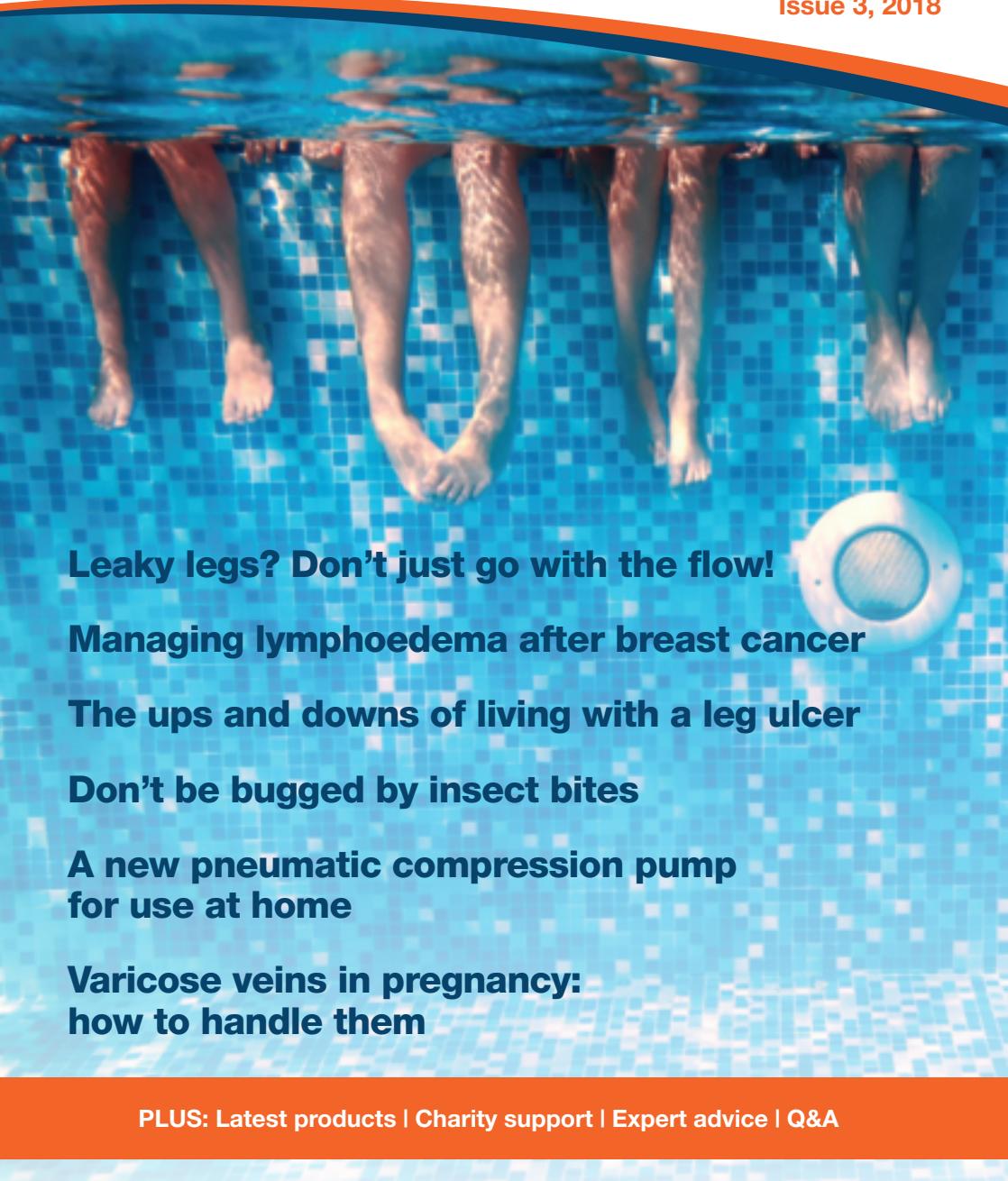


# In this together



Making compression better

Issue 3, 2018



**Leaky legs? Don't just go with the flow!**

**Managing lymphoedema after breast cancer**

**The ups and downs of living with a leg ulcer**

**Don't be bugged by insect bites**

**A new pneumatic compression pump  
for use at home**

**Varicose veins in pregnancy:  
how to handle them**

**PLUS: Latest products | Charity support | Expert advice | Q&A**



People. Health. Care.

## Which L&R hosiery solution is best for me?

At L&R we offer hosiery to prevent and care for a wide range of leg problems. Here, leg health expert, Dr Leanne Atkin helps you to identify what hosiery solution may be best for your patient.



**"My legs feel heavy and achey"**

"Heaviness and aching can be one of the first signs of venous disease, which is very common. To prevent the problem getting worse **Activa® Hosiery** may be the ideal solution."



**"I have visible 'thread like' veins on my legs..."**

"Thread veins or spider veins can be a sign of early venous disease and are often seen first around the ankle as blood tends to pool at the lowest point. To help circulation, **Activa® Class 1 or 2 hosiery** may be the answer."



**"My legs are swollen..."**

"Leg swelling is very common. If it is present, it is important that the hosiery used is specially designed to contain and help reduce the swelling. **Actilymph®** and **Adore®** hosiery are knitted to prevent the build-up of swelling during the day."



