

# Suffolk Lymphoedema & Venous Compression Garments Formulary

Version 1.0 – February 2022

**Contents:**

**[Introduction](#)**

**[Theory](#)**

- Peripheral Arterial Disease
- Chronic Venous Insufficiency
- Leg Ulcers and Lymphoedema
- Compression Therapy and Types of Hosiery

**[Assessment](#)**

- Lymphoedema Pathway
- PAMPER Acronym for Patient Journey
- Doppler Ultrasound and ABPI
- Lower Limb Wound Pathway

**[Choosing a Garment](#)**

**[Compression Garment Formulary Products](#)**

**[Measuring and Prescribing](#)**

**[Useful Contacts and Resources](#)**

## Introduction

### **Scope and Purpose**

This formulary has been developed as a resource tool, to support and guide all healthcare professionals that prescribe or request prescriptions for patients that require Lymphoedema and Venous Compression Treatment within Suffolk primary care settings. This includes patients seen in GP practices, Care Homes and within their own homes. Best practice involves holistically assessing patients presenting with lower limb conditions and treating with compression if appropriate. This guide aims at providing the information and tools to support this.

### **Stakeholders**

This formulary has been prepared by the Suffolk Clinical Commissioning Group (CCG) Medicine Management Teams, in consultation with Lymphoedema, Tissue Viability and Leg Ulcer Specialists as well as representatives from primary and secondary care within Suffolk and North East Essex.

### **Product Inclusion**

The products listed within this document have been selected for inclusion, following evaluation and review in collaboration with our specialist stakeholder professionals. The product list should be sufficient to cover the majority of patients' needs. In exceptional circumstances other products may be prescribed, where formulary products are found to be inadequate or unsuitable.

### **Resources -**

**The most up to date version of this document is available via the CCG websites below:**

Ipswich and East Suffolk CCG website:

<https://ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGFormularies/Appliances.aspx>

West Suffolk CCG Website:

<https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>

## Theory

### Peripheral Arterial Disease (PAD)

This is described as a narrowing or occlusion of the peripheral arteries, affecting the blood supply to the lower limbs. It is most commonly caused by [atherosclerosis](#), a build-up of fatty substances called plaque to the arteries.

Less common causes include:

- Inflammatory disorders
- Non-inflammatory arteriopathies
- Thromboembolism
- Buerger's disease
- Trauma
- Dissection
- Physiological entrapment syndromes
- Cystic Adventitial Disease

### Chronic Limb Ischaemia

[NICE](#) states this can present as:

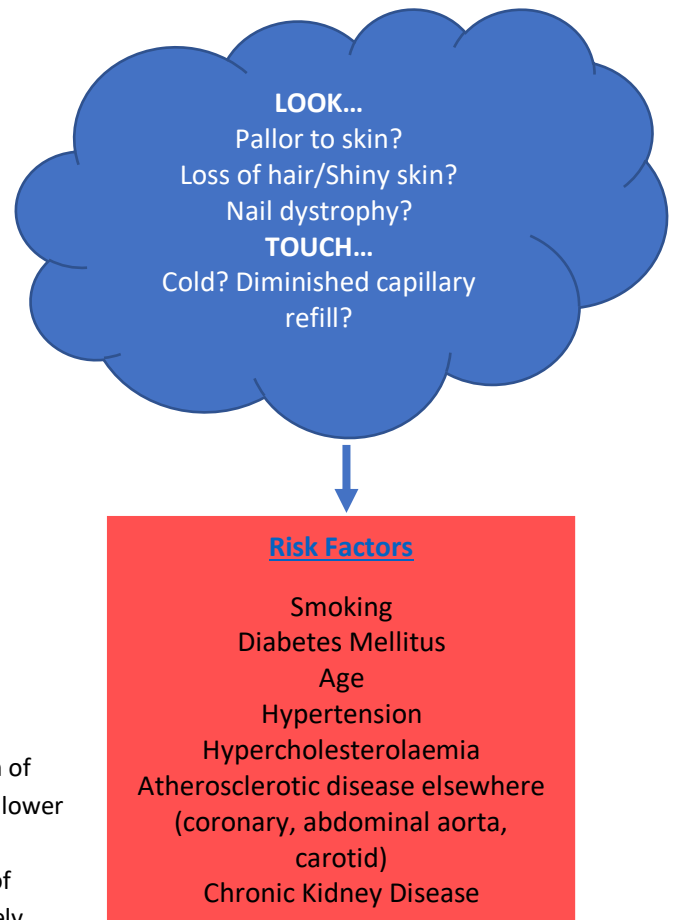
- Intermittent Claudication: Most common symptom of PAD. Diminished circulation can lead to pain in the lower limb when walking, exercise or elevating.
- Critical Limb Ischaemia: This is an advanced stage of peripheral artery disease when circulation is severely impaired causing imminent risk of limb loss.
- Chronic Limb-threatening ischemia: Chronic, inadequate tissue perfusion defined by ischaemic rest pain with or without tissue loss (e.g., ulcers, gangrene, or infection).

Acute limb ischaemia is a sudden decrease, usually over less than two weeks, to limb perfusion that threatens limb viability.

### Chronic Venous Insufficiency

Normal venous blood flow is characterised with good venous return, active calf muscle pump and functioning valves in the vein. With [chronic venous insufficiency](#), blood 'pools' in the veins causing poor venous return from the lower limb to the heart, which increases the venous pressure. This is because of incompetence of the valves in the vein or an impaired calf muscle pump.

Prolonged venous hypertension can cause enlarged veins, oedema, and venous skin changes. These include Hyperpigmentation, Venous Eczema, Lipodermatosclerosis and Atrophy Blanche. As the condition of the skin and subcutaneous tissue worsens, it becomes increasingly vulnerable to ulceration.



## Venous Leg Ulcer

[A leg ulcer](#) is defined as a loss of skin below the knee on the leg or foot which has not healed within 2 weeks. A venous leg ulcer occurs in the presence of venous disease and is the most common type of leg ulcer, accounting for 60-80% of cases occurring in the gaiter area of the leg (ankle to mid-calf).

[NICE](#) states that they are caused by sustained venous hypertension, which results from chronic venous insufficiency or an impaired calf muscle pump. Risk factors include obesity, immobility, varicose veins, and deep vein thrombosis.

## Arterial Ulcer

Ulcers due to peripheral arterial disease often have a 'punched out appearance' with defined edges. These are identified alongside [symptoms](#) of peripheral arterial disease.

## Mixed Arterial and Venous Leg Ulcers

There is no precise [definition](#) for mixed arterial and venous ulcers, though it is described when patients present with symptoms of chronic venous insufficiency and peripheral arterial disease.

