






Skin and Wound Product Information Sheet

| Profore | |
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| Classification | Compression Therapy: Elastic/Long-Stretch Wrap |
| Key Points | <p>For Compression Therapy in general</p> <ul style="list-style-type: none"> • 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 Guideline: Application of Compression Therapy for further information related to indications, precautions and contraindications <p>For this product specifically</p> <ul style="list-style-type: none"> • A four-layer compression wrap elastic/long-stretch system providing high compression (30 - 40 mmHg) for up to 7 days • Single use only; latex free • Contains a sterile wound contact layer which may be applied as an interface |
| Indications | <ul style="list-style-type: none"> • For clients who require high compression therapy for the treatment of <ul style="list-style-type: none"> ○ Venous insufficiency with or without ulcer(s) |
| Precautions | <ul style="list-style-type: none"> • Compression wraps may be used: <ul style="list-style-type: none"> ○ Used with caution for clients whose ABI is between 0.50 and 0.89 as this value indicates moderate to mild arterial insufficiency ○ Used with caution and under an order from a Physician/NP for clients whose ABI is 1.31 or 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 clients whose ABI is 0.49 or less as this value indicates severe to critical arterial insufficiency • Very thin legs and bony prominences need to be well padded to protect them from pressure • Promptly remove the wrap and notify the Physician/NP/Wound Clinician if the client develop pain or a pale, cool or numb toes or foot, or signs and symptoms of Heart Failure |
| Contraindications | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Compression Wrap <ul style="list-style-type: none"> ▪ 10 cm x 2.5 m <div style="text-align: right;">  </div> |
| Application Directions | Rationale |
| <p>Apply wrap in the early morning, if possible.</p> <p>Wash or shower leg(s) with warm water using a pH-balanced skin cleanser. Moisturize intact skin with agency approved moisturizer; allow moisturizer to absorb/ dry before wrapping.</p> <p>Measure the ankle circumference 10 cm from the bottom of the heel; measure the calf circumference 30 cm from the bottom of the heel.</p> <p>Apply an appropriate cover dressing if wound present.</p> | <p>Edema should be minimal in the morning</p> <p>To remove dead skin and resolve/prevent dry skin.</p> <p>This measurement gives a base-line assessment/re-assessment of the client's edema, as well as determines the ankle circumference:</p> <ul style="list-style-type: none"> • 18cm-26cm is considered normal • greater than 26cm are considered large • less than 18cm is considered small and requires additional padding |



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| To Apply | |
| Support the foot off the floor and position the foot in dorsiflexion with the calf muscle at rest. | Dorsiflexion ensures a good walking position once the wrap is on. |
| <p>First Layer: Profore #1 padding Apply the padding layer <u>without tension</u>, twice around the base of the toes using an anchor turn at the ankle.</p> <p>Bring the wrap back around the foot, below the arch. Continue wrapping to cover the heel. Continue up the leg using a spiral wrap with a 50% overlap for each spiral. Stop two finger widths below the knee; cut off excess wrap.</p> |  |
| <p>Ensure that bony prominences are adequately padded and that leg has a natural shape to it.</p> <p>Padded ankle area should be narrower than the calf but must measure 18 cm or greater; if not, then add more padding.</p> | <p>To prevent undue pressure over bony prominences.</p> <p>To ensure a safe level of compression at the ankle. The smaller the circumference, the higher the compression.</p> |
| <p>Second Layer: Profore #2 light conformable wrap Apply the second layer in the same way that the first layer, again without tension and using the spiral technique and with a 50% overlap.</p> <p>Finish by leaving a narrow margin of first layer visible. Cut off excess and tape to secure</p> | <p>Second layer smooths the first layer.</p>  |
| <p>Third Layer: Profore #3 light compression wrap Apply from the base of toes to the knee in figure 8 technique at 50% stretch. Use the central yellow line as guidance for 50% overlap. Use tape to secure.</p> | <p>This is the first compression layer, and the only layer applied in a figure 8.</p>  |
| <p>Fourth Layer: Profore #4 cohesive compression wrap Apply from toe to knee using a spiral technique with 50% stretch and 50% overlap.</p> <p>Press lightly to ensure that wrap adheres to itself.</p> | <p>This layer applies compression and keeps the wrap in place for up to a week.</p>  |
| Frequency of Wrap Change | |
| Wrap can apply sustained high compression for up to 7 days given that slippage does not occur and any wound exudate is managed. | |
| To Remove | |
| Cut wrap off by carefully lifting wrap before cutting it to ensure no trauma from the scissors. | |
| Expected Outcome | |
| Measurable improvement in the ankle and calf measurements within 1 week. | |
| For further information, please contact your Wound Clinician. | |