CASE STUDY EXPLORING PATIENT CHOICE, CONCORDANCE, HEALING AND A TWO LAYER COMPRESSION SYSTEM. (K TWO)

AUTHORS

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INTRODUCTION:

The management of patients with long-term recurrent venous leg ulcers involves a number of pertinent issues ie: patient assessment, appropriate management, delivery of care, patient concordance and quality of life.

This case study demonstrates how the use of the **K Two** compression bandage system addresses these issues and takes into account the associated potential risks and cost implications of long-term compression therapy.

HISTORY:

An elderly patient with long standing, recurrent, bilateral venous leg ulcers was referred to the specialist leg ulcer clinic. Despite prior referral, the ulcers remained unhealed as a result of practice nurses unable to offer/ undertake multi-layer compression bandaging and the patient's non-concordance.

Following a full assessment and discussions with the patient a new two layer system was applied. At the outset the ulcer on the left limb measured 16cm long and 9cm wide and extended to the posterior, on the right limb there were 3 ulcers measuring 6cm x 5.5cm 5cm x 6cm and 5cm x 4cm, all were deep dermal with shallow edges, granulation was 100% with moderate exudate and no malodour.

METHOD AND MANAGEMENT:

The patient had negative memories of previous compression therapy so following full assessment and patient discussion, it was agreed to commence treatment with **K Two,** a non-bulky 2-layer compression system which is easy to apply and allows for the wearing of normal footwear.

Successful treatment depends on both patient concordance and understanding of compression [1] and the partnership of the nurse and patient sharing in the decision-making process of the appropriate treatment [2,3]

RESULTS:

- The patient found **K Two** comfortable to wear on both legs throughout the 7 day wear time, allowing her to wear reasonable footwear. From the nurse's perspective, **K Two** was quick and easy to apply allowing her to concentrate on psychological support and essential skincare.

- The healing time was 17 weeks for the right leg and 22 weeks for the left leg. The initial progress was dramatic, with a reduction in wound dimensions, which reinforced the choice of the bandaging regime as appropriate for the patient and nurse. The bandage system addressed the concerns and issues of bulkiness and the ability to wear reasonable footwear.

- By week 22 healing was complete in both limbs and the patient was able to wear hosiery. The patient continues to be monitored and remains healed.

Figure 1 – left leg pre K Two

Figure 2 – right leg pre K Two

Figure 3 – left leg post K Two

Figure 4 – right leg post K Two

(1) Cullum NA, Nelson EA, Fletcher AW, Sheldon TA, (1999) Compression bandages and stockings for Leg Ulcers. Systematic Review. Cochrane Wounds Group. Cochrane database of systematic reviews issue 4. **(2)** Myers F Macdonald C (1996) Power to the People? I nvolving users and carers in needs assessments and Care Planning: Views form the practitioner. Health and Social Care Community 4 (2) : 86-95. **(3)** Briggs S (2007) Leg ulcer Management: How addressing a Patient's pain can improve concordance Wound Essential vol 2 p 84-89

CONCLUSION

This case study brings to light a number of pertinent issues relating to managing patients with venous leg ulceration, namely patient assessment, appropriate management, operational delivery of care and concordance. Without consideration and addressing these issues, in a collaborative manner, patients will remain unhealed with the associated risks and costs this brings. K Two was able to address both the issues and concerns associated with venous leg ulceration. The reduction in treatment to once a week and the speed of wound healing not only improved the patient's quality of life but meant less nurse time and therefore effective use of resources.