**"I want to look and feel good wearing hosiery..."**

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**The full L&R hosiery range is available via Daylong at: [www.extrapairs.co.uk](http://www.extrapairs.co.uk)**

**Dr Leanne Atkin PhD MHSc RGN is a Lecturer Practitioner and Vascular Nurse Consultant.**



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Opinions expressed in the articles do not necessarily reflect those of Daylong. Any products referred to by the authors should only be used as recommended by manufacturers' data sheets.

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**Juzo®**  
Lymphology

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A new standard in lymphology



### Model

### Toe Cap

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- + particularly soft
- + micro-massage effect

### Colour



Sesame



Almond



Black pepper

### Product features



seamless  
knitting



OTS

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# In this together: helping you to help yourself

Self-care describes the actions you take to manage your own health. Of course not everyone can or wants to self care, but for many people, the ability to look after themselves is crucial for their independence and to help them to come to terms with living with a chronic condition.

On p.14 we hear from Tracy about her experience of living with a chronic leg ulcer. Her brave account describes how a chronic wound can impact on every aspect of life. We also hear from Leanne, her clinician, about how they have worked together to ensure that the care of Tracy's ulcer fits into her busy life as much as possible, in order to reduce its impact on Tracy and her family. Key to this was arming Tracy with the skills and knowledge to care for her ulcer at home, with the support of Leanne, should it be needed.

Tracy is lucky to have built this relationship over many years, but sadly not all patients benefit in this way. A good relationship between professionals and patients is key to ensuring that patients are supported in their efforts to self-manage.

If you wear compression, you are already engaged in self-care, and recognise the importance of this in managing your condition.

Legs Matter is a campaign (p.28) that aims to raise awareness of conditions of the legs and feet among healthcare professionals so that everyone can get the advice and help they deserve to live with

problems of the lower limb in the long-term. Please read the feature to find out how you can lend your support.

This issue also has a focus on arms too (p.10), in response to some of our readers asking for more information on secondary lymphoedema following breast cancer treatment. If there is anything you would like included in future issues, please let us know.

If you wear compression, you are already engaged in self-care and recognise the importance of this in managing your condition. As always, the rest of the issue is packed with more information, advice and tips to make using compression as easy as possible because we are in this together.



Mark Hudston,  
Marketing Director,  
Daylong

We would love to hear from you. Please write to us!  
[editorial@daylong.co.uk](mailto:editorial@daylong.co.uk)



# Leaky legs? Don't just go with the flow!

Leaky legs or lymphorrhoea can have a major impact on quality of life, often leaving sufferers in pain and discomfort. Find out what causes the problem, and what can be done to manage it.

Lymphorrhoea is a condition more commonly referred to as 'leaky legs', or 'wet legs' in which an excessive amount of lymph fluid leaks through skin of the lower limbs. The condition indicates an underlying problem with the venous and/or lymphatic systems and their ability to handle fluid.

## What causes lymphorrhoea?

Oedema occurs when fluid begins to accumulate in the tissues. Usually, the lymphatic and circulatory systems are responsible for balancing fluid drainage, but if one or both systems are compromised in any way, the fluid can't be cleared and it builds up in the tissues, where it results in oedema.

Lymphoedema occurs when there is a problem with the lymphatic system that results in swelling. There can be a primary cause (where genetics result in missing or failing lymphatics) or secondary where part of the lymphatic system, usually lymph nodes, are removed or damaged through trauma or surgery.

Chronic oedema is often caused by venous return problems. Faulty valves in



the leg veins can lead to the backflow of blood which pools, increasing pressure in the veins and forcing fluid into the tissues.

As swelling progresses, and if not well managed, legs can become very swollen, causing the skin to stretch and blisters to appear. Fluid then leaks out of the legs as it has nowhere else to go, as both the lymphatic and venous drainage systems are too congested.

A number of factors are known to contribute to wet legs. Often it is



brought on by a sudden change in health or routine. For example, sitting more than usual, suddenly being less active, not wearing compression if it is needed, deteriorating health or an infection may all contribute.

The legs may appear wet and shiny, or have fluid running down them. The skin may be tender and cold and constantly wet.

Leaky legs can result in intense pain and discomfort due to the swelling and wetness. There is also embarrassment due to the size of the swollen limb and the leaking fluid. The legs may be heavier than normal making it difficult to move easily, to wear normal clothing and footwear. In addition, leaking fluid may cause staining of clothing, shoes, furniture and bedding. Sufferers may resort to making their own solution to manage the fluid using nappies, plastic bags and towels.

Skin damage may occur as a result of wetness. Skin may be white and boggy (known as maceration) or red and raw (known as excoriation).

Wet skin is also vulnerable to damage, which may result in chronic ulceration and is at a high risk of infection, such as cellulitis, since the damp conditions provide an ideal environment for bacterial growth.

Leaky legs can result in intense pain and discomfort due to the swelling...The skin may tender, cold, and wet.

## Solving the problem

Help is at hand as leaky legs can be treated in most cases. The key way to manage leaky legs is to address the underlying problem. You should discuss your general health with your doctor to identify any issues that may be contributing

to the development of lymphorrhoea. Investigations and blood tests may be needed.

Lymphorrhoea can then be managed by using compression therapy, skin care, leg elevation and exercise to reduce wound symptoms.

