




Product Information Sheet

Medigrip LF Lower Leg Compression Application																																																														
Classification	Tubular Bandage: Circumferential – Latex Free																																																													
British Columbia Practice	<ul style="list-style-type: none"> • Prior to the first application of a compression wrap, tubular bandage or stocking, a Lower Limb Assessment (Basic & Advanced) is to be done but Ankle Brachial Pressure Index (ABPI) and Toe Pressure Brachial Index (TBPI) are not required for the application of compression less than 20 mmHg <u>if pulses are palpable and capillary refill is normal</u>. • An order, Physician/NP or as per Health Authority (HA) policy NSWOC/Wound Clinician, is required for the application of a wrap or tubular bandage/stocking that provides compression therapy 20mmHg or higher. • Only health care professionals who have successfully completed additional education for compression therapy may apply a wrap or tubular bandage/stocking that provides compression 20mmHg or higher. Follow HA/agency compression therapy policies/practice standards. • Refer to Application of Compression Therapy: Guideline for further information related to indications, precautions, and contraindications of compression therapy. 																																																													
Key Points	<ul style="list-style-type: none"> • Medigrip LF is a latex free, multipurpose, elastic (cotton, nylon, and spandex) tubular bandage. • Medigrip LF may be used to provide support of sprains, strains, and soft tissue injury as well as management of post-burn scarring and dressing securement; <u>specific instructions for these uses are not included</u> within this compression application resource. • Bandage is single client-use only; can be washed and reused for up to 7 days. • Depending upon the combination of the client’s calf measurements and the size of bandage, a double layer bandage can provide three ranges of compression: low (5-10 mmHg), medium (10-20 mmHg) or high (20-30 mmHg) - see table below. 																																																													
Indications	<ul style="list-style-type: none"> • For clients who require compression therapy for the treatment of: <ul style="list-style-type: none"> ○ Venous insufficiency (with or without wounds). ○ Mixed arterial/venous insufficiency (with or without wounds). ○ Lymphedema (with or without wounds). ○ Generalized edema. 																																																													
Precautions	<ul style="list-style-type: none"> • Very thin legs and bony prominences are susceptible to excessive pressure and tissue damage; cast padding may be used to protect the areas. • Do not leave bandages pulled down or slouched around ankles as this leads to a tourniquet effect. • ABPI and/or TBPI are required when considering 20-30mmHg compression. 																																																													
Contraindications	<ul style="list-style-type: none"> • Do not use for clients with allergy or sensitivity to the product or any of its components. • Do not use in the presence of uncontrolled heart failure. • Do not use in the presence of untreated lower limb skin or wound infection. 																																																													
Formats & Sizes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Limb Measurement</th> <th colspan="3">Compression**/Size of Bandage</th> </tr> <tr> <th>Low 5-10mmHg</th> <th>Medium 10-20mmHg</th> <th>High 20-30mmHg</th> </tr> </thead> <tbody> <tr> <td>Calf Circumference* Minimum - Maximum Centimeters</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13.0 - 14.0cm</td> <td>A</td> <td>-</td> <td>-</td> </tr> <tr> <td>14.0 - 15.0cm</td> <td>B</td> <td>A</td> <td>-</td> </tr> <tr> <td>15.0 - 18.0cm</td> <td>C</td> <td>B</td> <td>A</td> </tr> <tr> <td>18.0 - 20.0cm</td> <td>D</td> <td>B</td> <td>A</td> </tr> <tr> <td>20.0 - 23.0cm</td> <td>E</td> <td>C</td> <td>B</td> </tr> <tr> <td>23.0 - 25.0cm</td> <td>F</td> <td>D</td> <td>B</td> </tr> <tr> <td>25.0 - 30.0cm</td> <td>F</td> <td>E</td> <td>C</td> </tr> <tr> <td>30.0 - 38.0cm</td> <td>G</td> <td>F</td> <td>D</td> </tr> <tr> <td>38.0 - 46.0cm</td> <td>G</td> <td>F</td> <td>E</td> </tr> <tr> <td>46.0 - 58.0cm</td> <td>J</td> <td>G</td> <td>F</td> </tr> <tr> <td>58.0 - 71.0cm</td> <td>J</td> <td>G</td> <td>-</td> </tr> <tr> <td>71.0 - 97.0cm</td> <td>K</td> <td>J</td> <td>-</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">*Measure widest part of the calf. ** Compression mmHg achieved with double layer of stocking.