This can be found in patients with an ankle brachial pressure index greater than 0.5 to less than 0.8 following a doppler ultrasound and physical assessment.

## Lymphoedema

The [Lymphoedema Framework](#) defines lymphoedema as a progressive, chronic condition manifesting as swelling to one or more limbs. Malformation of the lymphatic system or damage to lymphatic vessels and/or lymph nodes cause an imbalance between interstitial fluid production and transport, resulting in accumulation of fluid and other elements (e.g., proteins).

This is a chronic condition, causing pain and discomfort and increased susceptibility to acute cellulitis. Therefore, alleviating symptoms and reducing risks of infection with appropriate management is essential.

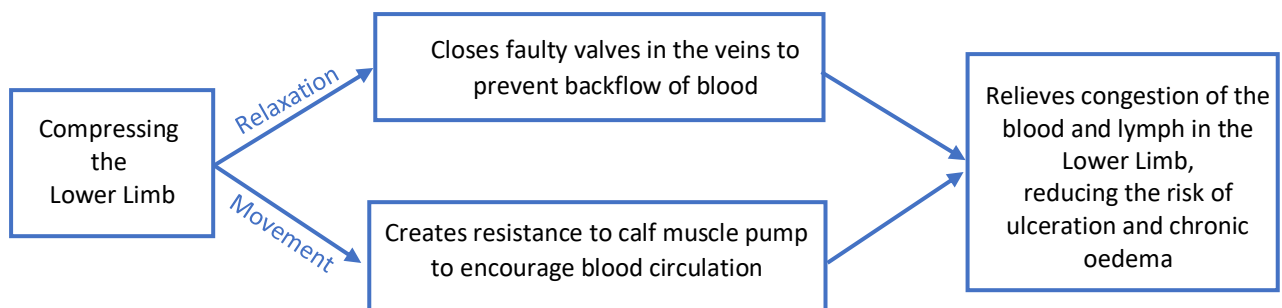
## Compression Therapy

Compression therapy plays a key role in the prevention and management of skin changes because of venous and lymphatic disease. It should be considered as 'first line treatment' to optimise wound healing and acute/chronic disease management. Early management with compression therapy should be used, including in patients assessed as being at risk of developing leg ulceration, for example with oedema, pain, or changes to lower limb.

Following a holistic assessment, if compression has been deemed as safe for use in the individual patient, best practice is for compression therapy to be commenced. Compression therapy options vary in the type of garment, degrees of compression, fabric, stiffness, size, and length. These variances can lead to confusion and inconsistency in selecting and prescribing compression.

This formulary aims to provide information and guidance on the types of compression garments, assessing patients for this and how to select the appropriate garment for the patient.

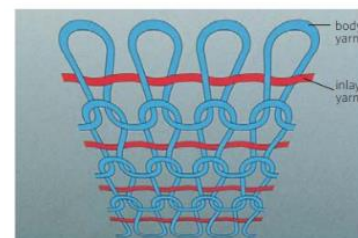
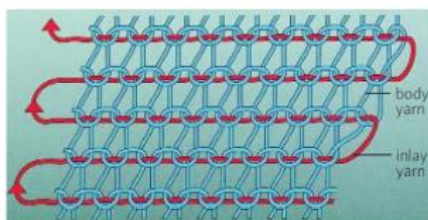
### *How does compression therapy work?*



## Flat Knit and Circular Knit Compression Hosiery

Hosiery can be constructed in two ways: circular knit and flat knit.

Circular knit has no seam and is knitted on a cylinder with circular needles. The fabric tends to be finer, so more cosmetically acceptable.



The edges of a flat fabric are sewn together creating a seam for flat knit hosiery, and fabric tends to be relatively thick and stiff to allow it to lie against skin folds without cutting the skin.

Illustrations from [Lymphoedema Framework \(2006\)](#)

## British Standard and European Class (or RAL)

British standard garments are made from thin, light fabrics which for this reason are seen are more cosmetically acceptable. They provide effective compression to heal venous leg ulcers and maintain healing. However, they are only suitable for patients with up to minimal oedema and no limb distortion.

If oedema is diagnosed, European Class, also referred to a RAL Hosiery, can be used to prevent deterioration or reoccurrence once limb volume has been reduced with compression bandaging. European Class compression garments are more likely to encourage lymphatic movement and reabsorption of the lymph in the vessels, containing the oedema. This is due to the greater stiffness of the fabric used.

The degree of compression is different between these two types of compression hosiery, as illustrated in the table below.

Classes of Compression Hosiery Terminology		
Compression Class	British Standard	European Standard
Class 1	14-17mmHg	18-21mmHg
Class 2	18-24mmHg	23-32mmHg
Class 3	25-35mmHg	34-46mmHg

## Assessments

Best practice is to undertake a thorough, holistic assessment to obtain an accurate diagnosis and progress to appropriate management. [NICE](#) states that any patient with a lower limb wound must be assessed and treatment commenced as soon as possible. These assessments should include:

- General Assessment (patient-related factors: lifestyle, medical history, medication)
- Limb and Vascular Assessment
- Venous Assessment (doppler ultrasound, pulse palpation)
- Wound and surrounding skin assessment

Following this assessment, the underlying diagnosis should be established e.g., venous, mixed, or arterial ulcer or lymphoedema. This will help clinicians to choose the most appropriate compression garment with the patient.

## Blood investigations

Additional investigations such as venepuncture can help to rule out other possible causes of ulceration and delayed wound healing. The following tests are suggested by [NICE](#):

- Full Blood Count: Presence of anaemia may delay healing; high white blood cell count and platelet count may indicate infection
- Erythrocyte Sedimentation Rate (ESR) or C-Reactive Protein (CRP): Markers for inflammation and infection
- Urea and Creatinine: High urea levels may indicate dehydration, which may impair healing
- Albumin: Low albumin may be associated with protein loss and malnutrition which may delay healing
- HbA1c: Assessing for diabetes mellitus

Bacteriological Wound Swabs are not advised as routine investigation and should only be taken where there is clinical evidence of infection.