If the legs are very wet, the application of compression will result in the swelling reducing quickly. At this stage, the use of hosiery is usually avoided due to the rapid decrease in limb size and because the wet skin is vulnerable to trauma when applying and removing a garment. A quick reduction in swelling means that the compression bandaging that is usually applied may slip so it will need reapplying until the limb is stable. While reapplication may be inconvenient, positive results are often seen in the first few days after which frequency of change can be reduced. If you are able, you may be taught how to apply the bandaging yourself.

Once swelling is under control, hosiery can be used if this is considered suitable by your clinician. At this stage, the limb should be measured in accordance with the manufacturers of the selected hosiery to ensure the garment will fit.



Wrap systems can also be used and have the advantage of being self-adjustable as swelling reduces. The wearer can easily adjust the wrap to ensure the correct pressure is being applied to the limb. The wearer will also be able to remove the garment to cleanse and care for the limb and to change dressings if needed.

Whatever system is chosen, it must be acceptable to the wearer if treatment is to be a success. Whichever compression system is used, it must apply enough pressure to squeeze the veins and valves to stop backflow of blood. This in turn will reduce the pressure in the veins and lymphatic vessels allowing fluid to move into the circulation.

Dressings may also be used to absorb moisture. The dressing used should be suitable for the condition of your

skin and wound (if present). It should be comfortable, hold fluid well under compression and not cause any further damage to the skin. Your clinician will select a dressing that is suitable for your needs.

Wet skin can be fragile and vulnerable to damage in the continued presence of excess moisture. Skin should be protected with a product that provides a barrier against damage. Barrier products such as sprays and creams are available and should be applied to protect the skin.

Elevating the limbs to heart level can help with fluid return, as can even mild exercise such as flexing and bending the foot. For this reason, they are an important part of management.

It is important to know that wet legs can be managed, and that the sooner treatment starts, the better!



### **Joy Tickle, Tissue Viability Specialist, Shropshire Community Health NHS Trust advises:**



‘Leaky legs can cause many problems; increased risk of infection, high levels of discomfort, pain, embarrassment and inconvenience. Compression therapy plays a key role in the management of this condition. Initially, high intervention of care may be necessary, which can then be reduced/stepped-down once the condition has been stabilised. Whichever compression system is implemented the patient’s lifestyle, personal choice and practical needs must be jointly discussed with the clinician and patient to ensure the compression choice is both tolerable and acceptable to the patient.’

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# Managing lymphoedema after breast cancer

Lymphoedema is a common consequence of breast cancer treatment that can arise quickly or years later. Here we explain why it occurs, how to identify the early signs and what action to take to minimise its impact.



**L**ymphoedema is a term given to a build up of fluid in the tissues of the body. Secondary lymphoedema of the arm, hand and breast/chest area can occur after treatment for breast cancer. It is thought to affect around two in ten women\*.

Investigations or treatments for breast cancer such as surgery may result in one or more lymph nodes being removed, meaning that the lymph fluid has fewer drainage routes than before.

If radiotherapy is used in combination with surgery, then the risk of developing lymphoedema is increased. If lymph

nodes are damaged or removed, there is a lifetime risk of developing lymphoedema.

Lymphoedema may occur quite suddenly or gradually after treatment, or in some cases, years later.

## How do I know if I have lymphoedema?

In many people, symptoms of lymphoedema are mild. However, evidence shows that early intervention can help to keep the swelling at bay. So seek advice from your healthcare team if you notice:

- Swelling in the arm, hand, breast or chest that may come and go at first.



It may be worse following strenuous activity and at the end of the day

- Tightening of clothes and jewellery in the affected area
- Feeling of tightness in the arm, with or without swelling. This may be relieved by gentle exercise
- Dry, itchy and flaky skin in the affected area
- Aching, heaviness and discomfort in the affected area.



Once developed, lymphoedema is a long-term condition that can cause pain, discomfort and impaired use of the affected limb. It can also cause emotional distress and embarrassment as the swollen limb can restrict activity and choice of clothing.

## Management

Lymphoedema responds well to management in most cases, meaning symptoms can be controlled. The aim is to help the lymphatics cope with the fluid as well as they can, by taking steps to minimise fluid build up and help the flow of fluid through the lymphatic system. Doing

this can help to prevent the development of complications, such as extreme swelling and infection.

Wearing compression garments, taking good care of your skin (*below*), moving and exercising, good nutrition and using specialised massage techniques can all help to achieve this.

### Skin care steps

1. Wash the skin with a non-perfumed soap or cleanser and dry gently to avoid causing damage
2. Moisturise daily with a bland, non-perfumed cream or lotion
3. Take care when cutting nails and removing unwanted body hair
4. Use gloves and/or clothing to protect hands and arms when gardening, washing up or reaching into the oven
5. Inspect your skin daily for signs of damage such as bites, scratches, cuts, and sunburn, that could act as an entry point for bacteria. Wash and apply antiseptic cream if trauma is noticed
6. Avoid extremes of temperature
7. Avoid carrying heavy items, prolonged repetitive movement and over-exercising the affected arm.



## Compression in lymphoedema management

Compression works by helping to move lymph fluid from the tissues back into the bigger lymph vessels for clearance by the body.

This is achieved as compression forms a firm casing around the limb that provides support and resistance to the muscles when they move. This resistance increases the squeeze of the muscles, which in turn increases lymph flow. This can help to reduce swelling, improve limb shape and prevents further build up of fluid.

