

A NEW TWO LAYER COMPRESSION BANDAGE SYSTEM for therapy of chronic venous leg ulcers

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INTRODUCTION

Laboratoires Urgo has developed a new multi-layer bandage system based on two layers (KTwo®)*, offering therapeutic compression to treat venous leg ulcers whilst at the same time offering less bulk, more comfort and a safe method of ensuring the optimal compression.

This new two layer bandage (2LB) is designed to divide the pressure across 2 separate layers. The first innovative layer, has been developed as a primary original complex stretch wadding bandage using unique technology enabling binder-free combination of a viscose and polyester wadding with a knitted layer which is applied to the limb, which both redistributes the pressure uniformly to prevent damage to the bony prominences and offers a degree of light compression.

The second cohesive layer, has been developed to provide the optimal therapeutic pressure at ankle and ensures the compression system stays in place for up to 7 day. Both layers have "etalonnage" (performance indicators) designed to enable correct application, giving optimal therapeutic compression.

Four patients presenting with venous leg ulcers (ABPI \geq 0.8) were treated with this 2LB and followed-up by private vascular physicians. We report here our first experience with this 2LB.



Case No. 1

81 year-old patient with hypertension and type-II diabetes presented with a stagnant external malleolar post-varicose leg ulcer (ABPI=1.2), present for 6 months. The surrounding skin was erythematous, irritated by the previous dressing and showing signs of eczema. The presence of a lower limb oedema is noted. The patient complained of severe and intermittent ulcer pain. The 2LB was started combined with UrgoCell®Non-Adhesive dressing (non-adhesive absorbent dressing**) for local treatment with a weekly dressing change. At healing, the surrounding skin was considered healthy and no more lower limb oedema nor ulcer pain were noted. The patient was very satisfied by the 2LB day/night general comfort and ease to wear shoes.



D0 = 1.7 cm²



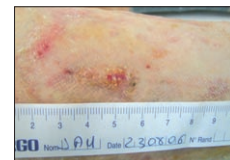
W5 : Complete healing

Case No. 2

78 year-old patient with type-II diabetes presented with a stagnant external back leg side postvaricose leg ulcer (ABPI = 1.2), present for 3 months. The presence of a lower limb oedema is noted and the patient complained of moderate and intermittent ulcer pain. The 2LB was started associated with Non-Adhesive absorbent dressing** for local treatment with a weekly dressing change. At healing, no lower limb oedema or ulcer pain were noted. Patient comfort was rated very high during day/night and they found it easy to wear regular shoes.



D0 = 4.8 cm²



W4 : Complete healing

Case No. 3

74 year-old patient with hypertension and history of allergy presented with an external malleolar post-varicose ulcer (ABPI = 1.0) of 9 months duration. The patient complained of moderate and intermittent ulcer pain.

The 2LB was started together with Non-Adhesive absorbent dressing** for the local treatment, and changed twice a week. At week 5, a 75% reduction of the ulcer surface area was noted. The patient was highly satisfied with the new 2LB, the general comfort and ease to wear regular shoes were considered very good.



D0 = 14.2 cm²



W5 : 75 % of the ulcer surface area reduction

Case No. 4

66 year-old patient presented with a stagnant internal malleolar leg ulcer (ABPI=1), present for 3 months with oedematous surrounding skin. The patient complained of moderate and intermittent ulcer pain. The 2LB was started together with Non-Adhesive absorbent dressing** for local treatment with a weekly dressing change. At healing, no lower limb oedema or pain were noted. The patient was highly satisfied with the new 2LB, the general comfort and ease to wear regular shoes were considered very good.



D0 = 5.4 cm²



W4 : Complete healing

CONCLUSION

These very encouraging first results tend to demonstrate that this new two layers bandage* is effective and very well accepted by the patients.

The treatment with this 2LB was considered very good by both the physicians and the patients regarding their quality of life (evaluated on parameters such as pain, general comfort during the day and the night, ease to put shoes on). The physicians considered this 2LB to be very satisfactory, very easy to apply, effective and well tolerated and accepted by patients as the aetiological treatment of venous leg ulcers. These results have now be backed up by a clinical study on a larger cohort of patients.