

In this together

Making compression better

Issue 6, 2020

patient assist

GUIDE INSIDE

How to **take good care of your skin** with the **PROSHIELD** Skin Care Range

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Charity news Dates for your diary

Supporting you all **Daylong**



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 you.



"My legs feel heavy and ache..."

"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 for you."



"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 your ankle as blood tends to pool at the lowest point as our veins become less effective at transporting blood to the heart. To help your circulation, **Activa® Class 1 or 2 hosiery** may be the answer for you."



"My legs are swollen..."

"Leg swelling is very common, if you suffer with swollen legs or feet, it is important that you discuss this with your doctor or nurse. If you have swelling it is important that yours is specially designed to contain and help reduce the swelling. **Actilymph®** is knitted to prevent the build-up of swelling during the day."



"My hosiery is difficult to apply..."

There's a knack to applying hosiery, and finding the best way to apply it for you takes a little practice. An **Actiglide®** applicator may help to make life easier when applying your hosiery. It helps your hosiery to glide onto your leg without excessive pulling and tugging and can be used with open and closed toe hosiery.



Before wearing hosiery it is advisable that you see your GP or health care professional for a full holistic assessment to ensure suitability for the therapy.

Dr Leanne Atkin PhD MHSc RGN is a Lecturer Practitioner and Vascular Nurse Consultant.
For more information on leg health and hosiery solutions visit www.Lohmann-Rauscher.co.uk/leg-advice

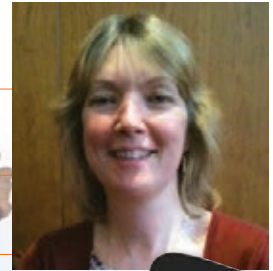


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Opinions expressed in the articles do not necessarily reflect those of Daylong. Any products referred to by the authors should only be used as recommended by manufacturers' data sheets.

Content in this issue has been reviewed by the contributing clinicians.

Version number CR065 V.6-02/20





Individual care

Self-management in compression therapy with
Juzo Compression Wrap: designed for
woundcare · easy to use · reversible beige and black





In This Together: helping you to live your life with compression

Welcome to the latest edition of *In This Together*. This issue we are focusing on helping you to understand why compression therapy is important in the long-term to maintain your quality of life.

'We are passionate about sharing knowledge and offering support to our customers so that you have all the information you need to make decisions about your compression therapy so that you can enjoy living life to the full.'

There is no doubting the fact that compression is the gold standard treatment for the management of venous leg ulcers and swelling resulting from chronic oedema and lymphoedema.

Research has revealed, however, that a key reason people fail to continue to wear their compression garments in the long-term is a lack of understanding of the role that compression plays in helping to correct the underlying cause of ulceration and/or swelling. Another reason is pain; when it is uncontrolled or caused by ill-fitting compression, it is natural to remove it in order to find some relief, but on doing this, compression therapy is stopped.

Throughout this issue we offer advice on the common issues that might stop you

wearing your compression bandaging or garment, and how to overcome them.

Our second Patient Forum, in partnership with Urgo Medical, is taking place at Wound Care Today on the 26th February. The event offers the opportunity to learn about compression-related issues, and to meet

other compression wearers

to share experiences, and experts to seek advice and support. There is also the opportunity to visit an exhibition packed with all the latest compression products available. If you can't make it, be sure to catch up with all the news from the event in our next issue!

As always, here at Daylong we are passionate about sharing knowledge and offering support to our customers so that you have all the information you need to make decisions about your compression therapy so that you can enjoy living life to the full! 



Mark Hudston,
Marketing Director,
Daylong

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



How to prevent leg ulcers and swelling from coming back

Venous leg ulcers and accompanying swelling can recur, often as a consequence of stopping compression therapy. Here we explain why this happens, and how wearing your compression can help to break this cycle.

For many people with venous leg ulcers, a cycle of ulceration and healing, only for the ulcer to come back again, is not uncommon. Recurrence of an ulcer within three months of healing is thought to happen in 70% of people (Franks, 2016).

