

NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF LOWER LIMB CHRONIC OEDEMA

Quick guide

1) Consider use of compression bandages as a treatment for patients with lower limb chronic oedema.

Weak recommendation	Treatment with compression bandages is recommended until the oedema is reduced to a stable level and any wounds have healed. In the opinion of the working group, use of compression bandages is currently the only treatment option that will benefit the majority of the group of patients in question. A prerequisite for optimal treatment effect is that the bandaging is carried out by healthcare professionals trained in bandaging and with knowledge of underlying disorders and adverse reactions from the use of bandages. The decision for treatment with compression bandages should be based on an assessment by a healthcare professional taking into consideration the benefits and risks for the individual patient. Ongoing evaluation of the treatment is required.
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2) Consider use of compressions stockings as treatment for patients with lower limb chronic oedema.

Weak recommendation	The working group recommends maximum reduction of the oedema (to a stable level) using compression bandages, and that any wounds have healed, prior to measuring for and treatment with elastic stockings (see recommendations 1 and 3 concerning treatment with compression bandages). The prerequisites for maximum effect and minimum adverse reactions from treatment with elastic stockings are correct measuring, choice of stocking type and application of the stockings and thus require appropriately trained professionals. Ongoing evaluation of the treatment is required. The working group recommends to always carry out all standardised length and circumference measurements and on this basis assess whether the measurements fit into the available standard range (see recommendation 4 concerning custom-made elastic stockings). These measurements should be carried out at least once a year or as necessary, e.g. in case of recent onset disease or significant weight changes. It is recommended to make use of aids for applying and removing the stockings.
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3) Consider use of multicomponent bandages rather than inelastic or elastic compression bandages as a treatment for patients with lower limb chronic oedema.

Weak recommendation	<p>Multicomponent bandages are considered beneficial for the patients due to the lower number of bandage changes. In addition, multicomponent bandages are generally less likely to slide down and therefore maintain the pressure better.</p> <p>In the opinion of the working group, a prerequisite for optimal effect of multicomponent bandages and reduction of the risk of harmful effects is that the bandaging is carried out by healthcare professionals trained in bandaging and with knowledge of underlying disorders and adverse reactions from the use of bandages. The decision for treatment with multicomponent bandages should be based on an assessment by a healthcare professional taking into consideration the benefits and risks for the individual patient. Ongoing evaluation of the treatment is required.</p>
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4) It is good practice to offer treatment with custom-made elastic stockings to patients suffering from lower limb chronic oedema if it is assessed that the patient's legs will not fit into standard size stockings.

Good practice
(consensus)

The working group recommends to always carry out all standardised length and circumference measurements and on this basis assess whether all the measurements match with the relevant standard elastic stocking or whether to use custom-made elastic stockings. Measurements should be carried out at least once a year or as necessary, e.g. in case of worsened oedema or significant weight changes. It is recommended to make use of aids for applying and removing the stockings.

5) It is good practice to offer treatment with compression bandages to patients with lower limb chronic oedema and erysipelas.

Good practice
(consensus)

Bandaging in the presence of erysipelas should always be based on an assessment of the individual patient by a healthcare professional. The bandage must stay on around the clock and be reapplied daily by appropriately trained healthcare professionals. The bandage must be with padding and must always be used in combination with antibiotics.

6) It is good practice to offer treatment with compression bandages to patients with lower limb chronic oedema and ischaemia.

Good practice
(consensus)

It is recommended that use of compression bandaging in case of concomitant ischaemia (ankle-arm index of less than 0.5 or toe pressure of less than 50 mmHg) should always be based on an assessment of the individual patient by a healthcare professional. The aim is for the compression treatment to produce a sufficiently high pressure without compromising the arterial blood supply. A low compression pressure (<20 mmHg) is recommended, and the bandage should always be applied with padding. The working group finds it important that the bandage is applied by appropriately trained professionals, and inspection/reapplication is required on a daily basis. It is assessed that the bandages should most often be removed prior to night-time sleep in a horizontal position.

7) It is not good practice to offer diuretics rather than compression to patients suffering from lower limb chronic oedema when there is no other indication for diuretics.

Good practice
(consensus)

This recommendation only concerns patients with no other indication for diuretics.

Many patients would probably prefer medical treatment rather than compression. In the opinion of the working group, however, medical treatment has no effect, may result in adverse reactions and therefore is not recommended.

(See also recommendation 10 concerning diuretics in combination with compression).



8) Consider offering physical training in combination with compression bandaging to patients with lower limb chronic oedema.

Weak
recommendation

The working group found no evidence of an increased effect of physical training in combination with compression bandaging compared to compression bandaging alone. However, due to the general beneficial effect of physical training it is recommended to offer it in combination with compression bandaging to the group of patients in question and to encourage the patients to be physically active.

It is assessed that physical training in combination with compression bandaging reduces the risk of immobilisation. It is expected that physical training can strengthen the calf muscles and therefore the venous pump, as well as maintain the ankle mobility, which is a prerequisite for optimal effect of the compression treatment.

9) It is not good practice to offer complex lymphoedema therapy rather than compression bandaging on a routine basis to patients with lower limb chronic oedema.

Good practice
(consensus)

The working group found no evidence in this field. In their opinion, however, complex lymphoedema therapy has no add-on effect when offered in combination with compression bandaging for the treatment of lower limb chronic oedema. However, it may be considered whether complex lymphoedema therapy may be desirable in selected patients.

10) It is not good practice to offer diuretics in combination with compression rather than compression alone to patients suffering from lower limb chronic oedema when there is no other indication for diuretics.

Good practice
(consensus)

This recommendation only concerns patients with no other indication for diuretics.

It is assessed that the effect of diuretics in combination with compression is not better than compression alone for the group of patients in question (when there is no other indication for diuretics). It is assessed that concomitant use of diuretics will result in an increased risk of adverse reactions.

(See also recommendation 7 concerning use of diuretics rather than compression).



About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of lower limb chronic oedema. The guideline was prepared by the DHA.

The guideline concerns patients over the age of 65 years with lower limb chronic oedema.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 3 national clinical guidelines targeted at vulnerable elderly people within the framework of the agreement on special funding for healthcare and the elderly for 2016-2019.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
