















Skin and Wound Product Information Sheet

		M	edig	rip LF	- (Low	er Leg	Applica	ation)		
Category	Tubular Bandage: Circumferential – Latex Free									
Key Points	For Compression Therapy in general									
	• Physician/NP order or clinical direction from NSWOCor Wound Clinician is required to apply									
	compression.									
		Only health care professionals who have successfully completed additional education for								
	compression therapy may apply compression.									
	 Follow agency/Health Authority compression therapy policies/practice standards. Refer to <u>Guideline: Application of Compression Therapy</u> for further information related to indications, precautions and contraindications of compression therapy. For this product specifically 									
		Sizing is not equivalent to Tubigripsizing. Choose appropriate Medigrip LF size based on client								
	measurements and amount of compression required.							priate Medigrip Er 312e based off efferit		
		• Latex free, multipurpose, elastic (cotton, nylon and spandex) tubular bandage.								
		• Provides low (5-10 mmHg), medium (10-20 mmHg) or high (20-30 mmHg) compression when								
	 double layer applied. Use double layer unless directed differently by NSWOC/Wound Clinician/Physician/NP. Single patient use only. Can be washed and reused for up to 7 days. Prior to first application, a complete Lower Limb Assessment (Basic & Advanced) is to be do 									
								· ·		
		but an ABI may not be required if applying low or medium compression. An ABI is required for high compression.								
							<u> </u>			
Indications		For clients who require compression therapy for the treatment of:								
		Venous insufficiency (with or without wounds), or Arterial (venous insufficiency (with or without wounds), or								
	Arterial/venous insufficiency (with or without wounds), or Numbedoma (with or without wounds) or									
		 Lymphedema (with or without wounds), or Generalized edema. 								
	 May be used for support of sprains, strains, soft tissue injury, skin graft scarring (specific instructions for these uses are not included in this guide). 							niury skin graft scarring (specific		
Precautions	_	Very thin legs and boney prominences are susceptible to excessive pressure and tissue damage								
		 Do not leave pulled down or slouched a round ankles as may cause a tourniquet effect. For high compression, ABI is required. 								
	• For									
Contraindications	• Do r	 Do not use for clients with allergy or sensitivity to the product or any of its components. Do not use in presence of uncontrolled heart failure. 								
	• Do r									
		Do not use in presence of untreated lower limbs kin or wound infection.								
Formats & Sizes	Each roll is 10 m long									
	Medigrip Latex Free (LF) Sizing Chart for Compression									
	Limb	Measur	ement*		Compression Level for Doul		Double layer			
	Min	Max		Max	Low	Medium	High			
	inche	s Inche	S CIII	cm	(5-10 mmHg)	(10-20 mmHg)	(20-30 mmHg)	and the same of th		
	5	5.5	13	14	A	-	-	MEDIGRIP LE		
	5.5	6	14	15	В	Α	-	STANTE TIMELAR MANAGEMENT		
	6	7	15	18	С	В	Α			
	7	8	18	20	D	В	Α			
	8	9	20	23	Е	С	В			
	9	10	23	25	F	D	В			
	10	12	25	30	F	Е	С			
	12	15	30	38	G	F	D			
	15	18	38	46	G	F	Е			
	18	23	46	58	J	G	F			
	23	28	58	71	J	G	-			
	28	38	71	97	K	J	-			

















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Application Directions							
Application Directions	Rationale						
 Prior to client mobilizing and with client supine, measure: The widest part of the calf. From 2 cm below the knee, along the contour of the leg, to the base of the toes. 	Provides a base-line measurement of edema and determines which size Medigrip LF to use.						
Select size of bandage based on calf measurement and amount of compression ordered using table found above or on box.							
Double the knee-to-toe measurement and cut the bandage.							
Apply/reapply bandage in the early morning, if possible.	Edema will be minimal in morning.						
Wash or shower leg(s) with warm water. Moisturize intact skin with agency-approved moisturizer. Allow moisturizer to a bsorb and dry before applying bandage.	To remove dead skin and resolve/prevent dry skin.						
Apply an appropriate dressing if wound present.							
To Apply							
Draw one end of the bandage over toes and up leg stopping about 4 cm below the knee.	Compression begins from the toes, through the calf and to below the knee.						
Pull the other end of the bandage up over the first to create a double layer. Ensure that the toes are exposed and that the second layer of stocking is 2-3 cm higher up the limb than the first layer.	Doubling the bandage will provide the amount of compression as outlined in table above based on size of leg and size of bandage.						
Ensure the top layer is at least two finger widths below the back of the knee. Smooth the stocking to ensure no wrinkles or creases are present.	Finishing the bandage 2-3 cm below the knee will prevent a tourniquet effect from occurring.						
To Remove							
The bandage should be removed at night when the client is supine.							
Remove the bandage by pulling over the foot like a pair of socks. Do not leave stocking pulled down or slouched around ankles.	Bandage left pulled down or slouched around ankles may cause a tourniquet effect.						
Frequency of Dressing Change							
Change the bandage if it soiled, lost its shape or is slipping. Reassess the cover dressing if wound exudate seeps into bandage.	To maintain expected amount of compression.						
Reduction of edema will result in the bandage slipping. Remeasure the calf and select another size of stocking if slipping occurs.							
The bandage should be hand washed daily in cold water and hung to dry. Client will need two sets of bandages to allow the alternate bandage to dry after washing.	Washing will help to reset the elasticity of the bandage.						
Bandage can be used for up to 7 days.							
Expected Outcome							
Measurable improvement in the ankle and calf measurements	If product does not perform as expected notify						
within 1 week. Product performs as expected.	NSWOC/Wound Clinician and consider submitted a Product Concern form.						
	NSWOC or Wound Clinician						
For further information, please contact NSWOC or Wound Clinician							