

Davisville Vein Clinic

Compression Therapy

Compression Therapy

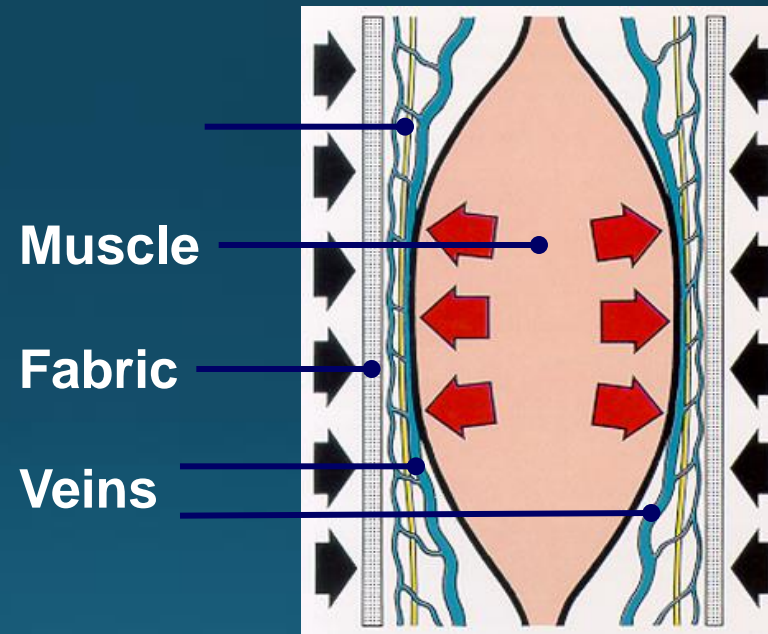


Compression History

- 450-350 BC - Bandages mentioned in the treatment of leg ulcers by Hippocrates (*Corpus Hippocraticum*)
- 1676 - Richard Wiseman introduces a leather compression garment – dog leather
- 1950 - Conrad Jobst designs the first gradient elastic compression stocking

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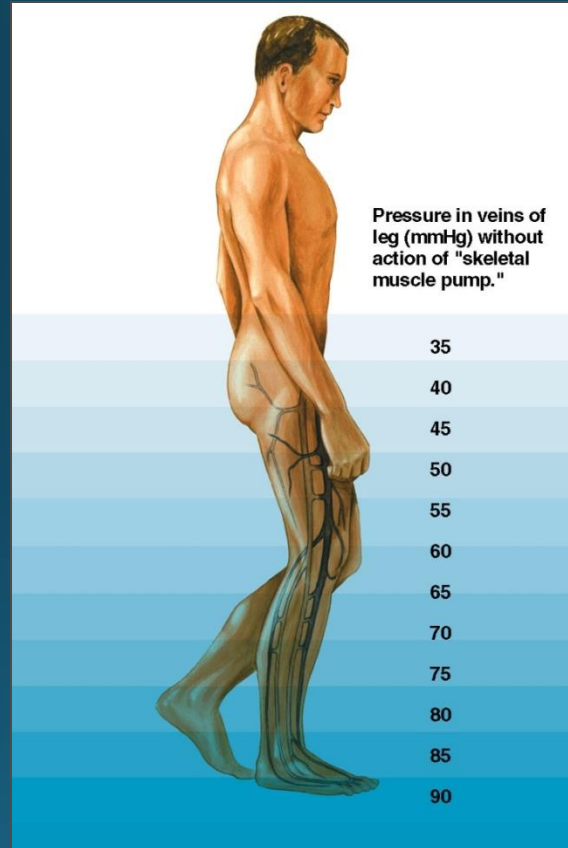
- External pressure applied to a limb
- The greatest pressure is applied at the ankle which lessens as it goes up the calf and thigh
- *gradient compression*
- Designed to counter the effects of gravity
- Reduces vein diameter and prevents edema from occurring



Goals of Compression Therapy

- prevent formation of DVT in non-ambulatory hospitalized patients
- Improvement of venous return from the lower extremities with venous stasis
- Control ambulatory venous hypertension
- Control the progression of venous and lymphatic disease by increased contact of skin and dermal tissues with capillaries
- To reverse and control edema

Compression Therapy



Compression Therapy

- Essential in the treatment of Deep Venous Insufficiency
- Essential in the treatment of lymphoedema
- Adjunct in the treatment of varicose veins



Compression Therapy

- Patient must form a relationship with a good 'fitter'
- Class I - ?DVT prophylaxis
- Class II (20-30 mmHg) – comfort / ?Sclero
- Class III (30-40 mmHg)
- Class IV (>40 mmHg) - lymphoedema
- Limitation – patient compliance