















## **Skin and Wound Product Information Sheet**

Coban 2 Lite			
Classification	Compression Therapy: Non-Elastic/	Short-Stretch Wrap	
Key Points	For Compression Therapy in general		
	• A physician/NP order or clinical direction from a Wound Clinician is required to apply a		
	compression wrap		
	• Only health care professionals who have successfully completed additional education for		
	compression therapy may apply compression wraps		
	• Follow agency/Health Authority compression therapy policies/practice standard.		
	• Refer to the <u>Guideline: Application of Compression Therapy</u> for further information related to		
	indications, precautions and contraindications		
	For this product specifically		
	• Single use only, latex-free, 2-layer inelastic/short stretch system providing compression (20 – 30		
	mmHg) for up to 7 days; plus a 100% nylon stocking to for easier application of footwear		
Indications	• For clients with an ABI between 0.50 to 0.80 requiring moderate compression therapy for the		
	treatment of:		
	<ul> <li>Venous insufficiency with or without ulcer(s)</li> </ul>		
	Arterial/venous insufficiency with or without ulcer(s)		
	Cymphedema with or without ulcers(s)		
	Generalized lower limb edema		
Precautions	Compression wraps may be used:		
	O Used with caution for clients whose ABI is between 0.50 and 0.89 as this value indicates		
	moderate to mild arterial insufficiency  O Used with caution and under an order from a Physician/NP for clients w		
	greater as this value indicates calcified arteries (often seen in clients with diabetes mellitus		
	and/or with advanced small vessel disease)		
	Used with extreme caution and in consultation with a vascular surgeon for clien     O 40 or loss as this value indicates savers to critical exteriol insufficiency.		
is 0.49 or less as this value indicates severe to critical arterial insufficiency			
	Very thin legs/bony prominences need to be well padded to protect them from pressure     Dromptly remove the urgan and patify the Physician (NID/Wayned Clinician if the client develop		
	Promptly remove the wrap and notify the Physician/NP/Wound Clinician if the client develop  pain are pale and arms are arms and arms and arms are arms are arms and arms are arms.		
C	pain or a pale, cool or numb toes or foot, or signs and symptoms of Heart Failure		
Contraindications	Do not apply in the presence of uncontrolled Heart Failure		
	Do not apply in the presence of an untreated lower limb skin or wound infection		
Formats & Sizes	Compression Kit 10cm	Stee	
	Comfort Layer: 10cm x 2.7m		
	• Wrap: 10 cm x 3.5m (green roll)	C B	
	■ Nylon Stocking		
	• Compression Kit 15cm		
	• Comfort Layer: 15cm x 2.7m		
	■ Wrap: 15cm x 3.5m (green roll)		
	Nylon Stocking	Dationale	
	Application Directions	Rationale	
	rly morning, if possible.	Edema should be minimal in the morning	
Wash or shower leg(s) with warm water using a pH-balanced		To remove dead skin and resolve/prevent dry skin.	
	urize intact skin with agency approved		
moisturizer; allow mo	pisturizer to absorb/ dry before wrapping.		
Measure the ankle circumference 10 cm from the bottom of the		This measurement gives a base line assessment/re	
heel; measure the calf circumference 30 cm from the bottom of		This measurement gives a base-line assessment/re-	
the heel.		assessment of the client's edema	
Apply an appropriate cover dressing if wound present.			
To Apply Wrap	The state of the s		
Support the foot off the floor and position the foot in			
Support the foot off t	the floor and position the foot in	Dorsiflexion ensures a good walking position once	

















Skin and Wound Product Information Sheet			
First Layer The foam comfort layer is to be applied with the foam side next to the skin. Do not stretch. Beginning at the fifth metatarsal head, start with a circular			
winding at the base of toes.  The second circle of comfort layer should come across the top of the foot, so that the middle of the bandage covers the articulating aspect of the ankle joint; the heel is not covered and the plantar surface of the foot does not need to be completely covered.			
If a small fold in the layer occurs, position the fold on either side of the Achilles tendon.			
Proceed up the leg in a spiral wrap, minimal overlap using just enough tension to conform to the shape of the leg. Stop two finger widths below the knee. Cut off excess material and secure with tape as needed; do not apply tape to skin.  Comfort layer will be smoothed down when covered by the compression layer.			
Ensure that bony prominences are adequately protected, if needed; to protect the shin area:	To prevent undue pressure over bony prominences.		
<ul> <li>Cut a strip comfort layer the length from the toes to the knee.</li> <li>Lay the piece such that it covers the top of the foot and tibial crest of the leg.</li> <li>At the level of the ankle, make a slit on each side to allow the strip to conform at the ankle</li> </ul>			
Second Layer			
Apply compression layer at full stretch throughout.  Begin with a circular wrap at the base of the toes, starting at 5 <sup>th</sup> metatarsal head.  The second winding should come across the foot and around the back of the heel.			
Complete two to three figures-of-eight around the ankle to ensure the entire foot/ heel are covered with at least two layers.			
Proceed up the leg using spiral technique using a 50% overlap and a 100% stretch of the compression wrap.			
Stop two fingers widths below the knee, cut off excess material – the bandage should be even with the padding layer.			
Press lightly on the entire surface of the compression wrap.  The nylon stocking may be used overtop of the wrap for easier application of the client's footwear.	To ensure the two layers adhere to each other.		
To Remove Wrap			
Remove by unwrapping or by cutting the wrap with bandage scissors. If cutting, lift the bandage up from the underlying skin before cutting to avoid trauma from scissors.	Scissors will slide easily under the compression wrap if the ends of the scissors are first dipped in a moisturizer.		
Frequency of Wrap Change  Wrap can apply sustained moderate compression for up to 7 days given slippage does not occur and/or, if a wound is present, the wound exudate is managed.  Expected Outcome			
Measurable improvement in the ankle and calf measurements within 1 week.			
For further information, please contact your Wound Clinician.			