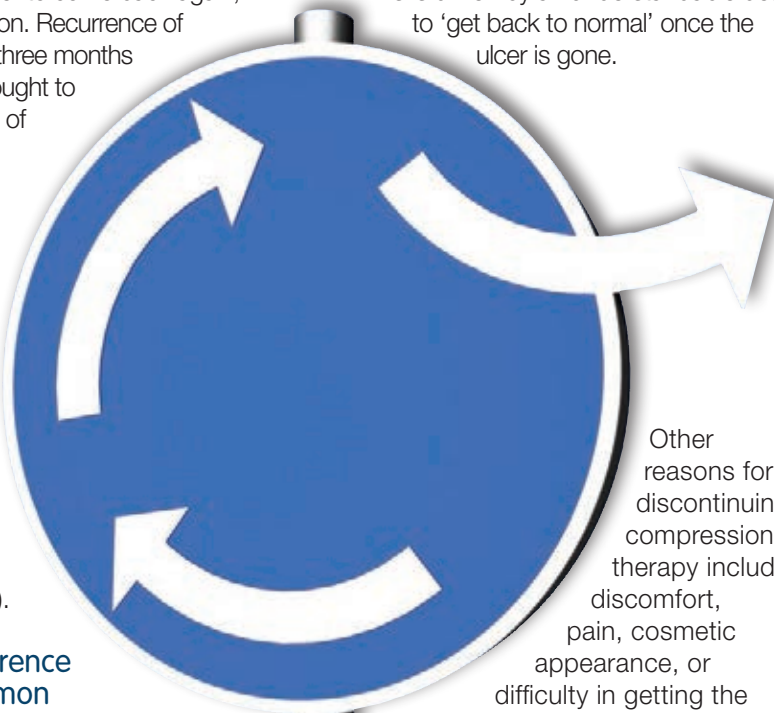
For some, the uncertainty surrounding this cycle of healing and ulceration can be stressful and an ever present worry (Chase 1997; Hopkins 2004).

Why is recurrence such a common problem?

One of the reasons that a leg ulcer can recur is thought to be linked to stopping compression therapy. Once a leg ulcer is

healed, compression is discarded because the wearer feels that they are now better.

This is driven by an understandable desire to 'get back to normal' once the ulcer is gone.



Other reasons for discontinuing compression therapy include discomfort, pain, cosmetic appearance, or difficulty in getting the garment on or off. If this is the case, speak to your healthcare professional and they should offer help and advice.



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LEGS?**



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However, it is important to remember that the reason the ulcer healed in the first place is because compression helps to treat the underlying problem, and this remains, even when the leg ulcer is no longer there.

'It has been shown that continuing to wear compression after a venous leg ulcer has healed offers the best chance to prevent recurrence of the ulcer.'

of treatment with compression, the underlying cause will still remain. For this reason, it is recommended that you continue to wear compression to keep the underlying problem under control.

What is the underlying problem?

If you have been prescribed compression therapy and advised to wear it in the long term even though your ulcer has healed, it is because you have had a venous leg ulcer as a result of an underlying problem with how the veins work in your leg.

When the veins in the lower limb don't work properly, blood flows backwards and pools in the veins, instead of travelling upwards towards the heart. In the long term, this pooling can result in skin changes, swelling and eventually, a venous leg ulcer.

Understanding why compression is so important

Compression is the recommended treatment for a venous leg ulcer. It works by providing resistance to the muscles in the limb, so when they move, they squeeze the blood in the vessels, returning it to the heart and helping to ease congestion in the tissues by encouraging the drainage of fluid into the lymphatic system. By easing the congestion over time, most ulcers will eventually heal and swelling will reduce. Once your wound has healed as a result

It has been shown that continuing to wear compression after a venous leg ulcer has healed offers the best chance to prevent the recurrence of the ulcer. It is also well accepted that swelling may return if compression is not continued.

The reason for this is that the cause of the leg ulcer or swelling is a chronic (long term) condition that needs to be managed at all times. It's a bit like asking a diabetic patient who has become better by having insulin injections to suddenly stop the injections once their diabetic blood sugar control is better.

Compression gets to the root of the problem and it is therefore really important that once it's done its initial job, it is continued in the long-term.

Compression choices

Compression hosiery is the usual option to prevent recurrence, but compression wrap systems are also available. These can be helpful if you find it difficult to apply and remove hosiery, since they fasten with VELCRO straps. There is a wide range of hosiery garments and wrap systems available so it is important you discuss



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these with your healthcare professional to find a product that your clinician believes is appropriate for your condition and that you find comfortable and like the look of.

Remember too that different products may be needed at different points in your leg ulcer journey. For example, you may have used a wrap system during the initial phase of your treatment, but later on as your situation improves, you may want to change to hosiery.

‘If you are happy with your compression choice, you are more likely to wear it in the long term, and this in turn means that your ulcer is less likely to recur.’