## Lymphoedema Pathway

RED FLAGS	
<p>Consider the following possible causes when assessing patients presenting with oedema:</p> <ul style="list-style-type: none"> <li>- Check for signs of skin infections i.e., cellulitis/sepsis</li> <li>- Possible Thrombosis</li> <li>- Breathlessness</li> <li>- Check for skin discolouration and/or loss of sensation in affected area</li> </ul>	
Step 1	ASSESSMENT
<p>Patient presenting with a <b>long-standing</b> and <b>unresolved</b>:</p> <ul style="list-style-type: none"> <li>▪ Chronic oedema (swelling lasting over three months)</li> <li>▪ Primary or secondary lymphoedema</li> <li>▪ Lipoedema</li> </ul> <p>Consider patient history and medical conditions potentially contributing to patient's symptoms such as occurrence or reoccurrence of cancer:</p> <p>Previous investigations, medical conditions, and diagnosis: <a href="http://www.nhs.uk">Lymphoedema - Causes - NHS (www.nhs.uk)</a></p>	
Step 2	CONSERVATIVE MANAGEMENT
<p>Complete Doppler Ultrasound to calculate ABPI (Ankle Brachial Pressure Index) and if ABPI within 0.8 and 1.3 then <u>commence compression garment for lymphoedema (RAL or compression wrap)</u></p> <p><b>If possible, consider other factors and strategies to manage and improve oedema:</b></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- Medication review e.g., consider any current medication side effects or diuretic treatments.</li> <li>- Lifestyle e.g., exercise, diet, and fluid management – consider commencing fluid chart, frequent weights. Consider onward referrals to One Life Suffolk or Obesity Clinics.</li> <li>- Onward referral to Therapy for Mobility Assessment and Lifestyle Advice (Community for Housebound, Allied Health Professionals for Others).</li> <li>- Emotional and/or Psychological Factors.</li> </ul>	
Step 3	TREATMENT OPTIONS
<p><b>For any swelling to the upper limbs, genitals, or head/neck, refer straight to the local Lymphoedema team</b></p>	
<p><b><u>If ABPI below 0.8 or above 1.3 and/or red flags present</u></b></p> <p>Refer to Vascular first line to assess for arterial disease before lymphoedema service</p> <p>Following assessment from Vascular, referral can then be made to lymphoedema if symptoms do not improve</p>	<p>Where conservative options and compression garments trialled are unsuccessful –</p> <p>Refer to Lymphoedema service for assessment if all above steps have been considered.</p> <p>Ipswich and East Suffolk: Refer using referral form to <a href="mailto:chuftr.lymphoedemaitrust@nhs.net">chuftr.lymphoedemaitrust@nhs.net</a></p> <p>West Suffolk: Lymphoedema Service – Refer using referral form to <a href="mailto:wsh-tr.Wslymphoedemaservice@nhs.net">wsh-tr.Wslymphoedemaservice@nhs.net</a></p>

## PAMPER Acronym for Patient Journey

The PAMPER acronym has been developed to guide clinicians through the patient journey and encourage a holistic and patient centred assessment.

<p>P</p>	<p><u>Patient</u></p> <ul style="list-style-type: none"> <li>- Patient's Needs/Expectations and Concerns about Lower Limb Care and compression garments</li> <li>- Concordance: History of this? Any factors identified that may improve this?</li> <li>- Preference for Compression Garments: Wrap/Sock/Hosiery</li> <li>- Self-Care: Are they able to self-care? Family/friends or care agency that could continue with compression garment following wound healing</li> </ul> <p><i>Tip: Encouraging Self-Care early on in patient care can improve concordance with this and promote independence.</i></p>
<p>A</p>	<p><u>Assessment</u></p> <ul style="list-style-type: none"> <li>- Physical Assessment</li> <li>- Past Medical History</li> <li>- Medications and possible side effects</li> <li>- Commencing class 1 compression if no red flags present</li> <li>- Any onward referrals needed e.g., diabetic foot clinic or vascular service</li> </ul> <p><b>It is best practice to complete Doppler Ultrasound at time of assessment, however if no red flags present then commence class 1 hosiery and doppler within 2 weeks of initial assessment.</b></p>
<p>M</p>	<p><u>Measure</u></p> <ul style="list-style-type: none"> <li>- Best practice for measurements to be taken as early as possible when swelling is minimal</li> <li>- Measure against bare skin, not over clothing/dressings</li> <li>- Pull the tape measure around the leg so it is 'snug' but not constricting</li> </ul>
<p>P</p>	<p><u>Prescribe</u></p> <p>Ensuring the prescription request is accurate is key in prevent delays in care. Request:</p> <ul style="list-style-type: none"> <li>- Brand</li> <li>- Compression Level (mmHg not class)</li> <li>- British Standard or European/RAL Standard</li> <li>- Length and Size Required</li> <li>- If the request is made to measure</li> <li>- Quantity (recommended 2 garments per limb)</li> </ul>
<p>E</p>	<p><u>Education</u></p> <ul style="list-style-type: none"> <li>- Provide education to patient on donning and doffing of garment to promote self-care and applying emollients in between</li> <li>- Ensure patient is aware of red flags to monitor and who to contact if this occurs</li> <li>- Provide any resources for patient to self-care for lower limbs and importance of continuing compression therapy.</li> </ul>
<p>R</p>	<p><u>Review</u></p> <ul style="list-style-type: none"> <li>- Complete comprehensive re-assessment if any changes in lower limb symptoms or skin problems related to compression garments occur.</li> <li>- Review at each dressing change and minimal weekly intervals whilst ulcer present</li> <li>- If unhealed after 4-12 weeks, then re-assess and see if onward referral needed</li> <li>- 6 monthly reviews required for replacement of compression garments and ongoing advice</li> </ul>



## Doppler Ultrasound

A doppler ultrasound should be completed for patients presenting with a lower leg wound or symptoms of chronic venous disease within 2 weeks of presentation. This assessment will provide healthcare professionals with an ankle brachial pressure index (ABPI) reading to measure the vessel competency. Doppler Ultrasounds should only be completed by trained and competent healthcare professionals.

[NICE](#) (2021) recommend that doppler studies should be repeated every 6-12 months, or earlier if clinically indicated.

ABPI	Action	Review
ABPI <0.5 Severe Peripheral Arterial Disease	Do not Compress Urgent Vascular Referral Required	Requires frequent reassessment of Peripheral Arterial Disease
ABPI 0.5 - <0.8 Degree of Peripheral Arterial Disease	Assess for Red Flags (see pathway) and continue holistic assessment  Refer to Vascular Team for assessment  Obtain advice from Leg Ulcer Service or Tissue Viability before considering reduced compression (20mmHg or less)	If commencing reduced compression, reassess frequently for Peripheral Arterial Disease
ABPI 0.8 – 1.2	Suitable to apply full compression (40mmHg)	Reassess routinely (6-12 months) or sooner if any change present to patient condition/symptoms
ABPI >1.3  Arterial Calcification may be present	Assess for Red Flags and continue holistic assessment  Refer to vascular team for assessment  Obtain advice from the Leg Ulcer Service or Tissue Viability before considering compression therapy	Reassess and consider patient factors, environmental factors and equipment that may hinder result.