Compression bandaging may be needed if the skin is fragile and vulnerable to damage when applying an armsleeve, or if the limb is very swollen making a garment temporarily unsuitable. Once swelling and limb shape is stable, and providing the skin is not too fragile, a garment can be ordered in most cases.

Alternatively, and more commonly, compression garments can be used to deliver graduated compression. A wide range of garments are available, including wraps, kits, pumps, etc in different styles, fabrics and colours. Your clinician will work with you to identify the best one for you (a selection are featured opposite). Depending on the extent of swelling, the garment may include your hand and fingers too.

### TOP TIP

Compression garments should be replaced every 3–6 months, or when they lose elasticity. Younger or very active people may need to change their garments more often.

Manufacturers' sizes vary so when selecting a new product, you should be remeasured by your clinician using the manufacturers' guidelines. Remember that the size of your old garment may no longer be appropriate if your health circumstances have changed.

The fit of your new garment should be checked by your clinician to ensure the correct product has been supplied, that you can take it on and off, that it fits well and covers the whole area that needs treatment.

Your garment should feel firm, supportive and comfortable, and should be tight enough to provide resistance. If you feel tingling, numbness or pain, however, the garment should be removed.

It is key that you are happy with the garment as you need to wear it for the long-term management of your condition. Keep working with your clinician until you find a garment that meets your needs.

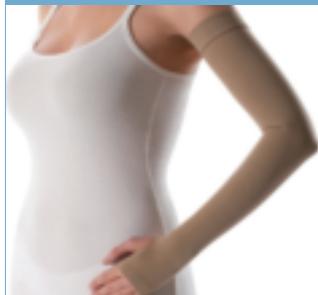
**Lymphoedema Support Network**

[www.lymphoedema.org](http://www.lymphoedema.org)

The LSN is a national charity that provides information and support for people with lymphoedema.



**Product name: Venosan**  
**Manufacturer: Credenhill**



- Unique SeaCell Pure technology provides pain relief and helps to reduce swelling
- Available in classes 2 and 3 made to measure in beige or black; Available in class 2 off the shelf, beige only
- Six styles
- Stiff fabric profile to contain limb swelling and prevent gathering in skin folds

**Product name: ReadyWrap**  
**Manufacturer: L&R**



- Low profile design
- Double sewn liner for one-handed application and removal
- Padded wrist and elbow for comfort
- Easy to use colour-coded VELCRO branded fasteners
- Adjustable to accommodate fluctuating limb circumference
- Available in 2 colours and 4 sizes

**Product name: Jobst Bella Life**  
**Manufacturer: BSN**



- For mild to moderate lymphoedema
- Armsleeve or gauntlet with thumb. Can be worn separately or together
- Available as Class 1 or 2
- Three sizes, two lengths
- Black or beige
- Armsleeve topband (knitted or dotted silicone)



# The ups and downs of living with a leg ulcer

I have two teenagers, two dogs and I run a business with my husband. I also have a chronic leg ulcer that I have lived with for most of my adult life.

At 20 years old, I had a deep vein thrombosis (DVT) while I was eight months pregnant with my son. Despite blood-thinning treatment, it recurred when he was just six-weeks-old.

At the time, I had no idea of the complications I would suffer in the years to come. I developed silver, papery-thin skin on my left ankle and for years suffered from throbbing and aching in my left leg that needed daily pain relief.

Unfortunately, I got a tiny cut to the inside of my ankle which refused to heal,



Tracy Goodwin.

and for several weeks I tried to carry on as normal, despite the smelly exudate running into my shoe. After a few weeks, I was sent to the hospital to have the wound dressed. It healed within 12 weeks, however, the throbbing pain and delicate skin on my ankle remained.

I went on to have my second child, and when my children were aged one and six years, I had a second knock to the same ankle. The skin broke down and the wound became infected. Overnight, it went from the size of a dot to a 50 pence coin. I ended up in hospital on intravenous antibiotics for several days. This time the ulcer didn't heal. Since then, it has closed over for weeks at a time, several times, but never permanently.

In 2008, I was elected for a vein transplant following consultant referral. It ended up being a vein bypass when a blockage was discovered below my knee. The operation was a success, in that it helped alleviate a lot of pain and throbbing (I had been to the GP to ask for amputation this was so bad) but still the ulcer didn't heal permanently.

My foot and toes have changed shape because of the ulcer. I've spent so many years walking on the side of my foot that the ligaments have shortened and I find it hard to straighten my foot. My left shoe is worn down more quickly than my right. Extra pressure is also placed on my

# veni mto



10 Styles

4 Grip top options

RAL CCL1 18-21mmHg  
RAL CCL2 23-32mmHg  
RAL CCL3 34-46mmHg

3 Compression Classes

3 Foot Lengths



9 Colours

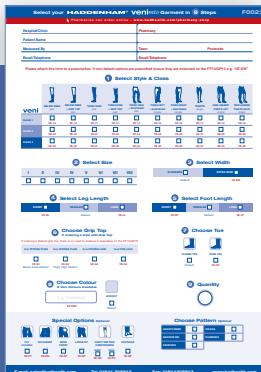
5 Panty Options

Standard Width  
or Extra Wide

3 Leg Lengths

Footless Tights

Open or Closed Toe



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2. Tick the options required and give to your patient.
3. If non-Default options are selected ensure that they are endorsed on the FP10/GP10  
e.g. Long Foot - Code: **VE-LF**





left knee and hip and I now have back problems arising from bad posture.

