















## **Product Information Sheet**

EdemaWear								
	Lower Limb Compression Application							
Classification	Compression Therapy: Tubular Longitudinal Compression							
British Columbia Practice	<ul> <li>As per health authority or agency policy/or standards, prior to the first application of wrap, tubular bandage or stocking that provides 20mmHg or less compression:         <ul> <li>A Lower Limb Assessment (Basic &amp; Advanced) is to be done but an Ankle Brachial Pressure Index and/or a Toe Pressure Brachial Index is not required if pedal pulses are palpable or present with a hand-held doppler and capillary refill is normal.</li> <li>An order is not required.</li> </ul> </li> <li>Refer to Application of Compression Therapy: Guideline for further information related to indications, precautions, and contraindications of compression therapy.</li> </ul>							
Key Points	<ul> <li>EdemaWear is a latex-free tubular compression stocking that provides as a single layer 15-20 mmHg (moderate) compression (the tighter the fit, the higher the compression). Compression is generated by wales of nylon fabric with transverse Lycra™ elastic fibers, the compression makes noticeable 'corn rows' which run up/down the limb.</li> <li>EdemaWear Lite provides 5-10 mmHg (low) compression for clients who are unable to manage moderate compression.</li> <li>Stockings are single client use and are washable and reusable for up to 4-6 months.</li> </ul>							
Indications	<ul> <li>For clients who require compression therapy for the treatment of:         <ul> <li>Venous insufficiency (with or without wounds).</li> <li>Mixed arterial / venous insufficiency (with or without wounds).</li> <li>Lymphedema (with or without wounds).</li> <li>Generalized edema.</li> </ul> </li> </ul>							
Precautions	<ul> <li>Use the Lite version for legs with predominant boney prominences to prevent tissue damage.</li> <li>Stocking should not slip down or bunched around ankles as it may cause a tourniquet effect.</li> </ul>							
Contraindications	<ul> <li>Do not use in the presence of uncontrolled heart failure.</li> <li>Do not use in the presence of an untreated lower limb skin or wound infection.</li> </ul>							
Formats & Sizes								
<b>5 5 1 1 1 1 1 1 1 1 1 1</b>	Stocking Regular Stripe colour Circumference Stocking length Use Lite Stripe colour Circumference Stocking length Use	Navy 45 cm 55 cm Foot - Knee  Purple 60 cm 55 cm Foot - Knee	Yellow 75 cm 86 cm Foot - Groin Orange 90 cm 86 cm Foot – Groin	Red 115 cm 60 cm Knee - Groin	Aqua 150 cm 60 cm Knee - Groin			

Directions	Rationale / Key Points
Selection	
Prior to the client mobilizing and with the client supine, measure the circumference of the widest part of the calf or if the whole limb isto be compressed, then the thigh. Select the size of stocking based on calf or thigh measurement.	
Determine the length of stocking required by measuring from the base of the toes, following the contours of the leg, up to two finger widths below the knee or top of thigh. Cut stocking.	Compression can be applied from toes to knee or toes to thigh.
Preparation	
Wash or shower leg(s) with warm water using a pH-balanced skin	
cleanser.	
Moisturize intact skin with agency approved moisturizer; allow	

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Directions	Rationale / Key Points				
Preparation	Rationale / Rey Points				
moisturizer to absorb/dry before putting on the stocking.	To remove dead skin and resolve/prevent dry skin.				
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Apply an appropriate cover dressing if wound present.					
Application					
Roll the stocking like a sock, apply it to the foot and then roll it up	Finishing the stocking two finger-widths below the knee				
the leg. The top of the stocking should sit two finger widths	will protect the popliteal fossa from the effects of the				
below the knee or below the groin.	compression.				
Smooth stocking to ensure no wrinkles or creases.					
Removal					
Remove stocking by rolling it back down the leg. The foot and	Reduction of edema may result in the stocking slipping. A				
leg will have 'corn row' markings from the compression; this is	stocking bunched around the ankle may cause a				
expected.	tourniquet effect.				
If stocking is slipping, remove stocking:	Having the outside material of the stocking next to the skin				
Turn it inside out and reapply or	may limit the stocking from slipping.				
• Cut the newstocking longer by 7.5 cm, reapply with a 7.5 cm	a,e.e.e eeeege.ppg.				
cuff at the top of the stocking.					
<ul> <li>Re-measure the limb and select another size of stocking.</li> </ul>					
Frequency of Application					
Stocking should be removed at night and reapplied in the	Removing the stocking allows for inspection and care for				
morning prior to the client getting out of bed, if possible. If	the skin (washing and/or moisturizing) of the lower leg				
stocking is worn for 24hrs it is to be removed and reapplied	and foot.				
once within the 24hrs.	Edema in the lower legs/feet should be less in the				
	morning if the client has had their feet up in bed for the				
	night.				
Care of Stockings	0				
Machine or handwash in cold water if stocking is soiled or has	Washing will help to reset the elasticity of the stocking.				
lost its shape. Hang to dry; do not use dryer.	Drying in a dryer will weaken the elasticity of the stocking.				
Hydrogen peroxide may be to remove any blood stains, do not					
use bleach.	Bleach destroys the elasticity of the product.				
	blederi destroys the clasticity of the product.				
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.					
Expected Outcomes					
Measurable improvement in the ankle and calf measurements	If there is no measurable improvement in the amount of				
within 1 week.	edema within one week, consult with Most Responsible				
Absence of, or minimal edema, if used for prevention/	Provider.				
maintenance of venous insufficiency.	If product does not perform as expected, notify NSWOC/				
·	Wound Clinician and then consider submitting				
Product performs as expected.	a Supply Chain Product Concern Form				
For further information please contact NSWOC/Wound Clinician					
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