Whatever compression product you choose, if you are happy, it means you are more likely to stick with wearing it in the long term, and this in turn means your leg ulcer is less likely to come back. 

Chase S (1997) A forever healing; the lived experience of venous ulcer disease. *J Vasc Nurs* XV(2): 73–8

Franks P, et al (2016) Management of patients with venous leg ulcer: challenges and current best practice. *J Wound Care* 25(6 Suppl 1): 1-67

Hopkins A (2004) Disrupted lives: investigating coping strategies for non-healing leg ulcers. *Br J Nurs* 13(9): 556–63

Clare Morris, Clinical Manager, Wound Care People and Tissue Viability Nurse Specialist comments:



‘The reason a venous leg ulcer comes back is not always straightforward and can be influenced by many factors, for example, a deterioration of general health or poor nutrition.

However, in many people, failure to wear compression is a contributing factor. This is not surprising since the ulcer appeared as a sign of an underlying problem which compression helps to manage. Removing that compression once it has done its job undoes the good work, and the ulcer comes back.

It is key that patients recognise this and it is important that clinicians work with their patients to help them understand the role compression plays in their ulcer remaining healed.

It may be the patient is unhappy with their compression and so have stopped wearing their garment, and this is where the role of the clinician in offering alternatives is really important so a solution is found that both patient and healthcare professional are happy with to ensure long-term success.’



THUASNE

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on prescription





**"I struggled to
get the hosiery I
was prescribed
then I found
Daylong"**





Daylong is a business with unrivalled **expertise in compression**

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

Our specialist knowledge on compression hosiery and garments allows us to dispense prescriptions quickly, usually **within 3-5 working days** on receipt of the prescription, directly to your preferred address.

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1



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2



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3



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Caroline Gray

I am a returning customer. I use the company because it offers a wide selection of products and good service.

Anna Portlock

My goods arrived on time, well packaged, and exactly as ordered.

Susan McKen

Efficient service, speedy delivery, excellent products. Thank you.

Kathleen Rowenhill

My consultant gave me the details so I just had to order the stockings and not worry about choosing a size, etc. The package arrived within a couple of days.

Stephanie Easton

I have used Daylong for a long time now as its an excellent service.

Isabel Hynd

I ordered the wrong size and a replacement was sent straight away with no fuss.

Ian Biggs

Very pleased in every way.

Ron Parvin



Glove up to keep out of arm's way

If you have lymphoedema in your arm it is important that you protect your skin from damage such as breaks, bites and scratches, which can put you at risk of infection.


1 When gardening, make sure you wear gloves to protect your hands. Gloves with gauntlet sleeves can provide extra protection for your arms too.

2 Heavy-duty gloves may help to offer extra protection against unseen thorns on roses and brambles.

3 When cooking and using your oven, take care to use an oven glove, ideally with arm protection, to prevent against burns from hot dishes and oven shelves.

4 Use a pair of gloves when washing up or in any situation where the hands are immersed in water, to prevent the skin from becoming dry and cracked.

5 Even if you wear gloves to protect your skin during everyday activities, examine your skin when you remove them for signs of damage that could act as an entry point for bacteria.

6 If you see damage, wash the area and apply antiseptic cream. Check the area frequently for signs of infection. 



How to take good care of your skin

If you have a condition that makes it likely that moisture may be sitting on your skin you could be at risk of moisture-associated skin damage (MASD). For example, you may have a leg ulcer that is producing a lot of wound fluid (exudate), or you may have



The skin cleanser has two modes – one dispenses a foam which helps break down any hard to remove debris and the spray cleanses the area thoroughly.

What is a skin protectant and why should I use one?

incontinence that results in urine being in prolonged contact with your skin which can result in a type of MASD known as incontinence-associated dermatitis (IAD)*.

MASD can be very painful and if left untreated, can eventually cause intact skin to break down and develop into a wound. If you are at risk, it is important to think ahead to try to prevent it from occurring.

What is a skin cleanser and why should I use one?

If you are suffering from, or at risk of, IAD, then it is important to remove the cause as soon as possible¹. This is most commonly done with a standard soap, water and a washcloth. However, standard soap is alkaline and has been shown to change the skin pH, potentially causing damage to the skin. PROSHIELD[®] Foam and Spray Skin Cleanser is specially designed to be used in place of soap and water and is pH balanced to prevent and manage IAD²⁻⁵.

The skin protectant is applied to the skin after cleansing and forms a barrier between the moisture and the skin, which helps prevent and temporarily protects chafed, chapped and cracked skin^{*3-7}. When used together the products are safe and effective for the management of IAD^{4,5,7}.