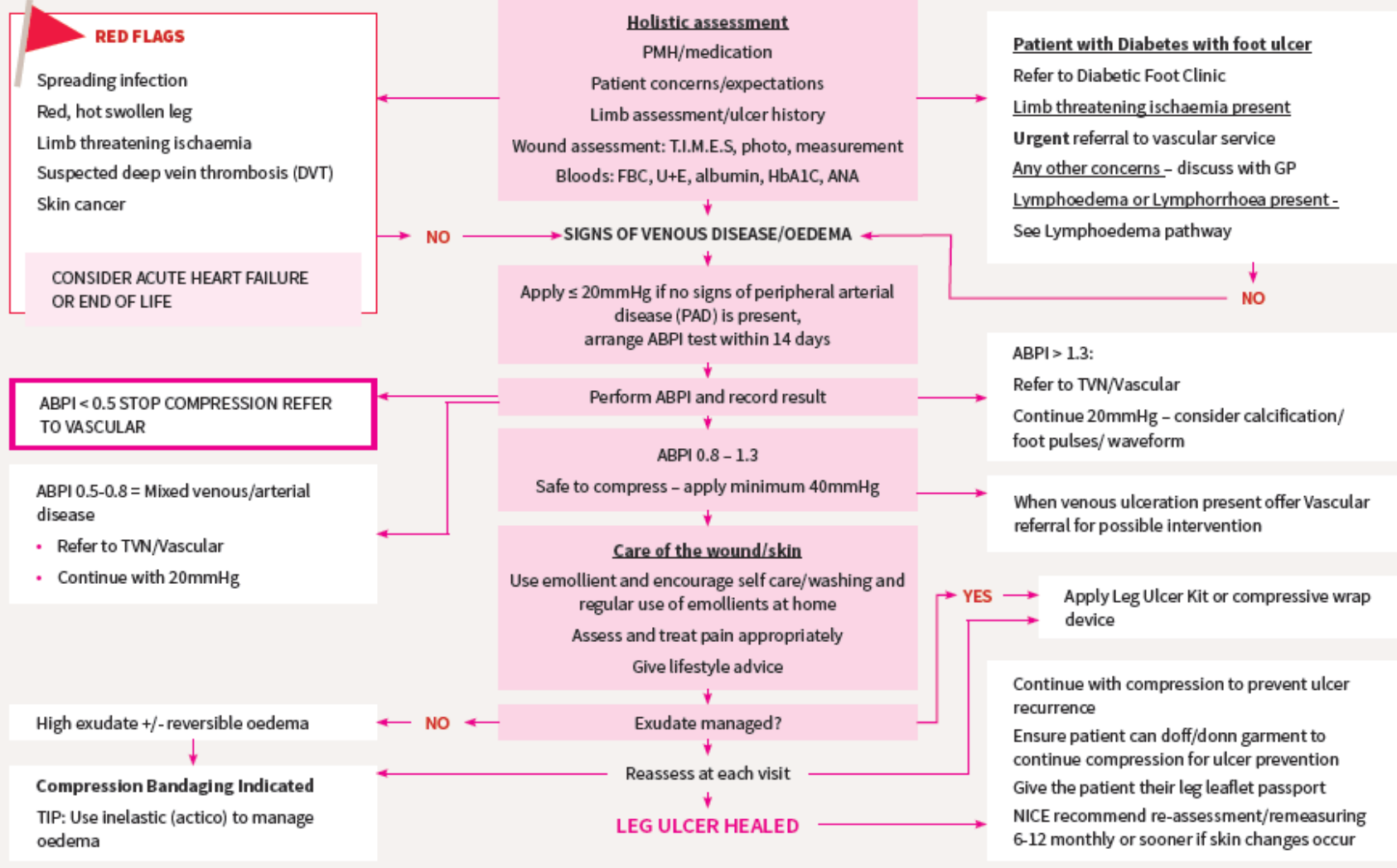
**An ABPI should not be undertaken in isolation, but in conjunction with a holistic assessment.**

**The ABPI values should always be interpreted in the context of signs and symptoms.** If a patient ABPI is within normal range (0.5 to 1.2) but has symptoms of peripheral arterial disease (such as intermittent claudication or rest pain), then consider a referral for a vascular assessment.

### Key Tips

- If the patient is unable to lie flat, elevate the legs to the level of the heart
- Make sure the patient is comfortable and reassured before starting procedure
  - Make sure to use the correct sphygmomanometer cuff

## Leg wound treatment pathway



## Choosing a Compression Garment

If the patient has been assessed as safe to compress, the clinician and patient must decide which is the most appropriate compression garment to use.

When treating leg ulcers, it is recommended by [Wounds UK](#) that all patients receive full compression of at least 40mmHg if the vascular assessment deems this as appropriate and safe.

Following the physical assessment and understanding of the patients' needs and preferences, please use the symptoms checker to identify which garment is recommended.

## Self-Care

The [NHS Long Term Plan](#) aims at promoting self-care and self-management from patients. Self-care should be encouraged in suitable patients, but not forced. However, it is important to provide patients with the right education, advice, and guidance to do so when caring for their lower limb.

Good communication and trust in the clinician are found to be key factors by Wounds UK (2015,2016) in achieving optimum results of compression treatment. Patient passports are found to be useful to support this; they can encourage self-care engagement and patient ownership for those patients assessed as able to do so, as well as a safety tool listing 'red flags or symptoms to look out for. Therefore, promoting earlier intervention. The CCG patient passport can be found in on the CCG Websites.

## Skin Care

When oedema is present, the skin is more vulnerable to infection of the build-up of fluid within the tissues. This can lead to skin breakdown and ulceration.

When skin is broken and/or ulcerated, this can allow bacteria to enter the body and develop an infection. Skin infections can damage the lymphatic system, increasing the risk of developing lymphoedema.

Therefore, good skin care is important to maintain skin integrity. This can be done by washing and moisturising the skin daily with a soap substitute. Please see the product list below for formulary emollients available on prescription.

