

In this together

Making compression better

Issue 5, 2019

Highlights from our first ever Patient Forum

In this together:
our progress over
the last two years

**Living with
a leg ulcer:**
one year on

Chronic oedema
and how you can
manage it

New treatments
for varicose veins

NEW
patient assist

GUIDE INSIDE

Patient assist:
ReadyWrap®
compression
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Why using the
right skin care
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What makes
wearing compression
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PLUS: Forest bathing | Lipoedema UK: raising awareness | Legs Matter



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



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<p>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.</p> <p>Content in this issue has been reviewed by the contributing clinicians.</p> <p>Version number CR065 V.5-09/19</p>		

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In This Together: our progress over the last two years

Unbelievably, it is now two years since we launched *In This Together*, with a promise to bring together everyone involved in compression therapy. Our vision then was to build a community to share experiences and ideas, and overcome challenges associated with compression therapy. Here at Daylong we are delighted with the progress we have made in striving towards this goal with your help and support, and that of our industry partners, clinicians, charities and campaigns.

Our first Patient Forum held in partnership with Urgo Medical in February 2019 enabled compression wearers to meet with manufacturers and clinical experts in an educational yet informative setting for the first time. The highlights of the day are shared on p.6–10. Everyone involved found the day a positive experience and left with new ideas for their long-term care.

Our recent online customer survey, again in partnership with Urgo Medical, had responses from over 500 of you and helped us to see what makes your experience of selecting and wearing

‘Coming together is a beginning; keeping together is progress and working together is success... thank you all for being a part of our journey.’

compression therapy a positive one (see p.24–26 for more detail). Thanks to everyone who took the time to contribute to both initiatives and provide us with valuable feedback.

On p.16 of this issue, we have an inspiring update on the progress of

Tracy Goodwin, who bravely shared her experience of living with a leg ulcer for over a decade in last summer’s edition. Her wound is now healed, aptly highlighting how we should never give up working together to try new products and treatments for existing conditions. In this vein(!), we have a feature from the Whiteley clinic (p.28–9) on the latest cutting edge treatments for varicose veins, and our usual campaign and charity updates, plus more besides.

A wise man once said: ‘Coming together is a beginning; keeping together is progress and working together is success’. Thank you all for being a part of our journey.



Mark Hudston,
Marketing Director,
Daylong

We would love to hear from you. Please write to us!
editorial@daylong.co.uk



Highlights from our first ever Patient Forum

In February we hosted our first Patient Forum, in partnership with Wound Care Today and Urgo Medical. The event was a great success and enjoyed by all who attended. Here, we present some highlights and hope you will join us next year!



On Wednesday 27th February 2019, the first Wound Care Today Patient Forum was held in partnership with Daylong and Urgo Medical.

The event was free-to-attend and provided an opportunity for people who wear compression to get together and share experiences in a friendly and informal environment.

The Forum started with two sessions running consecutively in the morning. The first session helped the delegates to identify if the care they were receiving was the most appropriate for them, and

discussed the importance of building a relationship with the clinicians responsible for delivering their care. From the start, the group were vocal and enthusiastic in sharing their experiences. The patients enjoyed sharing their different journeys, and finding out about the other care options available. The sharing of information was empowering, enabling the delegates to consider their options and feel able to discuss different approaches to managing their condition with their healthcare professional at a future time.

In the second session, skin care was discussed. The delegates made the most



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of the opportunity to get an expert view on the merits of the different cleansers and moisturisers available for the care of their limb. They found the information concerning the importance of maintaining skin integrity and how to select an appropriate moisturiser invaluable (see p. 22–23 for more information on skin care).

Exercise was also considered as part of this session, and the benefits of regularly undertaking gentle activity such as yoga, swimming and aqua aerobics were discussed.

Finally, the support and resources offered by various charities, including Lipoedema UK and the British Lymphoedema Society were highlighted, which the delegates found helpful, as some were not aware of all the assistance available when living with a long-term condition.

