









## **Product Information Sheet**

Medigrip LF							
Lower Leg Compression Application							
Classification	Tubular Bandage: Circumferential – Latex Free						
British Columbia	<ul> <li>As per health authority or agency policy/or standards, prior to the first application of compression</li> </ul>						
Practice	wrap, tubular bandage, or stocking that provides:						
Practice	<ul> <li>o 20mmHg or less compression:</li> </ul>						
	<ul> <li>20mmHg or less compression:</li> <li>A Lower Limb Assessment (Basic &amp; Advanced) is to be done but an Ankle Brachial Pressure</li> </ul>						
	Index and/or a Toe Pressure Brachial Index is not required if pedal pulses are palpable or						
	present with a hand-held doppler and capillary refill is normal.						
	$_{\circ}$ An order is not required.						
	• Greater than 20mmHg compression:						
	<ul> <li>A Lower Limb Assessment (Basic &amp; Advanced) is to be done including an Ankle Brachial Prossure Index and/or a Teo Prossure Prachial Index</li> </ul>						
	Pressure Index and/or a Toe Pressure Brachial Index.						
	• An order from a physician/NP/NSWOC/WC is required.						
	<ul> <li>Refer to <u>Application of Compression Therapy: Guideline</u> for further information related to indications, precautions, and contraindications of compression therapy.</li> </ul>						
Kan Dalata							
Key Points	<ul> <li>Medigrip LF is a latex free, elastic (cotton, nylon, and spandex) tubular bandage that depending upon the combination of the client's calf measurements and the size of bandage, when the</li> </ul>						
	-				-		
				ssion: low (5-10	mmHg), medium (10-20		
	mmHg) or high (20-30 i			straina and a			
	Medigrip LF may be use     management of pact by						
	management of post-burn scarring and dressing securement; <u>specific instructions for these uses</u> <u>are not included</u> within this compression application resource.						
		•	•••		- <b>7</b> dour		
	Bandage is single client				o 7 days.		
Indications	• For clients who require compression therapy for the treatment of:						
	• Venous insufficiency (with or without wounds).						
	<ul> <li>Mixed arterial/venou</li> </ul>			t wounds).			
	<ul> <li>Lymphedema (with or without wounds).</li> </ul>						
	◦ Generalized edema.						
Precautions	Very thin legs and bone			o excessive pres	sure and tissue damage;		
	cast padding may be used to protect the areas.						
	• Do not leave bandage 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	• 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	Limb Measurement	Compression**/Size of Bandage					
	Calf Circumference*	Low	Medium	High			
	Minimum - Maximum	5-10mmHg	10-20mmHg	20-30mmHg	Re- Conference - Martin		
	Centimeters						
	13.0 - 14.0cm	A	-	-	MEDIGRIP		
	14.0 - 15.0cm	B C	AB	-			
	15.0 - 18.0cm 18.0 - 20.0cm	D	B	A			
	20.0 - 23.0cm	E	C	B			
	23.0 - 25.0cm	F	D	В	10 m Doll		
	25.0 - 30.0cm	F	E	C	10 m Roll		
	30.0 - 38.0cm	G	F	D	1		
	38.0 - 46.0cm	G	F	E	1		
	46.0 - 58.0cm	J	G	F			
	58.0 - 71.0cm	J	G	-	]		
	71.0 - 97.0cm	К	J	-			
	*Measure widest part of the calf. ** Compression mmHg achieved with double layer of stocking.						



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Directions	Rationale / Key Points				
Selection					
<ul> <li>Prior to the client mobilizing and with client in supine position, measure:</li> <li>The widest part of the calf.</li> <li>From 2cm below the knee, along the contour of the leg, to the base of the toes.</li> </ul>	Also provides a base-line measurement of lower leg edema.				
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.					
Double the knee-to-toe measurement and cut the bandage.					
Preparation					
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 absorb and dry before applying bandage.	Moisturizer helps to remove dead skin and resolve/ prevent dry skin.				
Apply an appropriate dressing if wound present.					
Application					
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 the toes are exposed and 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 stocking to remove wrinkles or creases.	Finishing the bandage 2-3 cm below the knee will prevent a tourniquet effect from occurring.				
Removal					
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.	Removing the stocking allows for inspection and care for the skin (washing and/or moisturizing) of the lower leg and foot.				
Remove 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 heavily soiled, lost its shape (approx. 7 days of wear), or has slipped:					
<ul> <li>Reassess cover dressing if wound exudate seeps into bandage.</li> <li>Wash by hand in cold water and hung to dry. Client will need</li> </ul>	Washing will remove any light soiling and will help to reset the elasticity of the non-latex bandage.				
<ul> <li>two sets of bandages to allow the alternate bandage to dry.</li> <li>Reduction of edema will result in bandage slipping. Remeasure the calf and select another size of stocking if slipping occurs.</li> </ul>	To maintain expected amount of compression				
Expected Outcomes					
Measurable improvement in the ankle and calf measurements within 1 week.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider				
Product performs as expected.	submitting a <u>Supply Chain Product Concern Form</u>				
For further information please contact NSWOC/Wound Clinician					