

ADDENDUM to: NHS Greater Glasgow and Clyde Compression Bandage Formulary: Subject: Hosiery 2015

Primary Care and Acute Joint Formulary

Compression Hosiery Formulary, product data and prescribing guidance developed by the Compression Hosiery Formulary and Implementation group. The Compression Hosiery formulary is to be monitored by the Therapeutics subgroup of the Area Drugs and Therapeutics Committee.

Foreword

This is an addendum to the compression bandage formulary, to include the use of hosiery for patients with chronic venous insufficiency (CVI). The current formulary can be accessed [here](#).

CVI is a lifelong condition and hosiery is therefore a long term requirement.

The use of hosiery should be considered best practice in prevention of leg ulceration in those assessed to have CVI or for lifelong ongoing prevention once an ulcer has healed. Clinical judgement and patient preference will inform whether hosiery is used as first line in preference to compression bandage choices.

When using the formulary prescribers should follow the principles of mindful prescribing, taking into account that hosiery can be reused and therefore instructions on washing should be followed. If properly cared for, individual garments should last for at least three months.

It is recognised that variations in product choice may occur for a small number of patients with complex aetiology and special needs; for example those with chronic oedema or disproportionate limb shape may require flat knit products or made to measure hosiery options.

Monitoring of prescribing activity via PRISMS will be carried out in tandem with that for compression bandage products to demonstrate ongoing trends. This will inform future formulary inclusion and allow support and education to be targeted appropriately to optimise patient care.

In line with NHSGGC Safe Use of Latex Policy; latex free options are included. Clinicians must also risk assess for any other potential allergens prior to use of products.

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NHS Greater Glasgow and Clyde Compression Hosiery Formulary
Primary Care and Acute Joint Formulary

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1. Table 1: NHS GGC Compression Hosiery Formulary Product Choices

Product	Unit size	Length
Category -Class 1: British Standard Short Stretch Hosiery – Preferred choice		
(P) Duomed Soft [®] (Mediven) (Latex free)	S, M, L, XL, XXL Class 1 (14-17 mmHg) Class 2 (18-24 mmHg) Class 3 (25-35 mmHg)	Available in below knee and thigh length options
Category 2: European/RAL Standard Hosiery: Circular Knit		
(P) Mediven Plus [®] (Mediven) (Latex free)	Sizes I-VII Stock option Class 1 (18-21 mmHg) Class 2 (23-32 mmHg) Class 3 (34-46 mmHg)	Available in petite, standard and wide leg options
(P) Medi-Active [®] (Mediven) (Latex free)		
(P) Medi-Elegance [®] (Mediven) (Latex free)		
(T) Altiven [®] (Urgo) (Latex free)	Made to measure option Class 1 (18-21 mmHg) Class 2 (23-32 mmHg) Class 3 (34-46 mmHg)	
Category 3: European/RAL Standard Hosiery: Flat Knit Class 1 – 3		
(T) Jobst Elvarex Custom [®] (BSN Medical)	Made to measure option Class 1(18-21mmHg)	Available in below knee and thigh length options
(T) Jobst Elvarex Soft Custom [®] (BSN Medical) (Latex free)	Class 2: 23-32mmHg Class 3: 34-46mmHg	
Hosiery Kits		
Category 4: British Standard Hosiery Kits		
(P) Altipress 40 [®] (Urgo) (Latex free)	Sizes: S, M, L, XL, XXL Provides 40mmHg	Available in short, regular and long options
(T) Activa [®] (Activa) (Latex free)	Sizes: S, M, L, XL, XXL Provides 40mmHg	Available in below knee option
Sub-category 1: British Standard Hosiery Kit Liner Packs (Each liner provides 10mmHg at the ankle)		
(P) Altipress 40 [®] (Urgo) (Latex free)	S, M, L, XL, XXL	Available in short, regular and long options
(T) Activa [®] (Activa) (Latex free)	S, M, L, XL, XXL	Available in below knee option
Accessories:		
Hosiery Application Aid		
Actiglide [®] (Activa)	one size	

P – Preferred List T – Total List

Disclaimer – seek further information on products from manufacturer's instruction leaflet enclosed in pack

- Products should only be used following holistic assessment including determination of Ankle Brachial Pressure index (ABPI) using Doppler ultrasound
- It is the responsibility of the prescribing clinician to ensure that hosiery selection meets individual patient needs and that they are competent in holistic assessment and ongoing management

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Therapeutics Sub Committee of ADTC
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2. INTRODUCTION

This formulary has been developed by the ADTC: therapeutic sub-committee Short Life Working Group to provide a range of compression hosiery, which will meet the needs of the majority of patients with Chronic Venous Insufficiency (CVI).