Michael Coppack, delegate:



'The highlight of my day was to meet other people with similar conditions and also to find out what other options I had

as a patient/consumer.

I would not necessarily expect my GP to be fully aware of them all.'

Kate Forster, delegate:



'It is brilliant to be invited to the patient Forum at Wound Care Today as it is so rare for patients to be able to give detailed feedback about their experiences and also to get the time to explore all the different garments available.'

It was great to have time to talk to the manufacturers and really interesting to do it as part of a group of patients.'

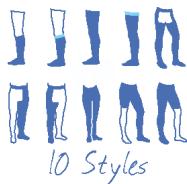
A two-hour lunch break followed, allowing attendees time to get to know each other, and also visit the exhibition where leading brands and manufacturers of compression garments were available to offer advice on the latest bandaging, hosiery and garments available.

It provided a real hands-on opportunity to get to grips with the products available and take away further information for future reference.

After lunch, the final session of the forum gave the patient group the opportunity to talk to about their experiences of product use — both good and bad — with product manufacturers.

The group raised interesting points around the colour of products

veni mto



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Mark Hudston, Marketing Director of Daylong:



'It was great to hear the patient voice for the first time discussing a wide-range of topics such as exercise, garment fabrics, their concerns and the challenges

they face. It is helpful to hear what we can do as manufacturers and industry to make

our customers happier and help them to manage their long-term conditions. The delegates also had the opportunity to look around the exhibition to find out what products and help is available to them.

Both Daylong and our partners at Urgo Medical put the patient at the heart of everything we do and we aim to support them at every stage of their compression journey. We are grateful to all of the people who attended the first patient forum, and look forward to working with them again and meeting new patients next year.'

available, with the patients suggesting the possibility of garments available in a range of skin tones, and the need to develop a variety of fabrics used to make compression garments. The ways in which the application of knee-length compression hosiery can be improved or made easier were also discussed.

The Patient Forum drew to a close, with delegates reporting a renewed sense of optimism around the management of their long-term conditions, and exchanging contact details with each other for ongoing support.



Mary Martin, Chair:



'Everyone attending the Patient Forum made a great contribution to the day. Ideas were exchanged, issues discussed and advice given by experts in a friendly informal environment. The day was very informative and positive, with one delegate commenting that the day had helped them to completely change their mind for the better on how they would approach their condition in the future'.

Patient Forum 2020

Don't miss your opportunity to attend the next Patient Forum
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Long-term swelling: could you have chronic oedema?

Do you suffer from swelling of your legs or feet? If it has been present for longer than 3 months, it could be chronic oedema. Read on to find out more about this common, but under-recognised condition, and how you can get help to manage it.



Chronic oedema is the term given to swelling of any cause that has been present for longer than three months.

Chronic oedema results when the lymphatic system fails to keep a balance between the fluid in the tissues and the circulation, leading to fluid collection in the limb and the development of swelling.

There are many reasons this can happen, ranging from standing or sitting for prolonged periods where gravity causes fluid to pool in the feet, or pregnancy and obesity in which extra

weight on the vessels in the tummy prevents lymphatic clearance. Other causes including surgery or trauma to the leg veins or lymph vessels, venous disease, or wider spread disease such as heart failure or renal disease. Some medications, e.g. calcium channel blockers or hormones, may also result in chronic oedema.

However, despite there being many causes and it being relatively common (see box opposite), chronic oedema remains poorly recognised by people with the condition, and by healthcare professionals.



Initially, swelling may be mild, and may go down after elevating the feet or going to bed. At this stage, it is common for the oedema to go untreated.

‘Chronic oedema is the term given to swelling that has been present for longer than three months’

With time, however, the swelling will not reduce with rest and as the tissues of the leg remain filled with fluid, the skin can undergo changes, making it vulnerable to damage and infection. For example, the skin on the lower leg might become hard, or excess lymph fluid may leak through the legs (lymphorrhoea) making them wet and causing skin damage.