*Please note – any patients with mild dry skin should be encouraged to purchase emollients over the counter (OTC).*

For further information on Skin care products in Suffolk please see:

[IESCCG & WSCCG Skin Care formulary](#)

For recommended Skin Care Products in North East Essex please see:

[NEE Wound Care Formulary](#)

## Compression Garments

Type	Indication
British Standard Hosiery	<p>The degree of compression is lower in British standard in comparison to European class hosiery. This compression garment is developed using a circular knit fabric which means it is more elastic.</p> <p>This garment is only suitable for patients without oedema and limb distortion.</p>
European Class Hosiery	<p>Levels within these classes are higher than British Standard classes and are available in Circular and Flat Knit Garments. European Class Hosiery are better suited to patients with oedema.</p>
Compression Socks	<p>Compression socks are like hosiery and come in British standard or European class. Some individuals find these better if they live a more active lifestyle and can be easier for self-care when donning/doffing the garment.</p> <p>Socks can be more popular with male patients.</p>
Compression Wrap Devices	<p>Wrap systems are constructed from short-stretch material and applied as straps around the limb. They produce a therapeutic compression value (low resting pressure, high working pressure) and are being used more in practice due to ease of application and self-care.</p>
Leg Ulcer Hosiery Kits	<p>Hosiery kits should also be chosen as either British standard or European class, depending on the assessment of the patient's lower limb. These come as 2 liners, which equal 40mmHg when both are applied. This is gold standard compression level for leg ulcer management.</p>
Compression Bandaging	<p>Compression bandaging is still used in practice, and suitable for patients who are assessed as having reducible oedema or patients with high exudate levels before commencing a garment. Bandages can be either elastic or inelastic. Please see your wound care formulary for compression bandages.</p>

**Please note:** the lists of products are not exhaustive and have been developed by specialists with the attempt to represent the majority of garments (approximately 80%). There may be occasions where other garments may be required which are outside of this product range.

Compression Hosiery Product List

Circular Knit British Standard Compression Hosiery – for venous patients WITHOUT oedema only								
Garments	Product Type	Cost	Length	Colours	Sizes	Approx. Quantities		
<b>First Line</b>								
<b>Medi Duomed Soft</b>	<u>Class 1</u> 14-17 mmHg	£7.92	Below Knee Open Toe	Black Sand	S-XXL	Comes as a pair – 1 prescription per limb Every 6 months <i>(One to wear/One to wash)</i>		
		£7.92	Below Knee Closed Toe					
		£8.67	Thigh Length with Top Band Open Toe					
		£8.67	Thigh Length with Top Band Closed Toe					
	<u>Class 2</u> 18 – 24 mmHg	£11.59	Below Knee Open Toe					
		£11.59	Below Knee Closed Toe					
		£12.89	Thigh Length with Top Band Open Toe					
		£12.89	Thigh Length with Top Band Closed Toe					
	<u>Class 3</u> 25 – 35mmHg	£13.13	Below Knee Open Toe					
		£13.13	Below Knee Closed Toe					
		£15.28	Thigh Length with Top Band Open Toe					
		£15.28	Thigh Length with Top Band Closed Toe					
<b>Second Line</b>								
<b>L&amp;R Activa British Standard Hosiery</b>	<u>Class 1</u> 14-17 mmHg	£7.92	Below Knee Open Toe	Sand	S - XXL S M L XL	Comes as a pair – 1 prescription per limb Every 3-6 months (100 washes) <i>(One to wear/One to wash)</i>		
		£7.92	Below Knee Closed Toe	Sand Honey				
		£8.67	Thigh Closed Toe	Black				
	<u>Class 2</u> 18 – 24 mmHg	£11.59	Below Knee Open Toe	Sand	S - XXL S M L XL			
		£12.89	Thigh Open Toe					
		£11.59	Below Knee Closed Toe	Sand Honey Black				
		£12.89	Thigh Closed Toe					
	<u>Class 3</u> 25 – 35mmHg	£13.13	Below Knee Open Toe	Sand	S – XXL			
		£15.28	Thigh Open Toe					
	<b>Made to Measure</b>							
	Measuring Guide: <a href="http://activahealthcare.co.uk">Made to Measure hosiery order application (activahealthcare.co.uk)</a>							
	<b>Credalast British Standard Made-To-Measure (MTM) Hosiery (Class or Velvet)</b>	Below Knee Classes 1, 2, 3	£28.72	Closed Toe Open Toe	Natural Black		MTM	2 Devices per limb – every 3-6 months (100 washes) <i>(One to wear/One to wash)</i>
Thigh Classes 1, 2, 3		£45.91						

**Circular Knit European Class Compression Hosiery – for venous patients WITH oedema and patients with Lymphoedema**

Garments	Product Type	Cost	Length	Colours	Sizes	Approx. Quantities
<b>First Line European Class</b>						
<b>L&amp;R ActiLymph® European Hosiery Circular Knit  Class 1 18-21mmHg</b>	Below Knee	£29.84	Standard	Sand / Black	S-XXL	Comes as a pair – 1 prescription per limb Every 3-6 months (100 washes)  <i>(One to wear/One to wash)</i>
		£29.84	Open Toe			
		£29.84	Petite	Sand	S-XL	
	Thigh	£57.35	Closed Toe Wide Band	Sand	S-XXL	
		£56.12	Closed Toe Regular Band	Black	S-XL	
		£56.22	Open Toe Regular Band	Sand/ Black	S-XL	
<b>L&amp;R ActiLymph® European Hosiery Circular Knit  Class 2 23 – 32mmHg</b>	Below Knee	£29.84	Open Toe	Sand/ Black	S-XXL	Comes as a pair – 1 prescription per limb Every 3-6 months (100 washes)  <i>(One to wear/One to wash)</i>
		£29.84	Closed Toe		S-XL	
		£29.84	Petite Open / Closed	Sand	S-XL	
	Thigh	£56.22	Open Toe Regular Band	Sand/ Black	S-XXL	
		£57.35	Open Toe Wide Band	Sand	S-XL	
		£57.35	Closed Toe Wide Band	Sand		
		£56.12	Closed Toe Regular Band	Black		
<b>ActiLymph® RAL Hosiery Circular Knit  Class 3 34-46mmHg</b>	Below Knee	£32.77	Open Toe	Sand	S-XL	Comes as a pair – 1 prescription per limb Every 3-6 months (100 washes)  <i>(One to wear/One to wash)</i>
	Thigh	£59.69	Open Toe Wide Band	Sand	S-XL	

