compression bandages, who would like to self-care, or where bandaging is an impractical option, juxtacures provides a useful alternative, as it is easy to apply, adjust and remove.

I have also seen tangible cost savings (both in terms of financial expenditure and nursing time) through wound cleansing with UCS debridement pads and the use of juxtacures for compression therapy.

In particular, UCS cloths speed up debridement so fewer dressings are required and they are also quick and convenient to use, as they are premoistened and contain an emollient. No skills are needed, so anyone can use them — patient, carer or trainee nurse. Being half the price per unit than the debridement pad we previously used, UCS represents a significant saving and the reduction in nurse time is a massive boost.

Juxtacures is also a great deal quicker to apply than compression bandaging. Again, patients and their carers can learn how to put the system on themselves. This means that they do not have to go to and from appointments and get a quicker effect. This is especially true for those patients who live in rural areas some distance from clinics.

Overall, juxtacures saves nursing time as it is easy to use, involving no lengthy training process. Patients and carers are also able to apply the system themselves, which has a positive impact both on healing outcomes and their day-to-day lives.
UCS™ Debridement

Pre-moistened debridement cloth for all skin and wound treatment.

- Soft loop technology and a specially formulated solution address biofilm and improve wound healing
- Enables access to the most difficult to reach wounds
- Sterile and ready to use

Discover the medi Wound Care Therapy Chain within the medi World of Compression.

www.mediuk.co.uk

medi. I feel better.
medi treatment options
Effective and time-saving treatment of chronic wounds.

Discover the medi World of Compression.

www.mediuk.co.uk/world-of-compression