As the swelling worsens, the size and weight of the limb increases, making it uncomfortable to move, and can be painful (Moffatt et al, 2017). This in turn can make it difficult to take part in the normal activities of every day life, and can lead to difficulties with relationships and work. The swelling may be very mild or it can be severe, distorting the shape of the limb, and making it heavy and difficult to move.

How many people does chronic oedema affect?

The number of people with chronic oedema is equal to or greater than the number of people with other long-term conditions, such as stroke.

It is thought that four in every 1000 adults in the UK have chronic oedema. For people aged over 85 years, this rises to 12 people in every 1000.

It is thought these numbers are an underestimate, since a lot of cases of chronic oedema go unreported, particularly in the early stages.

Source: Moffatt et al (2017) *Int Wound J* 14: 772–81

However, chronic oedema doesn't become severe overnight but unfortunately, it is often at this stage when patients seek help or when it is recognised

by healthcare professionals as needing treatment. Mild chronic oedema is often overlooked or ignored by patients and healthcare professionals.

What to do if you think you have chronic oedema

If you have not yet seen a healthcare professional about your chronic oedema, you should visit your GP and explain your concerns. He/she should ask about the history of your swelling and should give you a physical examination to assess the swelling. Your GP may refer you for further investigations, for example, to a specialist oedema service.

Managing chronic oedema

The management of chronic oedema is made up of skin care, exercise, and



wearing compression. Combined, these three components of care help to improve and maintain skin health and drive fluid from the tissues where it causes swelling back into the circulation.

There are two recognised phases to treatment; an intensive phase where the aim is to reduce swelling over a period of 2–4 weeks (also aiming to heal any wounds that may be present), and a maintenance phase which aims to maintain the reduced swelling and prevent it from returning in the long term. It may be that compression bandaging or a compression wrap system is used in the intensive phase of management, and hosiery or a wrap in the maintenance phase.

Key to the success of the management is developing a plan of care with your healthcare professional that is suited to you personally. There is no 'one size fits all.'

In particular, if you have tried compression previously and felt unable to wear bandaging or compression garment in the long term, it is important to discuss alternative options with your clinician to find a solution that works for you. It is also important that you take as much responsibility for your condition as you are able to, since self care has been shown to result in the best results. That starts with seeking help if you suspect you have chronic oedema.



Rachel Drago, Advanced Nurse Practitioner, comments:



'If you have chronic oedema it is important to seek help from a healthcare professional as soon as possible. You may find it helpful to take this article with you when you visit your clinician to initiate the discussion around your concerns. Chronic oedema is a progressive condition, so the sooner that you start to manage it, the better. It is important so that worsening of the swelling and the development of associated complications can be prevented.'

It is vital to be assessed by a healthcare professional so that the underlying cause of your chronic oedema can be identified and treated if possible. It may be that simple changes such as altering your medication, or moving more if you spend a lot of time sitting in a chair, can help to reduce your oedema. Or it may be more complex, with lots of different factors combining to cause your chronic oedema.

Whatever your personal situation, your healthcare professional should work in partnership with you to find a plan of care that is tailored to you and your lifestyle that you are able to maintain in the long term.'



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Living with a leg ulcer: one year on

Just over a year ago, I was invited to tell my story at the Wound Care Today conference. I had been suffering with a leg ulcer for over 13 years and I wanted to give an insight into exactly how much a chronic leg ulcer can affect your life. My experience was also described in the Summer 2018 issue of this magazine. Had someone told me what this would lead to and how different my life would be now, I would never have believed them.

A company called Regen Medical was at the Wound Care Today event that day and they heard my story. They got in touch with my vascular nurse, Leanne and offered me a treatment called Epifix (by MiMedx) which is unfortunately not currently available on the NHS.



Tracy Goodwin.

I have tried many different treatments that all claim to be the next big thing and the one treatment that will 'definitely' heal my ulcer so we were a little sceptical, but decided to give it a go.

