

Lymphlex® TLC Short Stretch (Inelastic) Compression Therapy

Lymphlex TLC Two Layer Cohesive Short Stretch (Inelastic) Compression Kit contains the components for 1 single use application of compression for the treatment of Venous Leg Ulcers (VLUs).

INSTRUCTIONS FOR USE



Reduces Oedema



Easy Application



Ease of Mobility

GENERAL INFORMATION

- Prior to application of bandages, wounds should be cleansed, and covered with a wound dressing appropriate to the stage and phase of healing.
- If an ankle circumference of less than 18cm is identified, padding material should be used to increase the circumference to greater than 18cm before compression bandaging is applied.
- Correct application technique training is recommended for this system.
- The bandaging technique should be determined by the clinician-in-charge.
- In order to obtain the outlined compression value, Lymphlex SU should be applied at full stretch (maximum extension).
- The foot should be positioned as close to a right angle (90°) to the leg as possible, to maintain maximum ankle joint movement.
- The bandage should be applied to the lower leg in a manner that creates graduated compression from the foot (highest pressure) to the knee (lowest pressure).
- The rolled-up part of the bandage should face outwards, and be kept close to the leg, during application.

PRECAUTIONARY MEASURES

- Untrained application may cause skin necroses and nerve injuries from pressure.
- Slight livid discolouration of the toes is normal. This must disappear when the patient starts walking or moving the foot (flexion and extension).
- If the symptoms (pain or discolouration) do not cease, the bandage must be removed and applied again with less compression (stretch).
- Should pain increase significantly, while the bandage is being worn, a physician must be consulted.

RECOMMEND

UP TO
7
DAYS

A comfortable and low profile two layer compression therapy solution providing a sub-bandage pressure of 30-40mmHg, when applied at full stretch.

INDICATIONS

- Compression therapy for the treatment of Venous Leg Ulcers, where a pressure of 30-40mmHg, at the ankle, at rest, is appropriate - where an ABPI of 0.8 or greater exists
- Management of chronic oedema, phlebological conditions, lymphoedema management and soft tissue injury support.

CONTRAINDICATIONS

- Advanced peripheral neuropathy
- Decompensated cardiac insufficiency
- Septic phlebitis
- Phlegmasia cerulea dolens
- ABPI <0.8
- Perception disorders of the skin
- Hypersensitivity or allergy to any of the bandaging materials

INFORMATION FOR PATIENTS

The Lymphlex TLC Bandage system that has been applied is to provide lower leg compression therapy. Compression therapy is one component of the treatment of Venous Leg Ulcers.

- Movement, particularly walking, is very good for you when compression bandages have been applied, and helps increase the effectiveness of the bandage. If walking is limited, you can obtain similar benefits from flexing your ankles and wiggling your toes, regularly, throughout the day.
- If sitting for long periods, it helps to elevate your legs, to assist in swelling reduction.
- The bandages may feel loose after a few days of starting therapy. This means the swelling that is being treated is going down – it's working!
- Make sure you keep your bandages dry – ask your clinician about devices for use when showering/bathing.

ATTENTION

If you have:

- Loss of sensation in any part of the bandaged foot or leg, or pale, white or dusky toes, that do not return to normal colour after a short walk or simple ankle movements, or
- a sensation of pinched skin, or
- pain in the bandaged leg that suddenly increases, remove the bandage, and contact the clinician who applied them, as soon as possible.

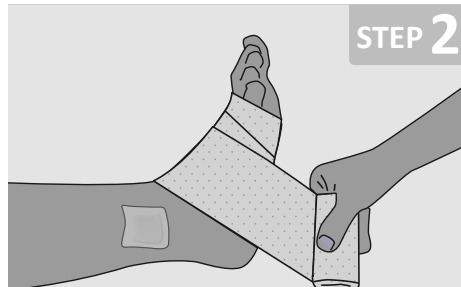
OPTIONS

REORDER	COMPONENTS	PCS/UNIT
LOS100 (Large)	1 x Lymphlex AIR+ Padding Bandage 10cm x 4m (LOS022) 1 x Lymphlex SU Short Stretch (Inelastic) Cohesive Compression Bandage 8cm x 6m (LOS003) 1 x Lymphlex SU Short Stretch (Inelastic) Cohesive Compression Bandage 10cm x 6m (LOS004)	1
LOS101 (Regular)	1 x Lymphlex AIR+ Padding Bandage 8cm x 4.5m (LOS021) 1 x Lymphlex SU Short Stretch (Inelastic) Cohesive Compression Bandage 8cm x 6m (LOS003) 1 x Lymphlex SU Short Stretch (Inelastic) Cohesive Compression Bandage 10cm x 6m (LOS004)	1



