

Venous Leg Ulcers: Effectiveness of new compression therapy/moist wound healing combination confirmed

Despite its success, the combined use of moist wound healing and compression therapy in treating venous leg ulcers is rare. Dr Katrin Will of BSN Medical describes how using such a comprehensive therapy concept in daily practice results in excellent healing results and high patient satisfaction.

In Germany, approximately 0.7–1% of the adult population suffers from leg ulcers. In 60–80% of these cases, chronic venous insufficiency is the pathophysiological cause. Here,

a holistic approach of compression therapy combined with moist wound healing is the most effective approach and one that is recommended by therapy guidelines.

Despite the above finding, it is a widely held belief that the implementation of holistic therapy concepts into daily practice is complicated or even impossible. It is surprising that fundamental scientific knowledge is given so little attention in daily practice, even in highly developed countries such as Germany, where only an estimated 10–20% of patients with chronic wounds received moist wound therapy in 2002, and up to 25% of patients with venous leg ulcers did not receive any compression therapy.

Holistic therapy case study

In an effort to gain further experience about the practicability of the recommended holistic therapy for venous leg ulcers, 63 venous leg ulcer patients in Austria, Germany and Italy were treated for up to 12 weeks in daily medical practice.

The therapy concept included phase-adapted moist wound dressings (Cutimed Siltec), microbe binding wound dressings (Cutimed Sorbact) and compression bandages (Comprilan, Tensoplast) in the initial oedema phase, followed by a compression stocking system delivering 40mmHg (JOBST UlcerCARE).

Due to their high stiffness characteristics, these compression products exert a high working pressure during walking and a comfortably low resting pressure.

Within a short time frame of six to 12 weeks, 85% of all wounds, including larger lesions of 5cm circumference, reduced in size significantly and 53% of all wounds healed completely.



Figure 1: Venous leg ulcer; a) at baseline (15 June 2010), b) final outcome of treatment (30 Aug. 2010)

These results can be considered as very positive, especially as in many cases an infection was suspected. It was also considered helpful that in these instances the therapy could be followed without interruption or the use of antibiotics, thanks to the microbe-binding wound dressing.

The compression stocking system was greatly appreciated by patients and physicians for its easy donning and operator independency, delivering exact and constant compression.

Overall, the patients' well-being was substantially improved, leading to high compliance. As the majority of patients had not experienced any progress in healing for extended periods due to their complicated health situation (such as underlying diseases, obesity and infection) or ineffective treatments, the healing results were rated very positively by patients and physicians.

The holistic therapy concept offered significant advantages and was successfully implemented into daily practice, independent

of national or local wound care traditions. The results show that the high complexity of therapy concepts alone should not represent a hindrance to the implementation.

Proof of success

Under these aspects, the lack of implementation until today is incomprehensible. BSN's experience showed that a clear and simple treatment concept, in combination with reliable products, eased implementation and led to good acceptance.

In the future, bandages will only be used during the initial oedematous phase of venous leg ulcer treatment. After successful oedema reduction, compression stocking systems offer easy donning, and operator-independent compression and gradiency. Together with reliable moist wound care and wound infection control products, they can be applied easily, leading to excellent healing results and high patient satisfaction.