- CVI is a progressive circulatory disease causing stasis, venous hypertension, oedema and ulceration in the lower limbs.
- Graduated compression therapy is the recommended therapeutic intervention in the treatment and prevention of CVI
- >80% of leg ulcers are caused by venous insufficiency (Shai & Halevy, 2005)
- To achieve the most effective outcome; it is recommended that following holistic
- Assessment patients are placed into the highest level of therapeutic compression that can be safely and comfortably tolerated

3. Accountability and Responsibility/Scope of Practice

Compression hosiery should only be applied by those clinicians competent to do so. For this reason clinicians must ensure that they are up to date with evidence based practice. Staff developing this skill should have this identified within their individual personal development plan (PDP) as agreed by their line manager through the KSF process.

Hosiery for use other than CVI is out with the scope of this formulary. However, clinicians are directed to best practice literature to guide them on the needs of the patient and the organisation, prior to selecting, prescribing and applying hosiery. Personal professional development education can be accessed by a variety of routes including:

- University leg ulcer module
- In-house study days facilitated by Vascular and Dermatology Nurse Specialists
- Current literature available from a variety of on line sources

4. General Information for Management of Chronic Venous Insufficiency and Prevention of Leg Ulcers

- CVI, is a progressive disease and without continued use of compression therapy, symptoms may worsen and ulcers are likely to recur
- SIGN 120 recommends the regular use of compression hosiery in the prevention of venous leg ulcers and the management of chronic oedema including lymphoedema (see Hosiery Algorithm Table 4)
- Patients should be included as partners in their care to improve concordance with hosiery use. They should be informed that hosiery should be worn for life. The Guide to Venous Leg Ulcer Prevention: Standardised Care Pathway for NHSGGC Patient Information Booklet is available [here](#)

5. Categories of Hosiery

5.1 Category 1: British Standard:

Is made from light, thin fabric in a circular knit. It is suitable to manage symptoms of CVI and prevent venous ulcer and ulcer recurrence in the absence of oedema and is available in Class 1 (14-17mmHg), 2 (18-24mmHg) and 3 (25-35mmHg)

5.2 Category 2: European/RAL Standard Circular Knit:

Is made from stiff fabric. It is suitable to manage symptoms of CVI and prevent venous ulcer and ulcer recurrence in the presence of oedema/lymphoedema and is available in class 1(18-21mmHg), 2 (23-32mmHg) and 3 (34-46mmHg). Higher classes are available for specialist use. Please refer to Leg Ulcer Link Nurse or appropriate specialist for further information on how to refer: [here](#).

5.3 Category 3: European/RAL Standard Flat Knit:

Is made from a thick yarn sewn into a flat piece of fabric that is stitched together by a seam. It is suitable for the disproportionate limb and patients with severe chronic oedema and lymphoedema and is available in class 1(18-21mmHg), 2 (23-32mmHg) and 3 (34-46mmHg). Higher classes are available for specialist use. Please refer to Leg Ulcer Link Nurse or appropriate specialist for further information.

