3M Science. Applied to Life.™

Venous leg ulcer management

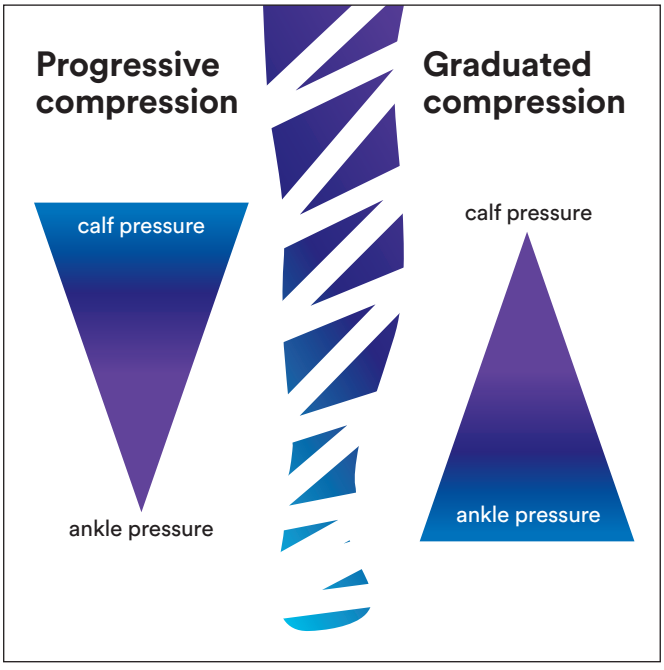
Consensus recommendations 2015

Graduated and progressive compression systems

Research suggests that achieving a high pressure over the calf muscle alone may be a more effective way of improving venous return – a progressive compression as compared to the graduated compression system.[1]

Attributes of the ideal compression therapy system as agreed by an expert panel[2]

- Delivers therapeutic compression and has high stiffness, i.e. the pressure generated is effective during mobilisation and is well tolerated during rest
- Permits good anatomical fit
- Stays in place, i.e. does not slip
- Comfortable
- Allows patient to wear their own shoes and to maintain normal gait
- Easy to apply and remove
- Requires minimal training in fitting and application
- Non-allergenic
- Aesthetically acceptable



Applying the alphabet to venous leg ulcer management[2]

A

Assesment and diagnosis

- Highlights the importance of establishing correct aetiology and indicators for appropriate management. This includes wound and skin care, patient comorbidities, psychosocial elements and appropriate referral criteria.
- Tools including, wound type or T.I.M.E (Tissue, Inflammation/Infection, Moisture, Edges/ Epitheliaisation), lower leg skin changes, healing time expectations, interpretation of vascular assessment and guide for deciding compression therapy level.

B

Best practice wound and skin management

- Highlights the importance of cleansing, rehydrating and protecting the peri-wound skin and the skin of the leg, and the importance of using a barrier film where there is risk of breakdown.
- Wound dressing advice & tools:
  - Unless infection is present or suspected, select dressing type and frequency of dressing change to suit the compression change regimen.
  - The most important factor in reducing exudate levels is appropriate sustained compression therapy, not the dressing.
  - Properties of a wound dressing to use under compression therapy.

C

Compression therapy for leg ulcer management

- **Compression bandaging** is most commonly used for treatment of active venous leg ulcers.
- **Compression hosiery** is mainly used for prevention of recurrence of venous leg ulcers.
- Compression bandaging that is **stiff and inelastic** is preferable.
- Factors that **affect** choice when selecting appropriate compression include:
  - Training
  - Competency
  - Clinical experience
  - Patient mobility
  - Previous experiences
  - Pain levels

2 Harding K, et al. Simplifying venous leg ulcer management. Consensus recommendations. *Wounds International 2015*

3M™ Coban™ 2 Compression System

What is Coban 2 compression system?

Both Coban 2 and Coban 2 Lite latex free compression systems are designed to achieve sustained therapeutic compression, to treat a range of conditions including venous leg ulcers and chronic oedema, including lymphoedema. Coban 2 compression system is indicated for use with an ABPI (Ankle brachial pressure index) > or equal to 0.8 and < or equal to 1.2 (or according to local guidelines). Coban 2 lite compression system is indicated for patients with an ABPI> or equal to 0.5 and < or equal to 1.2 (according to local guidelines).

Tolerable resting pressure

Safety guide + working pressure

Outer compression layer, applied at 100% stretch, with 50% overlap.

Inner foam comfort layer applied at slight tension, with minimum overlap.

Does Coban 2 system deliver the same compression as other bandages?

Yes. Coban 2 system, like Profore®, K-Two® and Actico® bandages all deliver 40mmHg resting pressure, which is accepted as therapeutic compression. This is also called full compression.