**Second Line European Class**

<b>Medi Mediven Plus RAL Hosiery Circular Knit</b>  <b>Class 1</b> <b>18-21mmHg</b>	Below Knee	£30.31	Open Toe	Black or Beige	Sizes I, II, III, IV, V, VI, VII  Comes as a pair – 1 prescription per limb Every 6 months  <i>(One to wear/One to wash)</i>
		£30.31	Open Toe Petite		
		£34.59	Open Toe Extra Wide		
		£34.59	Open Toe Petite Extra Wide		
	Thigh	£58.24	Open Toe – Silicone Top Band	Black or Beige	
		£54.32	Open Toe Petite – Silicone Top Band		
		£58.03	Open Toe Extra Wide – Silicone Top Band		
		£54.12	Open Toe Petite Extra Wide – Silicone Top Band		
<b>Mediven Plus RAL Hosiery Circular Knit</b>  <b>Class 2</b> <b>23 – 32mmHg</b>	Below Knee	£30.31	Open Toe	Beige or Black	Sizes I, II, III, IV, V, VI, VII  Comes as a pair – 1 prescription per limb Every 6 months  <i>(One to wear/One to wash)</i>
		£30.31	Open Toe Petite		
		£34.59	Open Toe Extra Wide		
		£34.59	Open Toe Petite Extra Wide		
	Thigh	£58.24	Open Toe Silicone Top Band	Black or Beige	
		£54.32	Open Toe Petite Silicone Top Band		
		£58.03	Open Toe Extra Wide Silicone Top Band		
		£54.12	Open Toe Petite Extra Wide – Silicone Top Band		
<b>Mediven Plus RAL Hosiery Circular Knit</b>  <b>Class 3</b> <b>34-46mmHg</b>	Below Knee	£33.28	Open Toe	Black or Beige	Sizes I, II, III, IV, V, VI, VII  Comes as a pair – 1 prescription per limb Every 6 months  <i>(One to wear/One to wash)</i>
		£33.38	Open Toe Petite		
		£37.80	Open Toe Extra Wide		
	Thigh	£60.62	Open Toe – Silicone Top Band	Black or Beige	
		£60.62	Open Toe Petite - Silicone Top Band		
		£60.40	Open Toe Extra Wide – Silicone Top Band		
		£60.40	Open Toe Petite Extra Wide – Silicone Top Band		

**Flat Knit Made-to-Measure European Garment**

<b>ActiLymph Made-To-Measure (MTM) Hosiery Flat Knit RAL Class 1-3</b>	Ease Below Knee	Class 1 £34.73	Closed Toe	Sand or Black	MTM	For Lymphoedema/ Chronic Oedema with Skin Folds and Limb Distortion  2 Devices per limb – every 3-6 months (100 washes)  <i>(One to wear/One to wash)</i>
		Class 2 £36.21	Open Toe			
		Class 3 £38.41	3cm Silicone Top Band			
	Ease Thigh	Class 1 £41.48	Closed Toe		MTM	
		Class 1 £44.66	Open Toe			
		Class 1 £48.06	5cm Silicone Top Band			

Measuring Guide: [Made to Measure hosiery order application \(activahealthcare.co.uk\)](http://activahealthcare.co.uk)

**Compression Socks – British Standard/European Class**

Garments	Product Type	Cost	Lengths	Colours	Sizes	Approx. Quantities
<b>British Standard Garment</b>						
<b>L&amp;R Activa Ribbed Sock</b>	Class 1 British Standard (14- 17mmHg)	£7.92	Closed Toe – Unisex	Black Brown	S M L XL	2 devices per limb – Every 3-6 months (100 washes)  <i>(One to wear/one to wash)</i>
	Class 2 British Standard (18- 24mmHg)	£11.59				
<b>European Class Garment</b>						
<b>Mediven Active</b>	Class 1 European Class (18mmHg- 21mmHg)	£29.83	<u>Standard or petite</u>  Below Knee Closed Toe	Grey Navy Black Brown White	I II III IV V VI VII	2 devices per limb – Every 6 months  <i>(One to Wear/One to Wash)</i>
	Class 2 European Class (23mmHg- 32mmHg)	£30.17	<u>Standard or petite</u>  Below Knee Closed Toe			

**Toe Compression – When toe oedema is present or for prevention**

Garments	Product Type	Cost	Lengths	Colours	Sizes	Approx. Quantities
<b>Only Compatible with Compression Wrap Garments</b>						
<b>ReadyWrap (L&amp;R)</b>	Toe Wrap	£54.97	Left or Right	Beige or Black	S-XL	2 devices per limb – Every 3- 6 months (100 washes) <i>(One to wear/one to wash)</i>
<b>Compatible with all Compression Garments</b>						
<b>Haddenham Microfine Toe Caps</b>	20 - 36mmHg	£28.04	One size	Sand Black Classic-Beige	XS-XL	3 devices per limb – Every 6 months <i>(One to Wear/One to Wash)</i>



## Compression Wrap Devices

Adjustable compression wraps are commonly used for lymphoedema management and for patients wishing to self-care. They are easy to apply and are adjustable, which allows for easy adjustment as limb volume decreases. Compression Wrap Devices are not suitable for patients with leg ulcers that have high exudate levels.

Compression (Velcro) Wrap Systems – Lower Limb for Venous and Lymphoedema						
Garments	Product Type	Cost	Lengths	Colours	Sizes	Approx. Quantities
<b>First Line for Lymphoedema (second line for venous)</b>						
<b>Haddenham EasyWrap Strong (30-40mmHg)</b>	Foot	£37.31	Regular or Long	Black or Sand	XS	2 devices per limb – Every 3-6 months  <i>(One to wash/One to wear)</i>
	Calf	£133.21	Regular or Tall		S	
	Thigh (inc. knee)	£133.21	Short, Regular, or Tall		M L XL	
<b>Haddenham EasyWrap Light (20-30mmHg)</b>	Foot	£37.31	Regular or Long	Black or Sand	XS	<b>*Pair of liners with each order, liners not available on drug tariff. Can be purchased on hadhealth.com*</b>
	Calf	£133.21	Regular or Tall		S M L XL	
	Thigh (inc. knee)	£133.21	Short, Regular, or Tall			
<b>Resources</b>	<b>Measurement Guide:</b> <a href="#">easywrap sizing</a>					
<b>Haddenham Fusion Liner (Foot compression)</b>	Strong (30-40mmHg)	£25.63	One Size	Black or Sand	XS	2 devices per limb – Every 6 months  <i>(One to wash/One to wear)</i>
	Light (20-30mmHg)	£25.63			L XL	
<b>Resources</b>	<a href="#">EasyWrap Fusion (hadhealth.com)</a> For product support – please contact Tess.henry@hadhealth.com					
<b>First Line for Venous (second line for lymphoedema)</b>						
<b>ReadyWrap (L&amp;R)</b>	Foot	£36.91	One Size	Beige or Black	S, M, L, XL	2 devices per limb – Every 3-6 months  <i>(One to wear/one to wash)</i>
	Calf	£88.53	30cm or 35cm		S M L XL XXL	
	Knee	£46.87	One Size			
	Thigh	£98.94	25cm or 30cm			
<b>Resources</b>	<a href="#">ReadyWrap® – L&amp;R Medical (Lohmann &amp; Rauscher UK, formerly Activa Healthcare) (lohmann-rauscher.co.uk)</a>					
<b>Restricted Use – Specialist Advice Only</b>						
<b>Juxta-Lite (Medi) Measurable Compression Wrap</b>  *Compression Range Card included*	Calf	£101.39	Short or Long	Beige	S M M Extra Wide L L Extra Wide X Large X Large Extra Wide XX Large	Pack contains wrap system and 2 liners  (M, Large and XL sizes have additional extra wide option)  2 Devices per limb – every 6 months