1. Young T. Wounds UK. 2017;13(2):56-65

2. Smith & Nephew 2019. RD/19/024.

3. Wall L, Vernon T. Launch of a Skin Care Regime to Reduce Incidence of Moisture Associated Skin Damage. Paper presented at: Tissue Viability Conference; 2016; Cardiff, UK.

4. Ling L. Proshield skin care protective system: A sequence of evaluations Paper presented at: Wounds UK; 2011; Harrogate, UK.

5. Flynn D, Williams S. Nursing & Residential Care. 2011;13(11):553-8.

6. Maxwell J, Sinclair D. Treatment of Moisture Lesions in Children. Paper presented at: European Wound Management Association 2012; Vienna, Austria.

7. Meuleneire F. A New Solution in the Treatment of Moisture Lesions. Paper presented at: 13th Annual European Pressure Ulcer Advisory Panel Meeting; 2010; Birmingham, United Kingdom

*The PROSHIELD[®] Skin Care range is indicated for intact and injured skin associated with incontinence.

How to use PROSHIELD[®] Foam and Spray Skin Cleanser

The skin cleanser has two modes. The first is **foam** (figure 1) and the second is **spray** (figure 2). Both settings are controlled by using the nozzle.



Figure 1

Use the **foam** mode for stubborn, hard to remove debris.

Step 1 – Prime sprayer by squeezing the pump once or twice before initial use

Step 2 – Activate the foam mode by turning the nozzle to 'ON' and pull the tip forward

Step 3 – Spray directly onto the affected area and wipe off.



Figure 2

Use the **spray** mode to thoroughly clean the area.

Step 1 – Prime sprayer by squeezing the pump once or twice before initial use

Step 2 – Activate the spray mode by turning the nozzle to 'ON' (do not pull out the tip)

Step 3 – Pull the lever in firmly and spray directly onto the affected area

Step 4 – Gently wipe clean and pat dry the area (no rinsing is required).



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How to use PROSHIELD[◇] PLUS Skin Protectant

PROSHIELD[◇] PLUS Skin Protectant is a smooth, fragrance free, moisture barrier^{1,2} (figure 3) for use on **injured** or **intact** skin.

Application on injured skin

Step 1 – Thoroughly cleanse the entire skin area with a suitable cleanser

Step 2 – Wash or cleanse hands, remove ointment from tube and apply a liberal, thick coating

Step 3 – There is no need to rub in as this may cause friction

The skin protectant cream is transparent but will leave a visible sheen on the surface of the skin*³.



Application on intact skin

Step 1 – Thoroughly cleanse the entire skin area with a suitable cleanser

Step 2 – Wash or cleanse hands, remove ointment from tube and apply. A thin layer is enough for prevention and protection

Removal

Step 1 – to remove simply spray the skin cleanser foam and spray directly onto the affected area

Step 2 – gently wipe clean and pat dry.

Figure 3

* as demonstrated in vitro

1. Smith & Nephew 2019. Review of Certificate of Analysis for PROSHIELD Plus Skin Protectant. RD.19.016.

2. Smith & Nephew 2019. Verification Report for the Viscosity of PROSHIELD Plus Skin Protectant. U/064/R3.

3. Smith & Nephew 2019. Verification Testing Report of Usability and Transparency for PROSHIELD Plus Skin Protectant. U/064/R1.

How often should I use PROSHIELD[®] Foam and Spray Skin Cleanser and PROSHIELD[®] PLUS Skin Protectant?

Cleansing and reapplication of PROSHIELD[®] PLUS Skin Protectant should be repeated as often as necessary and in line with the advice given by your healthcare professional. For IAD, best practice recommends thorough cleansing and reapplication to be carried out every time moisture comes into contact with the skin. The skin should be checked regularly and reapplied if PROSHIELD[®] PLUS Skin Protectant is no longer visible on the surface of the skin.

Are the products safe to use and effective?

Both products are safe and effective for the management of moisture-related skin damage¹⁻³. The products are free from Parabens, Petrolatum, latex, mineral oil, lanolin and alcohol, all of which are common ingredients that are known to cause skin problems.

Can PROSHIELD[®] PLUS Skin Protectant be used on wet and dry skin?

Yes. PROSHIELD[®] PLUS Skin Protectant has a special 'tacky consistency' that adheres well to wet and dry skin^{*4,5}.

Can the PROSHIELD[®] Skin Care Range be used on injured skin?