After a six month period of weekly treatments, my ulcer actually healed! For a while, I found it hard to believe and I still hold my breath when I uncover it, praying that it hasn't opened back up.

My life has improved so much since my leg got better. I have just returned from a holiday in Florida which is something I always wanted to do with my children but never would have been able to because of the pain I was in. Despite the fact they are now 19 and 14, it was still magical! We went to waterparks, swam with dolphins, went to loads of theme parks and walked for miles every day and not once did my leg stop me doing anything.

I was on a large amount of pain relief but have now completely stopped my painkillers and am able to walk at least 3 miles a day with our dogs (who are loving the new me!). Consequently, I am sleeping better, eating more healthily and feeling so much better. I can concentrate for much longer and can now finally look to the future, think about all the things I couldn't do before and choose a career that I really want to do. Some people say that life begins at 40, and I really hope they're right!



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Why using the right skin care product matters

The skin acts as a barrier to protect us from the environment. If the skin is dry and cracked, however, this function can be affected, and using the wrong skin care products can add to the problem. Read on to find out why the right skin care matters.



The skin is the largest organ in body, and has many important functions.

One of its key roles is to act as a barrier against the outside world. The epidermis, the outermost layer of the skin, performs this barrier function. In order for the epidermis to do its job well, it needs to be healthy and intact.

A wall of protection

Close up, the epidermis looks like a brick wall, with the 'bricks' or skin cells

held in place with a 'mortar' of natural fats (also known as lipids). These fats are responsible for maintaining the skin's hydration, firmness, and smoothness, and hold the skin cells or 'bricks' in place.

In its healthy state, there are no cuts or cracks in the skin, so its barrier function works perfectly. This brick wall-like structure makes the skin impermeable to foreign invaders, such as irritants, allergens, and micro-organisms.



The barrier function of the skin can be affected when the skin becomes dry and irritated. This results in damage to its defensive brick wall. This can happen as a result of exposure to things in the environment that strip the skin of its moisture and natural oils. This can include central heating, wind, sun and exposure to irritants such as abrasive skin care products. Once the defences of the epidermis are penetrated, more irritants can enter, and the skin may become red, dry and sensitive.

The barrier function of the skin can be affected when the skin becomes dry and irritated, resulting in damage to its defensive brick wall-like structure.

So why does skin care matter?

Some products are full of abrasive chemicals that can strip the natural fats from the epidermis, leaving it dry and red. Continued use may result in breaks in the skin which provide an entry point for bacteria and irritants.

These products can also disrupt the pH of the skin, making it more alkaline and therefore more hospitable to the unfriendly micro-organisms that prefer these conditions to the usual acidic environment of the skin.

Skin pH

The surface of the epidermis is designed to be slightly acidic, at pH 5.5. This is known as the acid mantle. The acid mantle protects us against infection, since the micro-organisms that could cause skin infection do not grow well in an acidic environment. Cleverly, skin-friendly bacteria are adapted to survive in these conditions.

Additionally, the enzymes that help the skin to shed old cells are activated at an acidic pH. Changes in pH can therefore affect enzyme activity and interfere with the skin's normal shedding process which could result in a build up of flaky skin.

The products we expose our skin to can sometimes affect its pH, and as a result, the protective function of the acid mantle.

In combination, cracked, irritated skin which allows entry into the body and a pH that favours micro-organism growth makes the risk of skin infection much more likely.

Cleansing and moisturising the skin regularly can help to maintain skin health but the right products must be used. Products that include perfumes and abrasive chemicals may strip the skin of moisture, and disrupt its pH, resulting in a damaged barrier function, so should be avoided. For all aspects of your skin care from cleansing to moisturising, look for gentle products with a skin neutral pH. Fragrance free, bland products will be gentle to the oily layer of the epidermis, helping to preserve its protective barrier. Look out for 'pH neutral' on the label. Skin-friendly products will cause minimal disruption to the skin, meaning it can work at its best.



