MONITORED SUB-BANDAGE PRESSURE FEEDBACK FACILITATES TEACHING OF COMPRESSION BANDAGING

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BACKGROUND/GOALS

Compression therapy is an integral part of the treatment of venous stasis ulcers, wound with an edematous component and for treating limb lymphedema. Sub-bandage pressures above or below an optimal range are detrimental to achieving the goal of edema reduction. Most agree that compression application should achieve pressures between 30 to 40 mmHg with a therapeutic pressure gradient from distal to proximal portions of the limb. During the first three trials, these experienced therapists missed their targets with average pressures at gaiter and mid-calf of 51.9 and 60.5 mmHg respectively. However, for trials that followed feedback, the corresponding average pressures achieved were 38.8 and 27.5 mmHg. See figures 7 & 8.

RESULTS

During the first three trials, these experienced therapists missed their targets with average pressures at gaiter and mid-calf of 51.9 and 60.5 mmHg respectively. However, for trials that followed feedback, the corresponding average pressures achieved were 38.8 and 27.5 mmHg. See figures 7 & 8.

CONCLUSION

Our goal was to determine if feedback, in the form of monitored sub-bandage pressures during lower extremity compression bandaging, would help to teach or optimize sub-bandage pressures achieved. Bandaging requires a well-trained experienced therapist who can adjust tension, layers, and padding to the individual patient. Training using this form of sub-bandage monitoring pressure optimizes the sub-bandage pressures achieved during compression bandaging.

REFERENCES