Yes, both products can be used on injured skin. Ask your healthcare professional for advice when using PROSHIELD[®] PLUS Skin Protectant on injured skin, as the method of application is different.

* as demonstrated in vitro

1. Ling L. Proshield skin care protective system: A sequence of evaluations. Paper presented at: Wounds UK; 2011; Harrogate, UK.
2. Maxwell J, Sinclair D. Treatment of Moisture Lesions in Children. Paper presented at: European Wound Management Association 2012; Vienna, Austria.
3. Meuleneire F. A New Solution in the Treatment of Moisture Lesions. Paper presented at: 13th Annual European Pressure Ulcer Advisory Panel Meeting; 2010; Birmingham, United Kingdom
4. Howers L. Evaluation of Proshield Plus in Nursing Homes for Inclusion onto Formulary in a Healthcare Trust. Paper presented at: Wounds UK; 2012; Harrogate, United Kingdom.
5. Smith & Nephew 2019. Verification Testing Report of Usability and Transparency for PROSHIELD Plus Skin Protectant. U/064/R1.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

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Please contact our friendly customer care team on: **0800 195 0160**

+ Helping to maintain skin integrity

Safe and effective for the management of moisture related skin damage, whilst also preventing and protecting skin from incontinence-associated dermatitis and moisture lesions.¹⁻⁴



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References 1. Ling L. Proshield skin care protective system: A sequence of evaluations. Gloucestershire NHS, UK. Presented at Wounds UK, 2011. 2. Flynn D, Williams S. Barrier creams for skin breakdown, Nursing & Residential Care. 2011; 13 (11): 553-558 3. Maxwell J, Sinclair D. Treatment of moisture related lesions in children. Great Ormond St Hospital for Children NHS Foundation Trust, London UK. Poster presented at EWMA 2012, Vienna, Austria. 4. Heuleneire, F. A new solution in the treatment of moisture lesions. AZ St Elisabeth Zottegem, Belgium. Presented at EPUAP 2010. 9. Commercial Stability Report, Test Point 24: PROSHIELD Foaming Cleanser 8oz. 2016.

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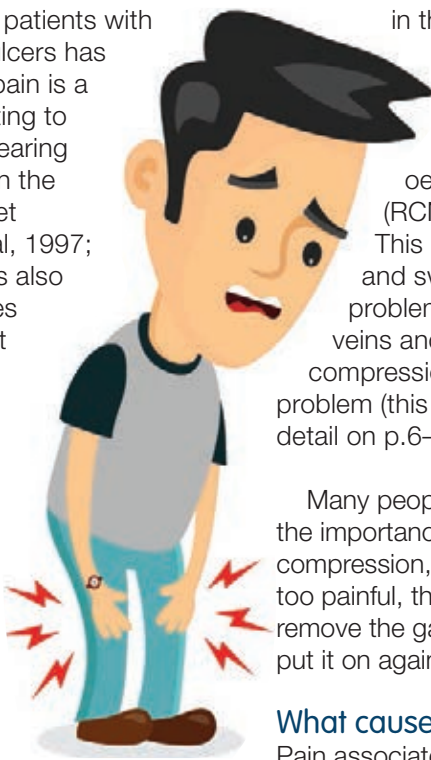


Does pain stop you wearing your compression?

Does pain from your venous leg ulcer mean that you find it difficult to wear your compression? This is a common problem and help is available. Read on to find out what you can do to manage your pain and find a compression solution that is comfortable.

Research into patients with venous leg ulcers has shown that pain is a key factor contributing to why people stop wearing their compression in the long-term (Walshe et al, 1995; Chase et al, 1997; Douglas, 2001). It is also a factor that reduces quality of life, in that it stops the person from getting on with everyday life. Pain can result in sleep deprivation and avoidance of simple activities that make it worse, such as standing and walking.

Research has also shown that compression garments must be worn



in the long-term to prevent healed ulcers from coming back, and to also ensure swelling resulting from chronic oedema does not worsen (RCN, 2006; SIGN, 2010). This is because both ulcers and swelling are caused by problems with the underlying veins and lymphatics, and compression helps to manage this problem (this is described in more detail on p.6–10).

Many people understand the importance of wearing their compression, however, if wearing it is too painful, the wearer will, quite rightly, remove the garment and be reluctant to put it on again.

What causes the pain?

Pain associated with wearing compression may have different causes.