What makes wearing compression a good experience?

Over 500 Daylong customers responded to our recent online survey to help us understand what makes wearing compression garments a positive experience for you.



Earlier this year, we held a survey via our Daylong website, in partnership with Urgo Medical, to find out about our customers' experiences of selecting, purchasing and wearing compression garments. The aim of the online questionnaire was to determine what factors contribute to making the process a positive experience for you. We had a great response, and thanks to everyone who took the time to take part — over 500 of you. Here, we share some of the key findings.

The majority of respondents reported having a very positive (35%) or positive (44%) experience of wearing compression, with only 8% having a negative experience and 13% feeling neutral about it (n=546).

Key contributing factors to a positive experience (n=543) were considered to be: comfort (76%); correct fit (66%); style (47%), ease of application (45%) and understanding the benefits of wearing compression (32%). Not surprisingly,



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negative experiences were reported as being caused by discomfort (39%), difficulty with application (35%), unsuitable style/colour (32%), incorrect fit (31%) and not being prescribed enough garments (28%).

Quality of life

The majority of respondents felt that wearing compression had a very positive (27%) or positive (53%) effect on their quality of life, with 18% feeling neutral about their experience, and only 2% reporting a negative effect (n=543).

Benefits of wearing compression

Most respondents reported being very aware (46%), extremely aware (33%) or somewhat aware (19%) of the benefits of compression with only 2% of wearers not aware of why they wore their garment.

Garment choice

When discussing compression with their clinician, 68% of respondents (n=368)

were not offered a choice of which hosiery they were prescribed, while 32% were. Of these, the most common choices (n=296) concerned deciding if the garment had an open or closed toe (74%), its colour (64%), style (52%), or brand (29%).

Education and support

Of the respondents, 71% had received no information in the last 12 months from their GP or healthcare professional informing them of the benefits of wearing compression. Similarly, 83% of respondents had received no advice, support or education in the previous 12 months in relation to applying and removing hosiery (n=541).

Despite this, 31% reported being very satisfied with the advice given, 42% satisfied and 21% were indifferent. Only 6% stated that they were dissatisfied.



Alison Schofield, Tissue Viability Nurse Specialist, North Lincolnshire and Goole NHS Foundation Trust comments:



'The results of the Daylong survey should help to remind all clinicians who prescribe compression garments of the importance of working in partnership with the patient when it comes to making choices about compression. Cosmetic elements such as colour and style are important decisions for the wearer. It is also no surprise that discomfort, poor fit and difficulty in applying garments are key contributors to a negative experience. We know these issues are likely to lead to garments not being worn with detrimental consequences for the patient.'

The survey also helps to remind us that we should be sure to continue to offer advice and support to patients once they have received their prescription, to ensure they get the best care possible.



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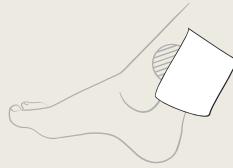
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Lee et al, 2009 • Dai et al, 2011 • Ahmed and Ikram, 2016 • Jayakumar et al, 2016
Mezzana, 2008 • Okamoto, 2002 • Zarei and Soleimaninejad, 2018



New treatments for varicose veins

New technologies are constantly emerging that successfully treat varicose veins, banishing them for good. Here, Professor Mark Whiteley provides an overview of the options available.



Visible varicose veins affect approximately 15% of the adult population. They are usually caused by venous reflux (blood travelling backwards) in the veins of the legs and pelvis. This reflux is primarily due to the failure of valves in the veins. A further 15% of adults have reflux in these same veins, but no visible varicose veins. This has several medical names including 'superficial venous reflux' (SVR). In 2011 I introduced the term 'hidden varicose veins' in my book *Understanding Venous Reflux: The Cause of Varicose Veins and Venous Leg Ulcers*.