</p>			Limb Measurement	Compression**/Size of Bandage			Low 5-10mmHg	Medium 10-20mmHg	High 20-30mmHg	Calf Circumference* Minimum - Maximum Centimeters				13.0 - 14.0cm	A	-	-	14.0 - 15.0cm	B	A	-	15.0 - 18.0cm	C	B	A	18.0 - 20.0cm	D	B	A	20.0 - 23.0cm	E	C	B	23.0 - 25.0cm	F	D	B	25.0 - 30.0cm	F	E	C	30.0 - 38.0cm	G	F	D	38.0 - 46.0cm	G	F	E	46.0 - 58.0cm	J	G	F	58.0 - 71.0cm	J	G	-	71.0 - 97.0cm	K	J	-
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Directions	Rationale / Key Points
Selection	
<p>Prior to the client mobilizing and with client in supine position, measure:</p> <ul style="list-style-type: none"> • The widest part of the calf. • From 2cm below the knee, along the contour of the leg, to the base of the toes. <p>Then select the size of bandage based on the calf measurement and the amount of compression ordered using the table found above or on box.</p> <p>Double the knee-to-toe measurement and cut the bandage.</p>	<p>Also provides a base-line measurement of lower leg edema.</p>
Preparation	
<p>Apply/reapply bandage in the early morning, if possible.</p> <p>Wash or shower leg(s) with warm water. Moisturize intact skin with agency-approved moisturizer. Allow moisturizer to absorb and dry before applying bandage.</p> <p>Apply an appropriate dressing if wound present.</p>	<p>Edema will be minimal in morning.</p> <p>Moisturizer helps to remove dead skin and resolve/prevent dry skin.</p>
Application	
<p>Draw one end of the bandage over toes and up leg stopping about 4 cm below the knee.</p> <p>Pull the other end of the bandage up over the first to create a double layer. Ensure the toes are exposed and the second layer of stocking is 2-3 cm higher up the limb than the first layer.</p> <p>Ensure the top layer is at least two finger widths below the back of the knee. Smooth stocking to remove wrinkles or creases.</p>	<p>Compression begins from the toes, through the calf and to below the knee.</p> <p>Doubling the bandage will provide the amount of compression as outlined in table above based on size of leg and size of bandage.</p> <p>Finishing the bandage 2-3 cm below the knee will prevent a tourniquet effect from occurring.</p>
Removal	
<p>The bandage should be removed at night and reapplied in the morning prior to the client getting out of bed, if possible. If bandage is worn for 24hrs it is to be removed and reapplied once within the 24hrs.</p> <p>Remove bandage by pulling over the foot like a pair of socks.</p> <p>Do not leave stocking pulled down or slouched around ankles.</p>	<p>Removing the stocking allows for inspection and care for the skin (washing and/or moisturizing) of the lower leg and foot.</p> <p>Bandage left pulled down or slouched around ankles may cause a tourniquet effect.</p>
Frequency of Dressing Change	
<p>Change the bandage if heavily soiled, lost its shape (approx. 7 days of wear), or has slipped:</p> <ul style="list-style-type: none"> • Reassess cover dressing if wound exudate seeps into bandage. • Wash by hand in cold water and hung to dry. Client will need two sets of bandages to allow the alternate bandage to dry. • Reduction of edema will result in bandage slipping. Remeasure the calf and select another size of stocking if slipping occurs. 	<p>Washing will remove any light soiling and will help to reset the elasticity of the non-latex bandage.</p> <p>To maintain expected amount of compression</p>
Expected Outcomes	
<p>Measurable improvement in the ankle and calf measurements within 1 week.</p> <p>Product performs as expected.</p>	<p>If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form</p>
<p>For further information please contact NSWOC/Wound Clinician</p>	