

Self-Care During COVID-19: Guidance for patients looking after their wound at home
(WSCCG Version 1.0 – June 2020)

The documents within this guidance are templates, which can be utilised by healthcare professionals and given to patients or their carers to support them to undertake self-care of their wounds during the Coronavirus pandemic. The purpose of these are not to replace the ongoing treatment needs of the patient, but to maximise the Covid-19 response and minimise the risk to patients and staff. On the return of regular working practice following the pandemic, the frequency of patient review and monitoring should resume as before.

In order to proceed with implementing this self-care practice, members of the healthcare team (practice nurse/GP) must first screen the patient, carers and household for suitability. The below criteria should be considered in this risk assessment:

Inclusion Criteria: all patients with wounds attending GP practices

- The patient is willing to undertake self-care of their wound themselves or by their carer
- The carer is willing to undertake the procedure and has been assessed as being able to
- There is agreement from the healthcare team (practice nurse/GP) that it is appropriate for the patient and/or carer to undertake self-care of their wound
- The patient/carer receives the necessary training and is considered competent by a healthcare professional, and feels confident to perform the procedure

Exclusion Criteria and Cautions

- The patient or carer has been assessed and lacks the capability (physical or mental capacity) to undertake procedure
- There are safeguarding concerns in relation to the patient or relevant carers, e.g. concern that the carers may not undertake the procedure in the best interests of the patient
- Patients with high risk wounds and/or ulcerations, for example Diabetic foot ulcers/Ischemic limb/Infections
- Podiatry and podiatric surgery should continue for high risk vascular/ diabetic feet
- Patients with diabetes foot ulceration are at high risk of foot related emergency

admission. Individual care plans can be formulated by the diabetes multidisciplinary foot team to enable some dressings to be completed at home, to minimise need for outpatient clinic attendance

- Aim to follow the NICE Clinical Guideline (NG19⁴) for Diabetic Foot problems.
- Follow the FDUK² advice on lower limb amputation prevention
- Patients within compression bandaging – consider alternative compression systems which patients may safely apply, for example compression hosiery kits/compression wraps (*in relation to West Suffolk GP Leg Ulcer Clinics*)

Management: for patients who are identified as appropriate

- The procedure is discussed in detail with the patient or carer so that they may better understand what is required of them.
- It must be ensured that the patient has the necessary equipment, dressings and care plan available for the length of time required.
- Follow up appointments must be arranged (in agreement with the patient/carer) to review the wound, to prescribe further stock and to ensure the patient/carer is able to continue to self-care.
- Increase the use of telemedicine options when clinically safe to do so. NHSX⁵ (2020) has advised that use of commercial apps for videoconferencing to carry out consultations with patients and service users is permitted.
- Tele triage could be utilised before any appointments.
- The required dressings/wound care product should be obtained on prescription, following the usual process. Dressing packs can be prescribed for self-care purposes as specified within the Suffolk GP Woundcare Formulary³, which is accessible via the CCG website.
- Patients/carers must be provided with written information (leaflets/care plan) for the *management of each wound.
- A Wound Care Diary record sheet should be provided to document the self-care performed, which should be reviewed by the healthcare professional at the next review
- Ensure patients/carers are aware of possible issues of concern and know how to seek help, providing a contact telephone number.

- Patients/carers will be provided with information advising them of the signs and symptoms of wound infection and deterioration, with the correct steps to take.
- Where there is any deterioration on the patient's condition or the patient/carer is no longer able to perform self-care, the care plan should be re-evaluated, and additional support should be offered if appropriate.

**Clinical judgement and wound assessment should be used to determine frequency of dressing changes required.*

Additional considerations in leg ulcer management - *for use by West Suffolk GP Practice leg ulcer clinics only*

- General Practice Nursing should prioritise care where there are immediate concerns for the patient's condition such as:
 - Infected wounds
 - Heavily exuding wounds
 - Compression bandaging that has been in situ for more than 7 days
- General Practice Nursing should prioritise appointments for people requiring complex wound care. (Leg ulceration is a type of wound that requires complex wound care).
- For people with leg ulcers with an adequate arterial supply, increase self-care opportunities by offering compression hosiery or wraps, rather than compression bandaging. Information for patients and carers about application of different types of compression and other topics relating to self-care for leg ulceration can be found in useful links and attached documents.

(COVID 19 – NWCSF Advice in Relation to Wound Care in Community Services: Adapted for West Suffolk GP Leg ulcer clinics)

Accountability and Competence

The healthcare professional responsible for assessing and overseeing the patient's care is responsible for ensuring the self-care procedure is followed and is reviewed and monitored (GMC¹, NMC⁶). They should ensure the patient or carer performing the wound care procedure has been trained and is competent to do so.