I have a broken metatarsal as a result of walking this way. It went undetected resulting in damage that can now only be fixed by surgery, but the surgeon is reluctant to operate due to my leg ulcer and the risk of infection it poses.

Last year I underwent further surgery so a skin graft could be applied to my wound to achieve healing, but it didn't work. This was frustrating since the reason the bone broke was because of the ulcer, and it is also the reason the bone can't be repaired. Surely I can't live with a broken foot for the rest of my life?

Living with a chronic wound has affected my life in every single way; it has affected my confidence. I haven't worn heels or strappy shoes for over 15 years. At times, I could only wear flat, backless mules or flip flops (which were all I could fit over the four-layer bandaging), even in the snow! I can't wear shorts, cropped trousers, or skirts without my leg and compression stocking being on display. It makes me feel old and ugly.

My social life is affected as I can't drink alcohol since being on warfarin prescribed after my first DVT. This, in combination with not being able to stand for long, and not being able to wear what I would like, means I avoid going out.

I have tried to stop the ulcer having an impact on my family life, and have spent many days in agony, walking around parks, museums, and shopping centres, walking the dogs and taking the children to clubs and activities.

However, I have had to miss out on running, skating, swimming, trampolining, dancing, sledging and exercising. Sometimes this was because of the risk of infection, my inability to wear the right footwear or the

fact that high impact activity was too painful. There have also been days when the pain is too much to go out at all. These days have been my lowest.

At its worst, the pain meant I could barely walk and spent 18 months sleeping on the sofa. I wasn't sleeping well, awake with pain, especially after a dressing change. Sleep deprivation is horrible and I wouldn't wish it on anyone. It affects everything; emotions, concentration, diet. I was taking over the amount of prescribed painkillers just to get through the day. I am not proud of this, and am grateful that I now don't need to take as many.

I feel the ulcer has ruined my career. Before my pregnancy and DVT, I was halfway through my nursing diploma. Nursing was all I ever wanted to do. I went back to university when my son was one

I have tried to stop the ulcer having an impact on my family life, and have spent many days in agony, walking around parks, museums, and shopping centres...



year old, but I just couldn't cope with the pain of being on my feet all the time during my placement.

My husband and I set up our own business — he is a heating engineer — and I have done admin for that ever since. It has allowed me to be at home when my children were young, however, it was not what I wanted to do but I don't think I would have been able to hold down a proper job with all the appointments needed and the days when the pain is too much.

### Treatment

In addition to surgery, over the years I have tried every dressing, spray, and cream going. I have also been in full strength compression; four-layer bandaging and hosiery kits. The ulcer has shown signs of improvement, but I have stopped getting my hopes up as it usually deteriorates quickly again.

I've also encountered some healthcare professionals who didn't seem too knowledgeable about leg ulcers and compression. For example, one practice nurse applied 4-layer bandaging so poorly that I had to remove it as a result of the pain it caused and was left with pressure damage all over my leg. After my skin graft last year, I was sent home with no compression at all!

I am grateful therefore that in 2003, I met Leanne and her team in Wakefield. We first met when I was diagnosed with a leg ulcer and referred by my GP to the vascular service. I have been under her care ever since.

I totally trust in Leanne and I know that she will do everything she can for me. As soon as a new treatment becomes available, she puts me forward for it.

I have a great relationship with Leanne, which has made a big difference to my ability to live with my condition. Due to my busy lifestyle, Leanne is flexible and fits my appointments in to suit me whenever possible. As I change my dressings at home, if I am ever concerned about my wound, I email Leanne to ask for advice and she will reply or arrange to see me in clinic.

I hate to think how hard coping would be without a trusted professional like her looking out for me. I recently had bad news about my foot and she sent me an email to cheer me up. She doesn't have to do things like that and I cannot tell you how much I appreciate it.

I have a feeling I will have this ulcer for the rest of my life, and hope Leanne is happy to work past retirement age!

My family and Leanne will agree that I get emotional about my ulcer. Tears of frustration that it won't heal, tears of self-pity when people are sympathetic, and worst of all, tears of sadness by the things that have been taken away. I am upset about the life I could have had, the career I should have had, and for the person I should have been. I hate feeling self conscious, disabled and unattractive; I hate that this ulcer has taken away my self-confidence.

I know there are people much worse off than me and when I am down, I remind myself of that. However, having a



chronic wound that affects my life in so many ways is hard going and I hope that by speaking out I can provide an insight to healthcare professionals of what it is like to live with an ulcer, and let fellow sufferers know that they are not alone.

I know I am in the minority having a leg ulcer at my age. I think it is important to understand what the impact of a chronic wound on a persons life is, so it can be minimised.



### **Dr Leanne Atkin, Lecturer Practitioner at the University of Huddersfield comments:**

**I** first met Tracy over 15 years ago when she was referred by her GP with a non-healing leg ulcer. Holistic assessment and vascular imaging revealed deep venous insufficiency. As she describes, Tracy underwent a deep vein bypass which was initially successful but she then developed secondary venous disease. This meant that surgery was no longer an option for Tracy and that her condition would need to be managed with wound care and compression therapy, possibly for the rest of her life. As a patient, Tracy is compliant with her treatment. Her ulcer is in a particularly awkward position making it even more tricky to heal. We have tried many management approaches. Currently, we are trying additional strapping of her malleolus but it is too early yet to see the impact of this intervention.