5.4 Category 4: Leg Ulcer Hosiery Kits:

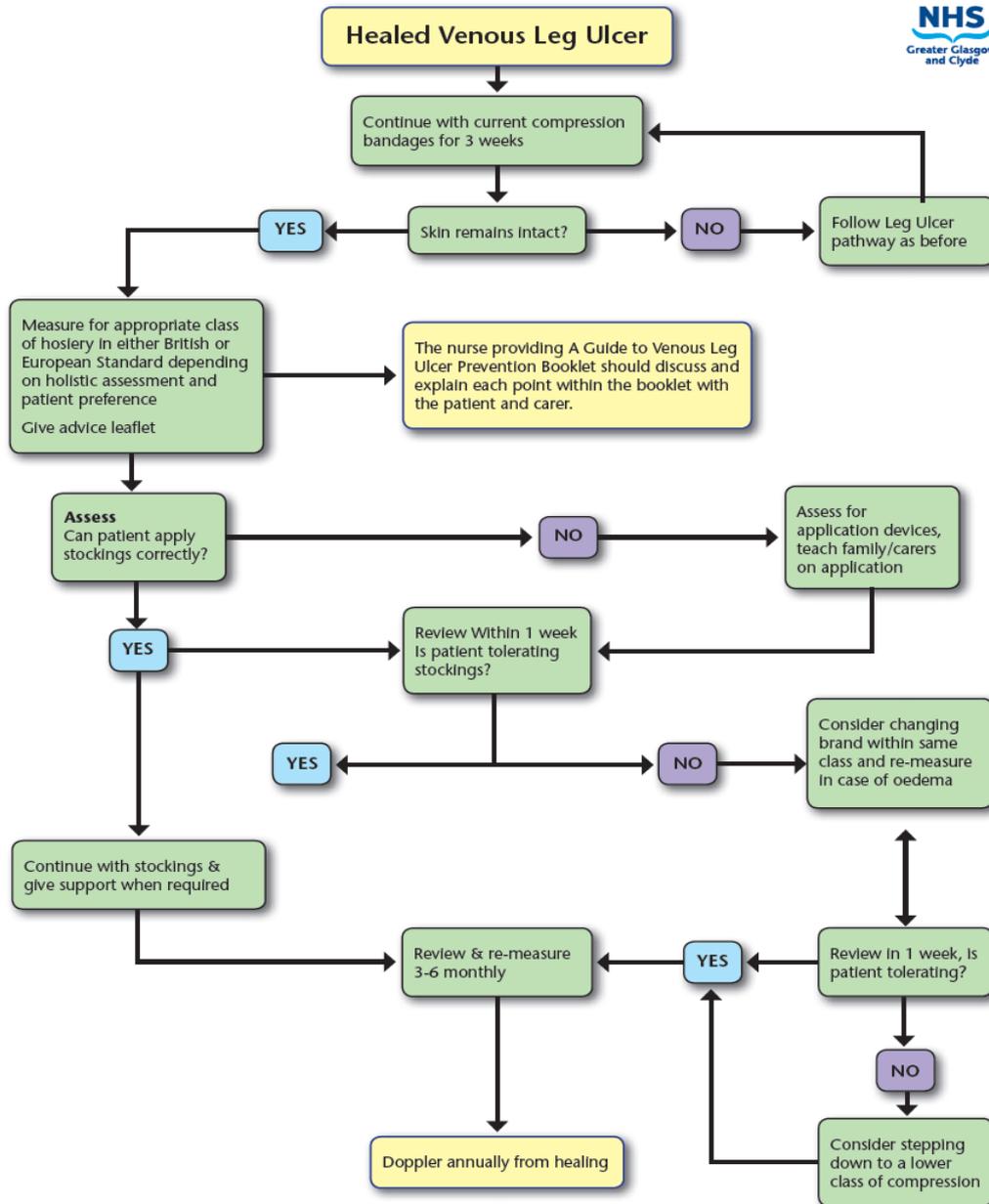
Although compression bandages are the recommended first line treatment for venous leg ulcers, hosiery kits provide a useful alternative in patients who are unable to tolerate bandaging or prefer to self manage their care. They provide a total of 40mmHg using a liner (10mmHg) and a stocking layer (30mmHg)*. Separate liner packs are available and can be used alone in patients who are unable to tolerate only mild compression

6. General Hosiery Considerations

- Most patients will be suitable for below knee option but full-length may be required for oedema that extends to the thigh and groin area
- Most options are available in both open and closed toe version
- Most patients will be suitable for stock size, however made to measure may be required for disproportionate limb shape, skin folds, or severe oedema/lymphoedema
- Ensure folds and creases are smoothed out during application and wear to prevent pressure damage
- Ideally, hosiery should be removed at night and applied first thing in the morning; however it can be left on for up to one week in patients who cannot apply without assistance and rely on health and social care services to assist
- Application aids may be required to assist self management
- Hosiery should be hand-washed in mild detergent and hung dried
- Hosiery should be renewed every 3-6 months or before if damage or wear is evident
- British Standard Class 1 Hosiery can be bought over the counter; however patients should not be commenced in any hosiery with higher compression capabilities without full holistic assessment including ABPI
- Regular reassessment of ABPI should be carried out according to SIGN 120 every 6-12 months for patients in hosiery

* Certain products provide 20mmHg in the liner and 20mmHg in the outer stocking; please see manufacturers' instructions

7. Table 2: NHSGGC Hosiery Algorithm



This algorithm is for general guidance only. All individual patients should be assessed holistically and an appropriate safe care pathway instigated accordingly.

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Re-printed from [here](#)

8. Additional References

1. Ashby RL et al (2014) *VenUS IV (Venous leg Ulcer Study IV) - Compression hosiery compared with compression bandaging in the treatment of venous leg ulcers: a randomised controlled trial, mixed-treatment comparison and decision-analytic model*. Health Technology Assess. **18(57):1-293, v-vi**
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http://www.woundsinternational.com/media/other-resources/ /1186/files/3m_14_4_consensus_web.pdf
3. Wounds UK Best Practice Statement (2015) Compression hosiery (2nd ed). London: Wounds UK:
http://www.activahealthcare.co.uk/casestudies-files/Best_Practice_Statem.pdf

9. Acknowledgements

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