Consent

Where the patient has the capacity to consent to the carer undertaking the procedure, this will be sought.

References

1. General Medical Council (GMC, 2013) Good Medical Practice. Available at: https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530
2. Foot in Diabetes UK (FDUK, 2020) COVID-19 SITUATION v1.3 Lower Limb Amputation Prevention Guidance Available at: <https://www.diabetesonthenet.com/resources/details/covid-19-situation-v13-lower-limb-amputation-prevention-guidance>
3. Ipswich and East Suffolk CCG (2020) Suffolk GP Woundcare Formulary. Available at: <http://www.ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGFormularies/Woundcareandstoma.aspx>
4. National Institute for Health and Care Excellence (NICE, 2019) Diabetic foot problems: prevention and management. Available at: <https://www.nice.org.uk/guidance/ng19>
5. NHSX (2020) Video conferencing technology in primary and secondary care. Available at: <https://www.nhsx.nhs.uk/covid-19-response/technology-nhs/web-based-platform-which-offers-video-calls-services/>
6. Nursing and Midwifery Council (NMC, 2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
7. The Academic Health Science Network (2020) National Wound Care Strategy Programme: Covid-19 Healthcare Professionals. Available at: <https://www.ahsnnetwork.com/covid-19-healthcare-professionals>

“The National Wound Care Strategy Programme (NWCSP) has been commissioned by NHS England and Improvement to improve the prevention and care of pressure ulcers, leg and foot ulcers and surgical wounds. Our mission is to implement a consistently high standard of wound care across England by reducing unnecessary variation, improving safety and optimising patient experience and outcomes”

Attached Documents

- a) [Useful Patient Resources Leaflet](#)
- b) [Looking after your wound \(NWCSG\)](#)
- c) [Looking after a skin tear – for use on post skin tear wounds \(NWCSG\)](#)
- d) [Shared care for wounds: patient diary \(NWCSG\)](#)
 - a. [Wound Diary Template](#)
- e) [Aseptic Non-Touch Technique - Suffolk Community Healthcare Community version \(gives visual guide on using dressing pack and standard of hygiene\)](#)
- f) [British Lymphoedema Society self-care leaflet](#)
- g) [Compression Therapy for Leg Ulcers \(NWCSG - West Suffolk GP leg ulcer clinics only\)](#)

Useful Patient Resources

Website Resources

- Information and self-care leaflets for patients and carers:
<https://www.ahsnnetwork.com/patients-and-carers>
- Information on pressure ulcer prevention advice:
<http://www.reactoredskin.co.uk/>
- Information on clinical signs of an infection:
<https://www.nhs.uk/conditions/leg-ulcer/symptoms/>
- How to apply compression hosiery:
<https://www.ahsnnetwork.com/bandaging-wrap-systems-and-compression-hosiery>
- How to apply compression wrap garments:
<https://www.ahsnnetwork.com/bandaging-wrap-systems-and-compression-hosiery>
- For people with pre-existing lymphoedema, advice can be found on the British Lymphology Society advice sheet:
<https://www.ahsnnetwork.com/wp-content/uploads/2020/03/BLS-Lymphoedema-Advice-for-patients.pdf>

Video Demonstrations

- Self-management lower limb care -How to cleanse the lower limb – undertaken by Alison Schofield NHS Tissue Viability Nurse Specialist (TVN network):
<https://www.youtube.com/watch?v=gut88wTd-EQ&feature=youtu.be>
- Wound dressing a practical presentation – developed through Penine Care NHS Foundation trust: * You can find the video at
<https://www.youtube.com/watch?v=sNS67ZJQVDA>

(Provided by National Wound Care Strategy Programme⁷ NWCSP)

Looking After Your Wound

Helping to look after your own wound (or helping someone look after their wound) is likely to improve your quality of life and protect you from infection through reducing contact with others. Helping to look after your wound also helps others, by reducing pressure on the NHS.

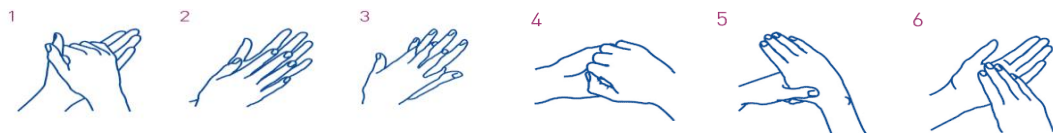
We do not know if any particular type of dressing helps a wound heal faster. The most important thing is that the dressing used for your wound is comfortable and absorbent enough to prevent leaks.

Dressings can stay in place up to 7 days unless the dressing becomes loose, or leaks, or becomes uncomfortable (or you have been advised otherwise). Try to avoid getting the dressing wet.