A couple of years ago, we changed our approach to the management of Tracy's ulcer. We decided to focus upon reducing the impact of the wound on Tracy's quality of life, rather than chasing the elusive healing. A key component of this has been to give Tracy the skills and knowledge to manage her care independently. She can now cleanse and dress her ulcer, and manage her pain successfully at home, while accessing advice and clinical intervention if needed. This has made living with a chronic wound more manageable for Tracy.

A positive in all this has been Tracy's success at sharing her experience of living with an ulcer with other healthcare professionals at conferences and through publications. Despite being her clinician and working with her closely for over a decade, hearing her speak for the first time about the impact of living with a chronic wound was powerful and emotional and made me consider the patient's experience from a new perspective.

Tracy is now a board member of Legs Matter giving a vital patient voice to the campaign. She makes a real impact when she describes what real life is like when lived with a chronic wound.'





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## 2. SPRAY



## 3. WAIT



## 4. DRESS

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Lee et al, 2009 • Dai et al, 2011 • Ahmed and Ikram, 2016 • Jayakumar et al, 2016  
Mezzana, 2008 • Okamoto, 2002 • Zarei and Soleimaninejad, 2018



# Don't be bugged by insect bites

During the summer months and warm weather, we are all vulnerable to pesky insect bites. For people with lymphoedema or vulnerable skin, however, insect bites are a cause for concern, as they can quickly lead to infection. Here we offer some advice on how to battle the bugs!



## 1 Prevent bites as much as possible

Use an insect repellent that won't dry out your skin. There are some available that use natural ingredients instead of harsh chemicals. Avoid any alcohol-based brands; look on the list of ingredients for products ending in 'ol'. Plug-in insect repellents may be useful for your room, and citronella candles for your garden.

## 2 Treat

As soon as the signs of a bite appear, treat it with topical cream designed for insect bites. An anti-histamine tablet will help to reduce itching and inflammation. If your skin is fragile and prone to damage, avoid itching. Cut your finger nails to avoid damage if the temptation to scratch proves too much!

## 3 When to get help

People with lymphovenous disease are at an increased risk of developing cellulitis, a skin infection. If you have had cellulitis before, you are more at risk of getting it again. Keep an eye on your bite and look for signs of spreading redness, swelling, heat and pain. If in doubt, contact your GP or if symptoms are severe, visit A&E.



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# A new pneumatic compression pump for use at home

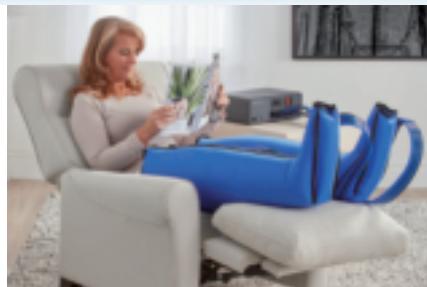
A new range of pneumatic compression pumps are now available for the management of conditions such as lymphoedema and venous insufficiency. Here we describe how the pumps can help you to easily manage your symptoms independently at home.

If you have a long-term condition such as lymphoedema, chronic oedema or a venous leg ulcer, self care can form a key part of coping with treatment.

Self care is the term giving to understanding your condition, and how you can help to look after yourself, with support from healthcare professionals when you need it.

If you live with symptoms caused by underlying lymphovenous disease, self-care may include learning how to carry out daily skin care, dressing changes and applying compression garments so that you can avoid the inconvenience of endless clinic appointments or nurse visits and carry out your care as part of your everyday routine.

Now with the new pneumatic compression pump range from Bio Compression Systems (distributed



in the UK by H&R Healthcare) you can deliver sequential graduated compression treatment in your own home.

The device simply delivers compressed air at a prescribed pressure to inflate and deflate the attached garment to provide graduated compression to the affected area of the body.

## What are the benefits of sequential graduated compression?

Sequential graduated compression helps to increase blood flow and move excess lymph fluid away from the affected area for clearance by the body. The benefits of this include:

- Pain reduction
- Improved mobility
- Improved blood and lymph flow
- Promotion of wound healing
- Reduced risk of infection
- Reduction in limb volume.



These benefits can be gained by using the pump for one hour per day each day.

Using a pump enables you to take more control of the daily problems associated with a chronic condition and are designed for use in the home

- The pumps have a sleek, lightweight design
- Pumps have an extremely quiet running cycle

- A unique and lightweight range of garments are available to use with the pump. Custom-made garments are also available.

The pneumatic compression pumps from Bio Compression Systems manage symptoms associated with chronic conditions and can dramatically improve your quality of life as experienced by users (below)



'I am truly thrilled, within a couple of months (using it most days for approximately three quarters of an hour) the size of my legs were reduced to almost normal. Unbelievable! Really excellent value for money. Lymphoedema, as I'm sure you're aware, can be very distressing leading to a lack of confidence due to the change in body image and to reduced mobility. I now have my life back!'

#### **Pump user 1**

'I have to say a huge thanks to you, your company and Bio Compressions in the US for sticking with me to get the right garment for my condition. The Bio Pants give me a good reduction of my leg size (5–8cm!). They also help to dissipate the uncomfortable accumulation of lymph in front of my toes as well as me getting improvements all up my left leg. I also want to express my thanks for the standard of after care.'

