















Skin and Wound Product Information Sheet

EdemaWear (Lower Limb Application)			
Classification	Compression Therapy: Tubular Longitudinal Compression		
Key Points	 For Compression Therapy A physician/NP order or clinical direction from a NSWOC/Wound Clinician is required prior to the application of lower leg venous or mixed arterial/venous compression therapy. Follow Health Authority/agency compression therapy policies/practice standard. EdemaWear is a latex-free tubular compression stocking provides mild longitudinal compression (~1020mmHg, the tighter the fit, the higher the compression), generated by wales of nylon fabric with transverse lycra elastic fibre; the compression makes noticeable 'corn rows' which run up/down the limb. EdemaWear Lite (~6mmHg) is designed for clients unable to manage a higher compression. Prior to the first application, a Lower Limb Assessment (Basic & Advanced) is to be done; an ABPI is useful but not required. Single client use, washable/reusable for up to 4-6months before needing to be replaced. 		
Indications	For clients who require mild compression therapy for the treatment of		
Precautions	 Use the Lite version for legs with predominant boney prominences to prevent tissue damage Stocking should not slip down or bunched around ankles as it may cause a tourniquet effect 		
Contraindications	Do not use in the presence of uncontrolled heart failure Do not use in the presence of an untreated lower limb skin or wound infection		
Formats & Sizes	 Stocking Size: Limb circumference/Stripe Colour Regular Small: up to 45cm/Navy (foot to knee) Medium: 45 - 75cm/Yellow (foot to knee/groin) Large: 75-115cm/Red (foot to knee/groin, obese) X-Large:115-150cm/Aqua (foot to knee/groin, morbidly obese) Lite Small: up to 60cm/Purple Medium: 60 - 90cm/Orange 		

Application Directions	Rationale
Measure widest part of the calf or thigh, as appropriate, prior to the client mobilizing and with the client supine. Select the size of stocking based on calf/thigh measurement.	To determine appropriate size required and also provides a base-line measurement of the edema.
Determine the length of stocking required by measuring from the base of the toes, following the contours of the leg, up to 1-2 cm below the knee or top of thigh; add 16cms to overall length and then cut the stocking.	Compression can be applied from toes to knee or toes to thigh
Apply/re-apply stocking in the early morning, if possible.	Edema should be minimal in the morning
Wash or shower leg(s) with warm water using a pH-balanced skin cleanser. Moisturize intact skin with agency approved moisturizer; allow moisturizer to absorb/dry before putting on the stocking.	To remove dead skin and resolve/prevent dry skin.
Measure the ankle circumference 10 cm from the bottom of the heel; measure the calf circumference 30 cm from the bottom of the heel.	This measurement gives a base-line assessment/re-assessment of the client's edema.
Apply an appropriate cover dressing if wound present.	

















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To Apply			
Roll the stocking like a sock, apply it to the foot and then roll it up the leg. A compression therapy donning device may be helpful in getting the stocking on over the foot/ankle.	Compression begins from the toes, through the calf to below the knees (or top of thigh if appropriate).		
Make an 8cm cuff at the top of the stocking, ensuring that the top cuff is at least two finger-widths below the back of the knee. Smooth stocking to ensure no wrinkles or creases.	Finishing the bandage at 2-3cm below the knee will protect the popliteal fossa from the effects of the compression.		
To Remove			
Remove stocking by rolling stocking back down the leg. The foot and leg will have 'corn row' markings from the compression; this is expected.	Stocking left pulled down or bunched around ankles may cause a tourniquet effect.		
Wash limb with warm water, pat dry and moisturize skin; allow skin to dry before reapplying the stocking.	Dry skin may cause itching and fissures		
 If stocking is slipping: remove stocking, turn it inside out and reapply or reapply the bandage ensuring that the 8cm cuff is on the inside of the bandage (next to the client's skin) or re-measure the limb and select another size of stocking. 	Reduction of edema may result in the stocking slipping		
Frequency of Change			
For the most effective compression therapy, stocking should be worn all day/all night. The stocking should be removed at least once a day, (e.g., with morning care) to allow for skin assessment and skin care.			
If required, once compression therapy has been well established, it is known that the stocking causes no skin concerns and under the direction of a physician/NP/Wound Clinician, the stocking can be left in place for up to one week.			
If wound is present; reassess the wound's cover dressing if wound exudate seeps through to stocking.			
Care of Stockings			
Machine or hand wash in cold water if stocking is soiled or has lost its shape; hang to dry.	Washing will help to reset the elasticity of the stocking.		
Client may need two sets of stockings to allow the alternate stocking to dry after washing.	Replace stocking at least every 4-6 months or when it has lost its elasticity.		
Hydrogen peroxide may be to remove any blood stains, do not use bleach.	Bleach destroys the elasticity of the product.		
Expected Outcome			
Measurable improvement in the ankle and calf measurements within 1 week.	If there is no measurable improvement in the amount of edema within one week, consult Wound Clinician,		
Absence of, or minimal edema, if used for prevention/maintenance of venous insufficiency.	NP or Physician.		
For further information, please contact your Wound Clinician.			