## Leg Ulcer Hosiery Kits

Leg Ulcer Hosiery Kits are thought to help achieve the aims of the NHS Long Term Plan, in promoting self-care and health prevention in reducing recurrence rates. They are a two-layer compression hosiery kit and come in British standard and European class options:

First liner (either 10 or 20mmHg) and second liner (either 30 or 20mmHg) to **equal 40mmHg when together.**

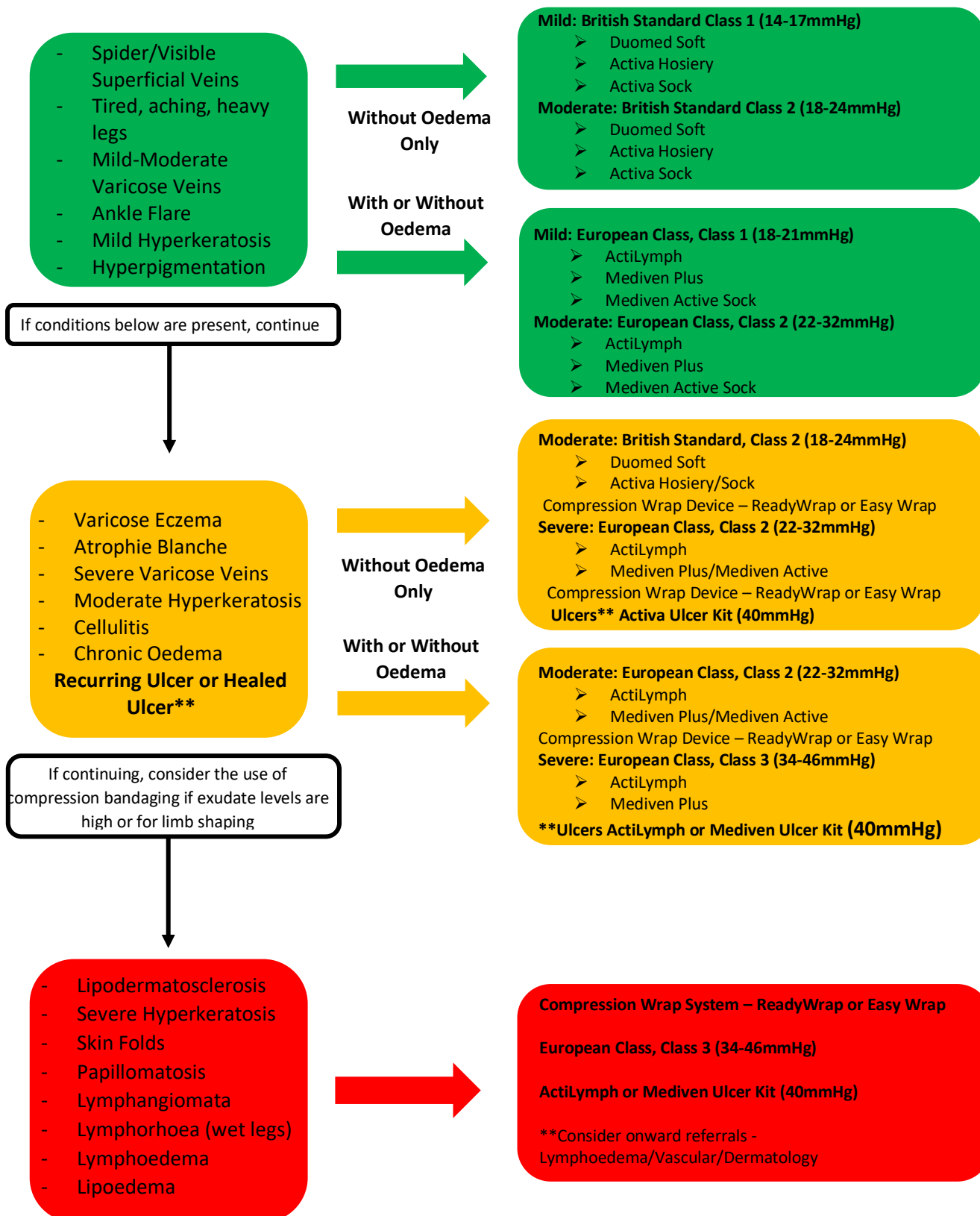
### Who is suitable?

- Low to moderately exuding wound
- Suitable ABPI
- No reducible oedema presents
- Patients wanting to self-care

Leg Ulcer Hosiery Kits						
Garments	Product Type	Cost	Length	Colours	Sizes	Approx. Quantities
<b>British Standard Hosiery Kit</b>						
<b>Activa Leg Ulcer Hosiery Kit 40mmHg</b>	1 stocking (30mmHg) + 1 liner (10mmHg)	£23.85	Below Knee Open Toe	Sand with White Liners Black with Sand Liner	S M L XL XXL	2 Devices per limb – every 3-6 months (100 washes) (One to wear/One to wash)  Additional Liner within pack
<b>European Class Hosiery Kit</b>						
<b>First Line</b>						
<b>ActiLymph Leg Ulcer Hosiery Kit 40mmHg</b>	1 stocking (30mmHg) + 2 Liners (10mmHg)	£31.45	Below Knee Open Toe	Sand with White Liner Black with Sand Liner	M L XL XXL	2 Devices per limb – every 3-6 months (100 washes) (One to wear/One to wash)  Additional Liner within pack
<b>Second Line</b>						
<b>Mediven Leg Ulcer Hosiery Kit 40mmHg</b>	1 stocking (20mmHg) + 2 liners (20mmHg)	£33.96	Petite Below Knee Open Toe	<u>Colour Mark</u> Pink Blue Yellow	I II III IV	2 Devices per limb – every 6 months  (One to wear/One to wash)
		£33.96	Standard Below Knee Open Toe	Red Grey Green Brown	V VI VII	Additional Liner within pack

**Additional Liners also available for Leg Ulcer Kits via FP10 if required.**

## Symptoms Checker



Adapted from Wounds UK Best Practice Statements ([2016](#) and [2019](#))

## Measuring for Compression Garments

### Tips for Measurements

- Take as early in the day as possible when swelling is at its minimum
- Take measurements directly against skin, not over dressings/clothing
  - Measure each leg separately as they may differ
- Each brand/garment may require different measurements so check prior
  - If possible, ask the patient to stand distributing weight evenly
  - Take measurements in centimetres

Compression only works if measurements are accurate and correct, and the garment is applied correctly.