Poorly applied or fitted compression

Pain may arise as a sign that the compression is ill-fitting; in the case of bandages they may have been applied poorly. Similarly, ill-fitting compression

hosiery may be too small or the wrong type. This cause of pain is often usually accompanied by marks on the skin caused by the bandaging or garment, such as red marks from digging in. It is usually alleviated on removing the compression.

This pain can be resolved by reapplying compression properly, or getting a new garment that a healthcare professional has advised is suitable for your condition, and that is acceptable to you. Key to this is ensuring you are measured properly and that the correct fabric and type of garment is used for your condition. For example, if you have oedema, you may require a stiffer fabric otherwise the garment may roll and form creases, putting pressure on your skin, resulting in marking and pain.

A symptom of Infection

A sudden increase in pain, often accompanied by other symptoms such as heat, more wound fluid and redness, plus feeling unwell could be caused by infection, and you should contact your healthcare professional urgently. In some people, however, such as those on immunosuppressant medication or

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition resulting in even more pain as a result.

with a compromised immune system or a condition that may affect sensation, e.g. diabetes, these signs of infection may not be present.

Pain from your condition

Pain can also result from the underlying condition that has caused your ulcer, and this is not alleviated by removing compression to a significant degree. This type of pain can vary from person to person.

In studies, pain associated with venous leg ulcers has been described as unrelenting, unpredictable and overwhelming (Walshe et al, 1995; Douglas, 2001; Hopkins, 2004). It can increase when doing things that use the lower limb, such as walking or standing, and so these activities may be avoided to prevent the pain from occurring (Walshe et al, 1995; Chase, 1997).

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition resulting in even more pain as a result.

So what is the solution?


Evidence suggests that people with ulcers believe that the pain associated with their leg ulcer is something to be endured, since prescribed painkillers often don't help (Walshe et al, 1995; Chase et al, 1997; Douglas, 2001;). Patients describe



wanting to control their pain enough to forget about their ulcer and to get on with normal life. Some patients desire controlling their pain more than healing (Walshe et al, 1995; Hopkins, 2004).

It is important that you don't accept pain as a part of your life, as there are

solutions. Speak to your clinician about resolving your pain and explain that you want to wear your compression, but that pain is preventing you from doing so.

Read the advice below to find out how to approach this with your healthcare professional. 

Alison Hopkins MBE, Chief Executive, Accelerate CIC, comments:



'There are two key reasons why people find it hard to tolerate compression as a result of pain.

The first is because you are indeed in pain. The painkillers you have been given are not working and the need to do something to relieve the pain is very strong. A feeling of claustrophobia kicks in and the hope that removal will bring relief is overwhelming. However, if the pain is arising from underlying disease or other factors such as infection, removal does not bring any long-term relief or change in the degree of pain experienced.

The second reason is that compression may be uncomfortable or digging in, causing rubbing and pain. It may be that bandaging has been applied by a less experienced nurse or that you have not been prescribed the correct hosiery or measured correctly. In these cases, removal does bring some relief, especially from the rubbing.

Whatever the reason for the pain, the result is the same: when you remove your compression, your treatment has now in effect stopped. Talk with your clinician to help unpick your concerns. Your thoughts are so important here. Take yourself through what happened and how you felt. What steps can be taken so that you can get back into this essential treatment?

Can you describe the pain? Could you try a different pain relief?

Could your clinician add extra padding beneath your bandaging to stop rubbing? Can you identify a nurse who applies your bandaging well for you? Could you try a different type of compression garment?

Hopefully these examples show that there are lots of reasons that contribute to pain, but also lots of solutions that can be tried to reduce your pain, so don't give up'.



Andrea, 34, 21 weeks' pregnant
Wednesday, 5:15 pm:

Shopped till I dropped – and
my legs still feel light.

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Top tips to tackle itchy skin

TOP TIPS

1 Keep your skin clean and dry

When you are washing or bathing avoid using soap on your skin. Soap removes the protective barrier on the skin and increases the risk of it becoming dry and itchy. Products used should be pH neutral and chemical free. Consider using an emollient as a soap substitute instead. Always pat the skin dry and avoid vigorous rubbing as it can damage the skin.

2 Remove dry skin

You are wearing compression because your venous and lymphatic systems need help in returning blood and fluid back to the heart. One of the problems associated with problematic veins in the legs is dry, dead flaky

Itchy skin can drive you to distraction and can be really annoying, especially if it is underneath your compression garment. Here we present top tips for banishing your itch!

skin, sometimes referred to as hyperkeratosis. This can cause very itchy skin and dry flakes should be gently removed during washing or bathing. Sometimes you may need a

special pad or wipe to help you remove the dry, dead skin.

