

# Clinical Practice

## Comment

**Simon Hall**



## 'Using compression wraps, not bandages, will help reduce waste'

In 20 years of nursing I have repeatedly heard "we can't continue like this", "we're at breaking point", "these are unprecedented times" – and yet we do survive, we do carry on and the world keeps turning. The Covid-19 pandemic is truly globally unprecedented times and we have adapted and changed as a result. The news is full of wait-list lengths and the backlog of services so we must continue to transform how we provide care. We should be empowering patients, promoting self-care, streamlining services to improve efficiency and certainty, and adopting measures that promote sustainability and protect the environment.

I've been a district nurse for over 10 years and a tissue viability specialist in acute care, so I've had my fair share of being on my knees, washing ulcerated limbs and applying compression bandages. In a typical day, I could easily spend four to five hours wrapping up legs, which has done my back and the environment no favours. Compression bandaging has been the gold standard for venous leg ulcers since I came into nursing; during that time the bandages have evolved but the waste generated has not. Bags of clinical/household waste are still produced after every application as contamination by bodily fluids means the bandages cannot be recycled. Per patient, it is estimated that one to two bin bags of household waste are generated per week (bandages used in a hospital setting are classed as clinical waste.)

In 2018, the Royal College of Nursing estimated that the UK generated 60,780 tonnes/year of clinical waste, with a median disposal cost of £406 per tonne. With trusts being monitored for their waste levels and rubbish collection being scaled back in many areas, why aren't we changing how we manage venous leg ulcers? Compression wraps, an alternative to bandages,

can reduce waste: they are machine washable and reusable. This not only cuts down on waste for landfill, but also reduces manufacturing waste and transportation costs. In addition, patients can apply the wrap themselves, and adjust the fit or change it as needed. A wrap won't work for everyone needing compression but, for the right person in the right setting, it can be as – or more – suitable than traditional bandages.

Considering alternatives can help us optimise patient care and help patients manage elements of their care that may not traditionally have been open to them. This is not only better for their ongoing care, but also helps reduce environmental factors, such as nurses travelling to patients.

Encouraging self-care where possible is supported by the National Wound Care Strategy Programme. Its recent lower-limb recommendations seek to increase the delivery of evidence-based care that delivers improved healing and reduced recurrence rates. Some clinical areas have reported improved patient outcomes with compression wraps, but this requires research and is supported by NHS Supply Chain.

VenUS 6, a National Institute of Health Research-funded randomised controlled trial, is investigating the clinical and cost effectiveness of different compression therapies at treating venous leg ulcers. Run by York Trials Unit and sponsored by Manchester University NHS Foundation Trust, it is at the data-gathering stage; trial sites are still open for trusts interested in taking part. For more information, email: [CommunityEngagement@supplychain.nhs.uk](mailto:CommunityEngagement@supplychain.nhs.uk) **NT**

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## CPD activities



### Journal club

Can group consultations improve self-management and outcomes for people with long-term conditions, such as diabetes? p34



### Self-assessment

Refresh your knowledge of the anatomy, physiology and functionality of the adrenal glands, before taking our online quiz, p54



## Archive pick

### Refresh your knowledge of anatomy and physiology

Having a sound appreciation of how the body works is essential to understanding disease processes and how they affect patients. The principles of anatomy and physiology are usually studied in undergraduate education, but when you specialise you may only use a small portion of this knowledge in your day-to-day practice. It can be challenging to move to a new clinical area and realise that your knowledge in other specialities is rusty.

To help you to stay up to date, we have developed an extensive range of illustrated series in our Systems of Life clinical zone ([Bit.ly/NTSystems](https://bit.ly/NTSystems)). Each series aims to provide an in-depth overview of the body's different systems, ranging from the skin ([Bit.ly/NTSystemsSkin](https://bit.ly/NTSystemsSkin)) to the gastrointestinal tract ([Bit.ly/NTSystemsGITract](https://bit.ly/NTSystemsGITract)). We have also included a series explaining the effects of immobility on the different systems of the body ([Bit.ly/NTSystemsBedrest](https://bit.ly/NTSystemsBedrest)) and exploring the anatomy and physiology of normal ageing, which is essential knowledge for anyone involved in caring for older people ([Bit.ly/NTSystemsAgeing](https://bit.ly/NTSystemsAgeing)).

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