

## COMPLETE A FULL HOLISTIC ASSESSMENT, INCLUDING:

Past medical history, Ulcer history & leg perfusion, Wound assessment

*Diabetic foot ulcers (DFU) must be referred to podiatry*

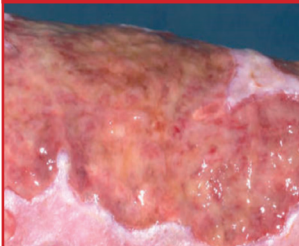
### SKIN REGIME:

Wash limb with Dermol 500 as a soap substitute and moisturise with Cetraban cream daily or every dressing change.

Apply Cavilon Barrier Film to the periwound to prevent maceration

Dress the wound depending on the wound bed

#### GRANULATING OR EPITHELISING



Silflex

#### SLOUGHY



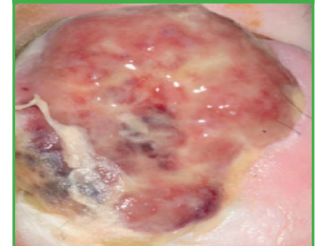
UrgoClean

#### NECROTIC



Activon Honey

#### INFECTED

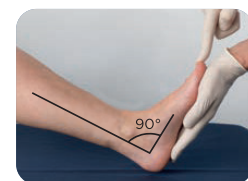


Sloughy: UrgoClean AG  
Granulating: Cutimed Sorbact

### EXUDATE MANAGEMENT: Kerramax Care

### BANDAGE TECHNIQUE:

- 1 Ensure the ankle is at a 90° angle whilst bandaging 'toes to nose'. All bandages should be applied toes to knee to prevent foot oedema.



#### 2 Apply K-Soft

- Soft absorbent bandaging
- Protects bony prominences
- Apply in a spiral with 50% overlap

Ensure the limb is padded and reshaped using K-Soft to create a normal leg shape

Optimum compression must be achieved for the best wound healing results

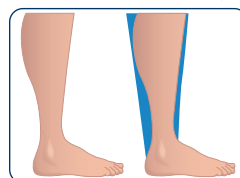
To achieve this, the patient's leg must be as regular a shape as possible

If it is not, additional wadding (e.g. K-Soft) can be used to achieve the desired shape

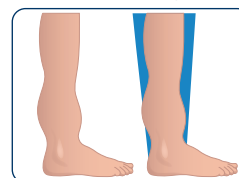
The diagrams below show how additional wadding (e.g. K-Soft) should be applied to make the leg shape suitable for compression bandage application.

#### 3 Apply K-Lite

- Type 2 light support bandage
- Light support for sprains and strains
- Can be used in retention bandaging
- Apply in a spiral with 50% overlap



Inverted champagne bottle leg - gradient too steep



Fibrosis of the ankle - inverted gradient



Calf muscle wastage