It is now recognised that venous reflux deteriorates to cause leg symptoms (aching, heavy or tired legs)

Many people still regard 'varicose veins' as a cosmetic problem. In the UK this is compounded by the fact that we do not train vein specialists – venous surgeons or phlebologists. Varicose vein treatments are left to 'vascular' surgeons (arterial specialists), general surgeons, radiologists or other doctors who want to 'have a go'.



Mark S Whiteley,
Consultant Venous
Surgeon, The Whiteley
Clinic, London,
Guildford and Bristol;
Visiting Professor,
University of Surrey,
Guildford



or signs (venous eczema, hemosiderin, lipodermatosclerosis, bleeding, phlebitis or leg ulcers).

The principle of treatment is to stop the venous reflux. Before 1999 this entailed surgical ligation and stripping the incompetent veins. However, our research from 2007 and 2015 has shown the veins grow back without valves, and so the reflux recurs.

In March 1999 I introduced Endovenous Thermoablation (EVTA) into the UK. A catheter is passed up the target vein under ultrasound control. Local anaesthetic 'tumescence' is injected liberally around the vein which is then destroyed by heat. Our research has shown this to be achieved by both contraction of the protein and death of the cells in the vein wall.

The commonest methods of EVTA are Radiofrequency Ablation (RFA) and Endovenous Laser Ablation (EVLA). Steam Vein Sclerosis (SVS) has been around for some years. This year we introduced Endovenous Microwave Ablation (EMWA) to the UK. There are different devices for RFA and EVLA and it is beyond the scope of this article to go through the pros and cons of each device.

EVTA is used to close truncal saphenous veins, and in more specialised vein units to close incompetent perforator veins by TRansLuminal Occlusion of Perforators (TRLOP).

Incompetent pelvic veins that can cause leg varicose veins (our research

shows 17% of women and 3% of men presenting with leg varicose veins) are usually treated by coil embolisation using metal coils, often with foam sclerotherapy. There are intravascular 'plugs' and cyanoacrylate glue, but coils are by far the most popular devices.

More recently, Companies have been trying to achieve endovenous ablation but without heat to save giving tumescence. Foam sclerotherapy is used widely, although both laboratory and clinical research shows poor results in larger thick-walled veins. It is best reserved for small thin walled veins rather than truncal saphenous veins.

Mechanochemical ablation (MOCA) combines mechanical damage to the truncal saphenous vein wall with sclerotherapy, both performed simultaneously through one catheter. The mechanical damage allows the sclerosant deeper into the vein wall, giving better results than foam sclerotherapy alone. The most recognised MOCA device is Clarivein.

Cyanoacrylate glue (super glue) can be applied by ultrasound guided catheter. the glue immediately closes the vein and destroy it by a foreign body reaction.

The latest treatment for varicose veins is totally non-invasive and called Sonovein. High intensity focused ultrasound (HIFU) is beamed across the skin and focused on the target vein, causing thermoablation. I performed the first Sonovein treatment in the UK in May 2019.



Lipoedema UK: working hard to raise awareness

Lipoedema UK have been working tirelessly over the summer months to raise awareness of the condition among healthcare professionals to ultimately help the lives of people with lipoedema. Here they discuss just some of their activities!

The Lipoedema UK team has had a very busy summer, working hard and attending events all over the country to raise awareness of lipoedema. From new awareness materials, presentations to workshops, we have been making new contacts and spreading the word about lipoedema far and wide.

We attended a Legs Matter event and our member Emily, featured in a Legs Matter video where she talks about her personal experience of lipoedema and how her mindset helps her to tackle the condition.

Lipoedema UK also had a strong presence at various educational events for healthcare professionals. At several nursing study days, the team met nurses and student nurses, educating many of them for the first time about lipoedema, using our new awareness pack badges,



leaflets and posters to great effect.