#### **Pump user 2**

**Contact H&R Healthcare, for your lymphoedema/vascular practitioner for a FREE, no obligation 10-day in home trial**

www.hrhealthcare.co.uk; email: info@hrhealthcare.co.uk, tel: 01482 631606

*(Note: The H&R Healthcare Clinical Specialist will contact your treating clinician at your request to assess your suitability for trial).*



# Compression problems solved

Our Daylong expert provides advice on dealing with problems associated with wearing compression garments during the summer. If you have a question, please write to us at [editorial@daylong.co.uk](mailto:editorial@daylong.co.uk), and we will try to help

**Q.** I have lymphoedema in my arm that I usually manage with a thick, black compression arm sleeve. However, in the current heatwave, it is so hot I am considering removing it. Is this ok?

**A.** As you probably know, it is not a good idea to stop wearing your compression as it helps to keep your swelling at bay. Without it, you may see a gradual return of the swelling which will no doubt also be uncomfortable in the hot weather.

A compromise is to wear a lighter garment, in a more breathable fabric. A range of differing materials and colours are available from different suppliers. For example, you may prefer a finer, skin-coloured garment for the summer months.

Depending on the strength of compression recommended by your clinician, wearing a lighter garment may mean compromising on the amount of compression delivered, but this is preferable to no compression at all on hot summer days.

**Q.** I love swimming in the summer but wear a compression arm sleeve for lymphoedema following breast cancer treatment. Is it a bad idea to swim and to remove it?

**A.** It is well known that mild to moderate exercise such as swimming is beneficial as it helps the muscles to pump lymph fluid through the body. Exercising while wearing compression enhances this effect. It is recommended that you wear a garment to swim. Ideally, use an older garment approaching the end of its life for swimming; the chlorine will eventually have an adverse effect on the elastic fibres in the garment, and may reduce the product life of a new arm sleeve.

While in the pool, you might want to also do your usual arm exercises as the water provides resistance, giving added benefit.

As with any exercise, start slowly, gradually building up as you feel able. Listen to your body and stop if your affected arm hurts.

The advice given here is for commonly encountered problems and is in no way prescriptive. If you are concerned or unsure in anyway, please seek expert advice. It is advisable to undergo a thorough clinical assessment to make treatment choices that are suitable for you.



Comfort, Health and Style!

ASK YOUR CLINICIAN  
ABOUT JOBST

## LOOKING AFTER LEGS

THE JOBST® SOLUTION PROVIDING **SIMPLICITY, SELF-CARE, CHOICE**

### JOBST® UlcerCARE™

A two-layer compression system for the treatment of venous leg ulcers and prevention of ulcer recurrence



### JOBST® FarrowWrap®

An adjustable short-stretch wrap compression system for swelling conditions and ulceration of the limb



### JOBST® Circular-Knit Compression Hosiery

Discreet and effective compression hosiery for venous and lymphatic conditions

**JOBST® Opaque, JOBST® UltraSheer, JOBST® forMen range**



### JOBST® Elvarex®

Custom-fit, flat-knit compression garments for the treatment of chronic oedema / lymphoedema



## EMPOWERING YOU EVERY STEP OF THE WAY

To find out more about the benefits of JOBST compression ask your healthcare professional or visit [www.bsnmedical.co.uk](http://www.bsnmedical.co.uk) for more information.



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# Varicose veins in pregnancy: how to handle them

Varicose veins commonly occur during pregnancy, and while they won't cause any harm, they can be unsightly, painful and itchy. Here, we explain why they occur and what can be done to minimise them throughout pregnancy and beyond.

**V**aricose veins are a common occurrence in pregnancy. This is because a number of changes to the body designed to help the baby grow also increase the risk of them developing.

Hormones produced during pregnancy relax the walls of the veins, making them dilate and preventing the valves within the vein from closing properly. This allows the backflow of blood which pools in the veins, making them swollen, enlarged and visible through the skin.

Progesterone has this effect early in pregnancy, while in the later stages, the hormone relaxin, which prepares the body for birth, causes the veins to dilate.

The volume of blood in the body is also increased to supply nutrients to the developing baby during pregnancy. This extra blood volume puts further

strain on the veins, causing them to relax and widen further.

As the baby and uterus grow, the weight puts extra pressure on the veins in the pelvis, causing them to dilate.

All of these factors unfortunately contribute to the development of varicose veins in women who are pregnant.

In most women, varicose veins significantly improve following birth and when pregnancy hormone fluctuations return to normal. However, the risk of varicose veins remaining increases with each pregnancy.

Compression, exercise, elevation and maintaining a healthy weight will all help to minimise the appearance of varicose veins and symptoms such as swelling, aching and itching during gestation.

Compression is an easy and effective way to provide support to the veins.



Graduated compression garments provide the most pressure at the ankle and decrease in pressure as they rise. This helps to encourage blood flow upwards towards the heart; this effect is increased when the leg muscles contract and relax during exercise.

The compression garment must be supportive but not too tight, and should be removed if any pain occurs.

The garment can be worn after pregnancy too, until your circulation and hormones return to normal. If varicose veins remain following pregnancy, seek advice from a healthcare professional on how best to manage them. They may be treatable by surgery, or compression may be needed in the long-term.