3 Keep skin supple and smooth

Once your skin is clean, dry and free from flakes, it's time to help keep your skin supple, smooth and elastic by using a pH neutral, chemical-free emollient or moisturiser. Apply the cream or ointment in a downward motion as massaging upwards forces the cream or ointment into the hair follicles which can cause folliculitis. Some




emollients leave a greasy layer in the bath or shower and so there is a risk of slipping or falling. Use of a rubber mat or grip bar is recommended.

4 Stay well hydrated

Keeping your skin healthy means ensuring fluid intake is sufficient. Make sure you have a minimum of 1700ml per day.

5 Check out any allergies

Itchy skin can sometimes be caused by an allergic reaction to a dressing or cream. If this is the case, you may need a test to find out what you are allergic to, so that you can avoid using that product in the future. Things that commonly cause problems are lanolin, rubber, perfume and preservatives such as parabens. 





My compression community



Gemma Davies is Clinical Lead for Telford Wound Healing Service

I can't remember a time when I didn't want to be a nurse. My mum was a nurse and in my mid-teens I would go to work with her on a surgical ward and help to hand out tea and talk to the patients, which I really enjoyed.

At 16, I was offered a nurse training placement based on my GCSE results,

but I had to remain in further education until I began my training at 18 years. I passed my A-levels and finally started my nursing journey at Wolverhampton University.

When I had completed my training I spent a couple of years working on a surgical ward, delivering post-operative care to people who had had a variety of operations. I loved the team spirit and fast pace of the work. Mainly I enjoyed caring for patients. I got great satisfaction from helping people, and looked forward to work each day.

During my nurse training I had enjoyed a community midwifery and so, fancying a change, I decided to train to become a midwife, however, two months before the end of training, I realised my true vocation was indeed nursing! I had enjoyed my community placements, and helping people in their own homes, but loved working with older people, so I decided to become a district nurse.

With this new role, I began to deliver wound care most of the time. I was based in a very rural setting and was lucky to experience the idyllic version of district nursing presented on TV.



I delivered care for members of the community in their own homes in the countryside, sometimes visiting up to four times a day when people were at the end of life.

To progress my career, I took a secondment in a tissue viability team, where we focused upon advising on complex wound care. I then took a lead role in an acute trust, where I was responsible for delivering care to inpatients with wounds. Following this, I took on a lead role in an acute and community trust, but didn't enjoy my job since I lost the patient contact that I had always loved. I was tied to a desk writing reports and all the things that I had always loved about nursing began to slip away.

At this point, I took my current post back in the community, working with patients every day and I haven't looked back. Helping people is the reason I get out of bed in the morning, and experience job satisfaction every day.

Telford Wound Healing Service was established in April 2018 to improve the quality of life for patients living with chronic wounds.


Patients accessing the service in the first year had on average been living with their wounds for 40 weeks with no sign

of healing – or even deterioration. Yet, on being taken on by the Wound Healing Service, those same patients have seen their wounds heal completely in an average of just 11 weeks.

I am fortunate to lead a service where the focus is on helping patients to improve their quality of life. Healing wounds is often our goal, of course, but in many cases, reducing pain, managing symptoms and offering support is enough to improve the experience of living with a wound.

There is never an average day, but over an average week I try to spend half of my time with patients, which is what makes me truly happy. This usually involves supporting my team in reviewing patients with wounds that are proving difficult to manage.

I am now very clear that helping people is why I became a nurse and is what keeps me loving my job. The focus of my role each day is to deliver individual care to each patient I see, identifying what is important to them, and helping to make changes to their care that lets them enjoy their life.

This also involves identifying and evaluating new equipment, dressings and other treatments that might just change a patient's life for the better. 

'Healing wounds is often our goal...but in many cases, reducing pain, managing symptoms and offering support is enough to improve the experience of living with a wound.'



Jump right in to swimming

If you have lymphoedema in your arm following breast cancer treatment, swimming can have lots of benefits for your health and wellbeing. However, there are steps you can take to get the most from your swim. Here, we explain what they are!

Swimming is beneficial as it helps the muscles to pump lymph fluid from the tissues and back into the lymphatics.

Exercising while wearing your compression enhances this effect, so to get the best from your swim, wear your compression garment.

An older garment approaching the end of its life is ideal, since the chlorine may have an adverse effect on the fibres.

While in the pool, you may want to perform your arm exercises as the water provides resistance.