Meanwhile, our Patron Professor Peter Mortimer spoke at a Royal College of Medicine event on 'How to recognise lipoedema'. Professor Vaughan Keeley presented at the East Midlands Obesity Symposium, as part of Lipoedema UK's conscious effort to increase awareness of lipoedema among the medical community who are managing obesity.

We also attended the 99th British Association of Dermatologists (BAD) Annual Conference from the 2–4 July, which was attended by 1200 international dermatologists, and where our stand raised a great deal of interest.

However, this is just a snapshot of the work we have done over the summer, and our work is not done! We believe in raising awareness all year long to improve the lives for those living with lipoedema.





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LEGS
MATTER!

STAND UP FOR LEGS

LIn 2018 a national campaign called 'Legs Matter' was launched with the aim of raising public awareness of common conditions which can affect the lower leg and/or the foot.

It highlights the importance of seeking out the right treatment in a timely manner and the level of care you should expect from healthcare professionals. The campaign focuses on conditions such



*Sarah Gardner, Tissue Viability Lead,
Oxford Health NHS Foundation Trust*



*Leanne Atkin, Vascular Nurse
Consultant (Mid Yorkshire NHS Trust)*



as leg and foot ulceration and chronic oedema (Leg swelling that has been present for more than 3 months; see p.12–14 for more information), but it also places a significant importance on the prevention of these conditions and what you need to do to look after your legs and feet.

Legs Matter, a Tissue Viability Society initiative, is run by a coalition of charities or not for profit organisations who have an interest in leg and foot conditions. Patients are at the heart of the campaign and we have four amazing patient partners helping to shape the crusade. They have provided a true insight into what is it like to live day-to-day with a lower limb condition, we encourage you all to read their blogs on the website – they truly are inspiring.

We are all passionate about improving care for patients and we know that this can be achieved through having a better understanding of leg and foot conditions and the evidence-based treatments that improve them.

How are we achieving this?

Since the launch we have made positive progress. First, we developed a website which can be accessed for free by both patients/ families/ carers and healthcare professionals www.legsmatter.org. The website has been developed through

consultation with patients and the public and covers a wide range of common conditions that affect the lower leg and foot. This site provides an abundance of high-quality information about leg and foot conditions and signposts users to trustworthy sources of support.

On 3–7 June this year, we had our first ‘Legs Matter’ awareness week that aimed to increase awareness of the campaign across the UK. The event received far reaching media attention through newspaper, online publication and radio coverage and hundreds of NHS clinicians across the UK got involved in promoting the campaign by running staff and public health events. Feedback about the awareness week has been really positive and we hope to make this an annual event.

What can you do to support Legs Matter?

We hope that the Legs Matter campaign will be of interest to you. Please take time to visit our website and spread the word to your family and friends. Don’t forget, this is not just for those who have an existing leg or foot condition, it’s also about looking after our legs and feet to prevent some of these conditions developing. We welcome you to our campaign – together we can reshape and improve care for legs.



www.legsmatter.org



The treemendous benefits of forest bathing

Forest bathing has hit the headlines in the UK recently, when the Woodland Trust suggested it should be recommended by GPs to boost wellbeing. The Japanese have practiced it for years, so what is forest bathing, and what are its benefits?

Forest bathing is taking time out to slow down and connect with nature.

It is known as shinrin yoku in Japan, and has been practiced there since the 1980s. It is thought to be beneficial for both mind and body by boosting the immune system, lowering blood pressure and stress hormones, improving concentration and memory, and promoting sleep.

Forestry England has recently endorsed the practice as a way of regaining balance and escaping the pressures of everyday life. So how do you forest bath?

Turn off your phone

You don't want any distractions!

Go slow...

Take your time, walk slowly or even stop. Relax and make sure you are taking in your surroundings.

Breath deeply

Breath out for twice as long as your in breath. This helps you to relax.

Stop

Stand, sit or even lie down. What can you see, smell, hear, feel? Keep your eyes open to experience the relaxing colours of nature.

Stay awhile

Build up to the recommended two hours for maximum health benefits.



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