Each garment needs to be measured according to each products measuring guide. It is important to consider any reducible oedema, or high exudate levels prior to choosing a compression garment, as it may be clinically more appropriate to address these issues with compression bandaging and reassess for compression garments once this has reduced or improved.

There may still be occasions when patients do not fit into the products sizing guide for standard off-the-shelf sizes and will require a MTM garment. These require more measurements to ensure the garment is correctly made to the size the patient requires.

Within the product lists, the MTM options have an online resource to guide clinicians through these measurements:

[Made to Measure hosiery order application \(activahealthcare.co.uk\)](https://activahealthcare.co.uk)

## Prescribing

Requests for compression garments need to be clear and concise, detailing the following points:

- Brand
- British Standard or European Class
- Compression Level (mmHg)
- Size and Length
- Quantity
- If it is a made-to-measure garment

This reduces the risk of waste from prescribing errors of compression garments, whereby the garment is not the correct product or size the patient had been measured for.

In detailing the level of compression for hosiery (mmHg), instead of its 'class' can ensure the patient receives the correct type of garment e.g., receives a European class garment which gives a higher level of compression than the British standard.

An order form has been developed alongside this formulary to guide clinicians to detail the request for compression when sending to the prescriber. This is available on the CCG websites.

### **Suggested yearly allocation per patient:**

- For treating both legs: 8 Garments Per Year – 4 Garments (2 pairs) every SIX Months
- For treating one leg: 4 Garments Per Year – 2 Garments (pair) every SIX Months

## Measure Guide

Compression Garment Product (Standard Sizes Only)	Measurements Required for Below Knee	Measurements Required for Thigh Length
Duomed Soft (British Standard Compression Hosiery)	Ankle and Calf Circumference	Ankle, Calf and Thigh Circumference
<ul style="list-style-type: none"> <li>➤ Activa (British Standard Compression Hosiery)</li> <li>➤ Activa Unisex Sock (British Standard Compression Sock)</li> <li>➤ Activa Leg Ulcer Hosiery Kit</li> </ul>	Ankle and Calf Circumference, Length of foot	Ankle, Calf and Thigh Circumference, Length of foot  N/A for Activa Unisex Sock  N/A for Activa Leg Ulcer Hosiery Kit
<ul style="list-style-type: none"> <li>➤ Actilymph (European Class Compression Hosiery)</li> <li>➤ ActiLymph Leg Ulcer Hosiery Kit</li> </ul>	Ankle and Calf Circumference, Length of foot and length of leg (below knee)	Ankle, Calf and Thigh Circumference, Length of foot  N/A for ActiLymph Leg Ulcer Hosiery Kit
Mediven Plus (European Class Compression Hosiery)	Ankle and Calf Circumference, Length of leg (below knee)	Ankle, Calf and Thigh Circumference, length of leg (thigh length)
Mediven Active (European Class Compression Sock)	Ankle and Calf Circumference, Length of leg (below knee)	N/A
Mediven Ulcer Kit	Ankle and Calf Circumference, Below Knee circumference and length of leg (below knee)	N/A
Easywrap Fusion Liner	Ankle and Calf Circumference and mid-foot circumference	N/A
Microfine Toe Cap	Circumference of the Ball of Foot	N/A
JuxtaLite Compression Wrap Device	Ankle and Calf Circumference, Length of Leg (from ankle to knee)	N/A

## **Useful Contacts and Resources**

### Medicines Management Appliance Nurses

East Suffolk: [iesccg.medsmanagement@nhs.net](mailto:iesccg.medsmanagement@nhs.net)

West Suffolk: [wsccg.medsmanteam@nhs.net](mailto:wsccg.medsmanteam@nhs.net)

### CCG Medicines Management Website

East Suffolk [Formulary: Appliances \(ipswichandeastsuffolkccg.nhs.uk\)](http://ipswichandeastsuffolkccg.nhs.uk)

West Suffolk [Appliances - NHS West Suffolk Clinical Commissioning Group \(westsuffolkccg.nhs.uk\)](http://westsuffolkccg.nhs.uk)

### Tissue Viability Services

- ESNEFT Tissue Viability Service: [TissueViability.Srv@esneft.nhs.uk](mailto:TissueViability.Srv@esneft.nhs.uk)
- West Suffolk Tissue Viability Service: [wsh-tr.tissue-viability@nhs.net](mailto:wsh-tr.tissue-viability@nhs.net)
- West Suffolk Nursing Homes Tissue Viability Service: [wsh-tr.tissueviabilitynursinghomes@nhs.net](mailto:wsh-tr.tissueviabilitynursinghomes@nhs.net)
- Ipswich and East Suffolk Nursing Homes Tissue Viability Service: [iesccg.carehomeinitiative@nhs.net](mailto:iesccg.carehomeinitiative@nhs.net)

### Lymphoedema Services

- ESNEFT Ipswich and East Suffolk Lymphoedema Service: [chu-ftr.lymphoedemaitrust@nhs.net](mailto:chu-ftr.lymphoedemaitrust@nhs.net)
- North East Essex Lymphoedema Service: [acecic.lymphoedema@nhs.net](mailto:acecic.lymphoedema@nhs.net)
- West Suffolk Lymphoedema Service: [wslymphservice@wsh.nhs.uk](mailto:wslymphservice@wsh.nhs.uk)

### Vascular Services

- West Suffolk Vascular Service: [vascularnurses@wsh.nhs.uk](mailto:vascularnurses@wsh.nhs.uk)

## **Clinical and Product Advice**

### **L&R [Customersolutions@uk.lrmed.com](mailto:Customersolutions@uk.lrmed.com)**

- Clinical Nurse Advisor: Vicky Forknall
- Account Manager: Ruth Whiting

### **Medi UK [enquiries@mediuk.co.uk](mailto:enquiries@mediuk.co.uk)**

- Clinical Nurse Advisor: [kelly.buxey@mediuk.co.uk](mailto:kelly.buxey@mediuk.co.uk)
- Account Manager: [claire.webster@mediuk.co.uk](mailto:claire.webster@mediuk.co.uk)

### **Haddenham Healthcare: Email [clinical@hadhealth.com](mailto:clinical@hadhealth.com) Telephone: 01844 208842**

- Clinical Nurse Advisor: [tess.henry@hadhealth.com](mailto:tess.henry@hadhealth.com)