Exercise to your ability, and listen to your body. It is important to stop exercising if your affected arm hurts. 🧘





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Lipoedema UK Conference

13–14 June 2020

Lipoedema UK is holding a conference in Milton Keynes over two days this summer.

The conference will present all the latest research into lipoedema, and will also provide an opportunity to learn all about the treatment options available, including surgery and more holistic approaches, such as mindfulness and meditation.

There is also time for socialising too, with an evening meal and entertainment on Saturday 13 June, so why not make a weekend of it? We look forward to seeing you there.

www.lipoedema.co.uk/conference2020



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(valid until 1st March 2020)*

Saturday 13th June
10.00am - 5.00pm £40*

Evening Meal & Entertainment £40*

Sunday 14th June
10.30am - 3.00pm £35*

*includes lunch, tea and coffee breaks.

Early Bird Tickets Available!!



Conference Website: www.lipoedema.co.uk/conference2020
lipoconf2020@lipoedema.co.uk
Spa/Package Finder: www.whittlebury.com/spa/package-finder/lipoedema-uk
Tel: 01327 850 480 **or Email:** kyle.tillyer@whittlebury.com

Stand Up for Legs Awareness week; 8–12 June 2020

**LEGS
MATTER!**

Every day, thousands of people's quality of life is devastated by the lack of support and advice on the prevention of lower leg and foot conditions and the failure to correctly diagnose and treat them. The Legs Matter campaign is determined to change this.

Further to the success of our

Awareness Week in 2019, our 2020 event will be bigger and better and is planned for 8-12 June. Keep watching our website legsmatter.org and social channels for updates on all the activities happening during the week – help us **STAND UP FOR LEGS!**

#legsmatter.
www.legsmatter.org

**STAND
UP FOR
LEGS**



Second **Daylong Patient Forum** in association with Urgo Medical at Wound Care Today: 26 February 2020

Following the success of the free to attend Patient Forum at Wound Care Today in 2019, Daylong and Urgo Medical are once again teaming up to provide a unique opportunity for wearers of compression to attend a patient event taking place at a national conference in Milton Keynes on 26 February 2020.

The conference will run for most of the day, and will give you an opportunity to:

- Meet other people with conditions similar to yours
- Share your thoughts and experiences in a friendly and informal environment
- Learn how to build good partnerships with the people delivering your care
- Visit an industry exhibition to see all the latest compression garments on offer, and chat to the manufacturers.

Read all about the Forum in the next issue of In This Together, out in September 2020!

www.woundcare-today.com/conference/patients

www.daylong.co.uk/info/patient-forum-agenda/



Lymphoedema Support Network

The Lymphoedema Support Network (LSN) is equally passionate about supporting those with lymphoedema, those who care for them and those who commission services. Our vision is for a country where anyone who lives with lymphoedema receives the right care at the right time from people who understand the condition and how to manage it. By becoming an LSN member you will not only have access

to the most complete collection of patient information about the condition in the UK but you will also be helping us to continue our vital work.

www.lymphoedema.org





Nordic walking: a unique way to work out

Walking is great for mind, body and soul. If you enjoy take a stroll outside, you might want to consider Nordic walking, a full body work out for all ages and fitness levels.

Nordic walking is a full-body exercise that's easy on joints and suitable for all ages and fitness levels. It is a unique form of exercise that provides health benefits for everyone, from those with multiple medical problems to the super fit.

It uses poles to enhance ordinary walking, and, if you get the technique right, it feels easier than normal walking, but with greater health benefits, so why not give it a go?

What is Nordic walking?

It was originally developed as a training technique for cross-country skiers in the summer months. The skiers realised that their upper and lower body was staying in great shape and that their cardiovascular fitness improved too.

Nordic walking uses specially designed walking poles that engage the arms as well as the legs when walking ensuring that you exercise all your major muscle groups. The poles also help to propel you along

so that you work harder than usual yet the support given by the poles makes it feel easier! When properly used, the poles take the weight off the knees and lower body joints making you feel lighter on your feet. This makes it suitable for people with joint conditions or who may be carrying some extra body weight.

What are the health benefits of Nordic walking?

Regular Nordic walking can lower your risk of chronic illnesses, such as heart disease, type 2 diabetes, asthma, stroke and some cancers. It can also be used as part of a weight management plan.

So how do I Nordic walk?

You move in a similar way to ordinary walking and swing your arms from your shoulder with your elbows straight in a marching movement. To get the full benefits and avoid injury, you could start with lessons to get the basic technique.

For further information visit:

www.nordicwalking.co.uk





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