'After 5 months of my first pregnancy my foot and ankle started swelling everyday. I found it unsightly and very uncomfortable!

After getting my hosiery from Daylong my leg stopped aching so much and the swelling went away. I would definitely wear compression hosiery during pregnancy if you can'.

Emily from Kent, UK.  
May18  
Venosan 4001 Below Knee

### Tips to ease the discomfort

- Avoid standing for long periods but if not possible, alternate standing on each leg to give a change of position and flex your ankles to improve blood flow
- Avoid crossing your legs
- Sit with legs elevated as often as possible
- Sleep with your legs higher than the rest of your body
- Do gentle antenatal exercise that improves circulation such as swimming, walking and light stretches.



To find out more about varicose veins in pregnancy and how to manage them, visit:



[www.daylong.co.uk](http://www.daylong.co.uk)



LEGS

MATTER!

# STAND UP FOR LEGS

Legs Matter is a coalition of eight healthcare charities and not-for-profit organisations that are working together to increase awareness, understanding and action on lower leg and foot conditions among the public and healthcare professionals.

Non-healing wounds of the leg and foot are one of the biggest health challenges in the UK. Chronic wound care costs the NHS between £4.5–5.1 billion each year. More than 40% of these wounds are leg and foot conditions (Guest et al, 2015). Despite this, they do not receive the care or attention they urgently need.

Many people have problems with their lower legs and feet. Leg ulcers are at least four times more common than pressure ulcers yet care is often inappropriate or too slow (Guest et al, 2015).

Every day, a lack of support and advice on the prevention of lower leg and foot conditions and the failure to correctly diagnosis and treat them have a negative impact on thousands of lives. Legs Matter believes that:

- Non-healing wounds of the leg and foot are one of the biggest health challenges of our time but it is a challenge that can be solved.
- Everyone has a right to good-quality lower leg and foot care that promotes healing and reduces the risk of harm
- We need to improve awareness, understanding and treatment of lower leg and foot conditions
- We can achieve more by working together than we can by working alone.

There is a lot that can be done to heal wounds on the lower legs and feet but frontline clinicians such as GPs, nurses



and pharmacists are not always aware of the most appropriate prevention and treatment options.

People requiring treatment for lower leg or foot conditions will encounter a number of healthcare professionals along the road from diagnosis to treatment.

We want to make sure every healthcare professional on that journey has the information they need to help the patient to take steps towards healthy, pain-free legs and feet.

We therefore encourage healthcare professionals to:

- Recognise the signs and symptoms of lower leg and foot problems
- Talk to patients about their leg and foot health
- Ask for further training if needed.

We also encourage everyone to take charge of their own leg and foot health by:

- Paying attention to your legs and feet
- Going to GP/pharmacist if things don't look right
- Demand better care if your leg or foot isn't improving.

The Legs Matter campaign aims to signpost you to the information and services that can help you to get the care

that you need, or, if you are caring for someone with problems of their lower limbs and feet, provide the right care for your patients.

Our free action pack containing materials that you need to promote Legs Matter in your local clinic, surgery, pharmacy, community centre or workspace can be accessed online and used to promote the campaign.

We are also working to ensure that MPs and Peers understand the issues affecting people with leg and foot conditions, so they can make sure policy reflects their needs.

If you are unhappy with the way you have been treated by your local GP or NHS, you can get involved with the Legs Matter campaign by helping us to lobby local MPs.

We have already written the letter, we just need your help in getting the message out there. We have a letter template on our website which can be printed out and posted, or emailed.

Please join us and stand up for legs!

*Guest J et al (2015) Health economic burden that wounds impose on the NHS in the UK. BMJ Open*

[www.legsmatter.org](http://www.legsmatter.org)



# Supporting you all Daylong



## What is a Dispensing Appliance Contractor (DAC)?

Businesses that can dispense products against prescriptions written by a GP or nurse prescriber are known as Dispensing Appliance Contractors (DAC).

Daylong is a DAC and this simply means that instead of collecting your prescribed products from your local pharmacy, we can send them to you free of charge at home. Using Daylong has many advantages:



### Speed

We dispense prescriptions within a maximum of 5 days, direct to your preferred address, free of charge.

### Accuracy

We are proud that we are 97% accurate in our dispensing.

### Choice

We hold a vast stock of ready-made products from lots of manufacturers, ready to go!

### Expertise and experience

We have over 50 years of experience in the compression industry, and over 20 years in compression garment dispensing, including made to measure products.

### Customer service

We are proud to have achieved a customer service rating of 96% based on feedback from our customers.

**For more information about our **FREE** prescription delivery service call us on 0115 932 0144 or visit [www.daylong.co.uk](http://www.daylong.co.uk)**



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All compression. All day long.

**NHS** Prescription Service

**Compression garments delivered directly to your home, clinic and hospice.**



**Speed.  
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Choice.**

We are proud of our  
**99% accurate dispensing rate\***

We are able to provide **any readymade and made to measure compression products** from all manufacturers

**Call us on 0800 195 0160, email [prescriptions@daylong.co.uk](mailto:prescriptions@daylong.co.uk) or visit [www.daylong.co.uk/prescriptions](http://www.daylong.co.uk/prescriptions) to see how we can help you and your patients.**



People. Health. Care.



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daily to achieve  
the maximum  
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