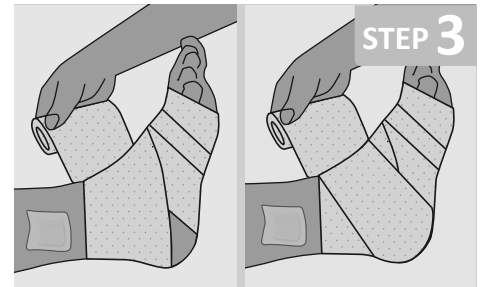
STEP 1

Cover any wounds with dressings of choice, to support the stage and phase of healing. Measure the circumference of the ankle. If it is less than 18cm, pad the area to obtain an 18cm or greater, measurement.



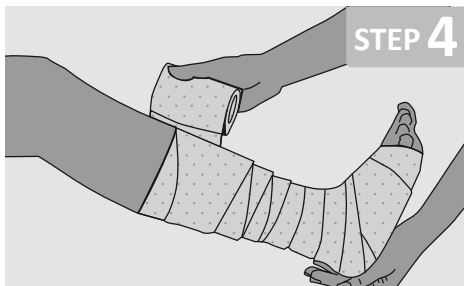
STEP 2

Start applying lymphlex® AIR+ Padding Bandage to the foot at the base of the toes, including the metatarsophalangeal joint. Using a spiral method, apply without stretch, overlapping by 50 - 70%. with each turn until you reach the lower ankle.



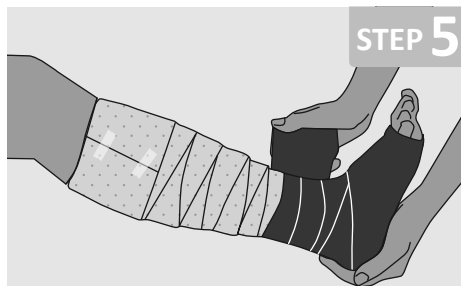
STEP 3

Complete a turn behind the ankle, to cover the achilles tendon.
Complete a heel enclosing turn, ending the rotation at the front of the ankle.



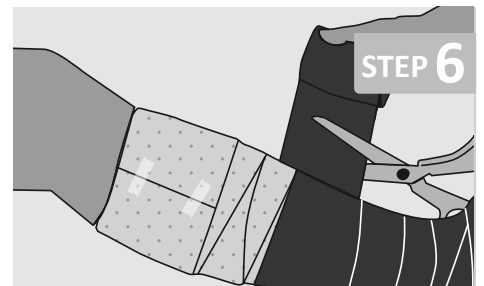
STEP 4

Continue with spiral application of lymphlex® AIR+, with 50 - 70% overlap, up to 2cm below the patella and popliteal crease overlaps. If necessary, use a small piece of tape to secure the end of lymphlex® AIR+ bandage.



STEP 5

Anchor the 8cm lymphlex® SU Compression Bandage (8cm) at the base of the toes with 1 rotation with no stretch. Commence applying in spiral method with full stretch and bandage layers overlapping by 50 - 70% until you reach the heel. Complete a heel enclosing turn, as for lymphlex® AIR+.



STEP 6

Continue spiral application of 8cm lymphlex® SU, with full stretch and bandage turns overlapping by 50 - 70%, until you reach the base (curve) of the calf. Cut lymphlex® SU and secure.



STEP 7

Commence applying the 10cm lymphlex® SU bandage, covering the end of the first lymphlex® SU bandage. Continue application of the second lymphlex® SU bandage in spiral/figure of eight turns with full stretch from base of calf to knee, finishing 2cm below popliteal crease.

Cut any remaining bandage and secure end with self cohesion. If necessary, use a small piece of tape to secure the end of lymphlex® SU bandage.

BANDAGE CHANGE

The clinician-in-charge is responsible for determining the need for dressing changes. Re-application is guided by stage and phase of oedema/wound. Bandages may remain in situ for up to 7 days.