This should be reduced (modified) when the ABPI is <0.8 or when the patient is less tolerant of compression. A range between **20mmHg – 30mmHg** has been suggested and Coban 2 Lite system is documented to have **28mmHg** resting pressures.

Is Coban 2 system a short stretch bandage system? And can I use it on immobile patients?

Coban 2 system contains elastic and inelastic fibres. Coban 2 system has short stretch characteristics to reduce application error. The inelastic fibres help reduce application error and the system still achieves 40mmHg resting pressures. The stiffness of the system gives high working pressure, which makes it suitable for **mobile** and **immobile** patients.

Why does Coban 2 system only have one kit size?

Other compression systems use ankle circumference to select an appropriate kit to deliver a given pressure. However, both **pressure and stiffness** of the material are key to effective compression.

Stiff material produces high pressure peaks when the calf muscle contracts and expands (unlike elastic).

The consensus document states, that achieving a **high pressure** over the **calf muscle alone** may be a **more effective** way of improving venous return – a progressive compression as compared to graduated compression.[2]

This is achieved with a non elastic compression system such as Coban 2 system, which is proven to be effective in delivering sustained therapeutic compression.[3]

Why should I use Coban 2 system?

Coban 2 system provides the attributes described overleaf by the expert working group, as forming part of an 'ideal' compression system.[1]

Efficacy and effectiveness in practice as well as positive Health Economic outcomes, have been proven with Coban 2 system when to compared to K-Two® and Profore® systems.[4]

Ordering information

Venous leg ulcers

Can be worn for up to seven days.

Find out more on VLU management at **www.3M.co.uk/VLUmanagement**

Indication	3M Code	PIP Code	NPC Code	Description	Roll dimensions
For mixed aetiology leg ulcers ≥0.5	2794E	355-1439	ECA203	3M™ Coban™ 2 Lite Compression System kits (2 rolls) ABPI ≥0.5	One size
	20714*	365-4969	ECA218	Comfort Foam Layer 1#	10cm x 2.7m
For venous leg ulcers ≥0.8	2094	322-3062	ECA136	3M™ Coban™ 2 Compression System kits (2 rolls) ABPI ≥0.8	One size
	20014*	365-4894	ECA210	Comfort Foam Layer 1#	10cm x 3.5m
Toe boot bandaging	20012	365-4886	ECA209	Comfort Foam Layer 1#	5cm x 1.2m
	20022	365-4928	ECA213	Compression Layer 2#	5cm x 2.7m
Individual toe bandaging	20721	365-4985	ECA220	Compression Layer 2#	2.5cm x 3.5m

*Comfort foam layer may be purchased as as single item for those clinicians wishing to use additional comfort foam layer material to reshape dysmorphic limbs.

Chronic oedema/lymphoedema

Twice weekly application clinically proven to reduce limb volume.

Indication	3M Code	PIP Code	NPC Code	Description	Roll dimensions
For arms, shoulders, fingers and toes	20713	365-4951	ECA217	Comfort Foam Layer 1#	7.5cm x 2.7m
	20714	365-4969	ECA218	Comfort Foam Layer 1#	10cm x 2.7m
	20716	365-4977	ECA219	Comfort Foam Layer 1#	15cm x 2.7m
	20721	365-4985	ECA220	Compression Layer 2#	2.5cm x 3.5m
	20723	365-4993	ECA221	Compression Layer 2#	7.5cm x 3.5m
	20724	365-5008	ECA222	Compression Layer 2#	10cm x 3.5m
	20726	365-5016	ECA223	Compression Layer 2#	15cm x 3.5m
For legs, hips and torso	20012	365-4886	ECA209	Comfort Foam Layer 1#	5cm x 1.2m
	20014	365-4894	ECA210	Comfort Foam Layer 1#	10cm x 3.5m
	20016	365-4902	ECA211	Comfort Foam Layer 1#	15cm x 3.5m
	20022	365-4928	ECA213	Compression Layer 2#	5cm x 2.7m
	20024	365-4936	ECA214	Compression Layer 2#	10cm x 4.5m
	20026	365-4944	ECA215	Compression Layer 2#	15cm x 4.5m

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References

1 Mosti G, Partsch H. High compression over the calf is more effective than graduated compression in enhancing venous pump function. Eur J Vasc Endovasc Surg 2012; 44: 332–6.
2 Harding K et al. Simplifying Venous Leg Ulcer Management. Consensus Recommendations. Wounds International 2015.
3 Moffatt C et al. A randomised controlled 8-week crossover clinical evaluation of the 3M™ Coban™ 2 Layer Compression System versus Profore™ to evaluate the product performance in patients with venous leg ulcers. Int. Wound Journal 2008; 5:267-279.
4 Guest JF et al (2015) Outcomes and cost-effectiveness of using a two-layer cohesive compression bandage, a two-layer and a four-layer compression system in clinical practice in the UK, Journal of Wound Care, Vol 24, No. 7.

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