This short video shows a [dressing change](#)

Prepare to change the dressing

1. Clean the table or work surface you are going to put the new dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid).
2. Wash your hands thoroughly with soap and water for 20 seconds, especially between fingers and palms of hands.



Dry hands with a clean towel/kitchen roll.

3. Gather what you will need. This may include:

- A dressing pack or similar (typically contains gauze, gloves, tray, apron, waste bag)
- Dressing(s)
- Clean scissors (blades wiped with a sanitising wipe)
- Fluid to clean around the wound (tap water¹ or saline)
- Cream for the skin around your wound
- Adhesive tape

4. Prepare your materials

- Open dressing pack, put on apron (if you are not the patient) and put waste bag to one side
- Spread out the dressing pack wrapping so you have a clean surface.
- Open new dressing(s) and drop onto the clean surface of the dressing pack wrapping

How to remove the old dressing

5. Carefully remove the old dressing without touching the part that been in contact with the wound or touching the wound itself.

- If the dressing is stuck, soak with water or saline and wait for the dressing to loosen – allow a bit of time and avoid pulling as this will be painful and will damage the wound
- If the dressing is adhesive or has an adhesive border, avoid peeling it off. Instead, lift one or more corners of the dressing and stretch it horizontally along the skin surface to break the adhesive bond. Again, take your time and continue gently stretching until the entire dressing lifts.

6. Place the dirty dressing in the waste bag and wash your hands.

¹ Providing the tap water is drinkable, it does not need to be boiled.

How to clean the wound and apply a new dressing

7. If you have sterile or clean gloves, put them on. If not, try to avoid touching the wound or anything that will be in contact with the wound.
8. If you want to clean the wound itself, clean from the centre outwards using tap water (or saline) and gauze from the dressing pack. Clean the skin around the wound.
9. Make sure the skin around the wound is dry. If your health care professional advises, apply cream to the skin around the wound but avoid where any adhesive tape or dressing will go, or it will not stick.
10. Put the new dressing on the wound following the instructions that came with the dressing.
11. Clear up, put sealed waste bag in bin and wash your hands. (The waste bag can go in your usual rubbish collection unless you have been advised otherwise.)

Be aware of what is happening with the wound

Monitor for signs of infection or other problems:

- More wound leakage than usual
- More pain than usual
- Increasing redness around the wound
- An unusual smell
- Wound is getting bigger
- Feeling generally unwell

Contact your health care professional or NHS 111 if you are worried.

Useful Information

- **Who should I contact if I am worried?**

If you have any concerns about your wound or dressing supplies, contact your GP surgery or community nursing service

Important Contact Numbers

GP Surgery:	Community Nursing:
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- **Where do I get more dressings from?**

Your dressings will be supplied by

You are responsible for asking for more dressings as they begin to run out. Some items may need a prescription, please speak to your health care professional about this.

- **How can I tell if my wound is improving or getting worse?**

One way to keep a record of your wound healing is to take a photo. If you want to do this, you need:

- A digital camera or mobile phone with a camera.
- To be able to see the wound site easily and safely.



These tips will help:

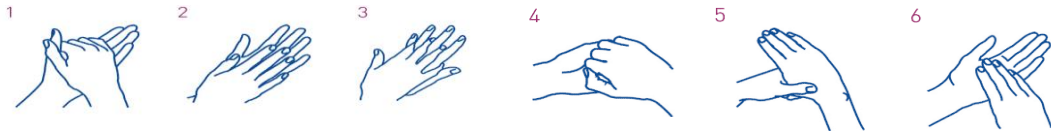
- Use the automatic settings on your camera and use something plain as a background. If possible, include a ruler in the photo.
- Make sure you are comfortable and there is plenty of light.
- Make sure that the photo will only show parts of your body you are comfortable showing. Avoid photographing any identifying marks such as your face, tattoos or birthmarks.

Looking After a Skin Tear

1. If the wound is bleeding heavily, elevate the arm or leg and apply pressure over the wound for 5-10 minutes to stop any bleeding. Ideally wear gloves and use a clean dressing.



2. Wash your hands thoroughly with soap and water for 20 seconds, especially between fingers and palms of hands.



Dry hands with a clean towel/kitchen roll.

3. Clean the table or work surface you are going to put the dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid).
4. Gather what you will need. This may include:
 - A dressing pack or similar (typically contains gauze, gloves, tray, apron, waste bag)
 - Low adherent dressing(s) plus an absorbent pad
 - Fluid to clean around the wound (tap water² or saline)
 - A bandage (or similar) to hold the dressing in place

If you do not have access to the above materials, use whatever first aid materials you have.

5. Prepare your materials

² Providing the tap water is drinkable, it does not need to be boiled.

- Open dressing pack, put on apron (if you are not the patient) and put waste bag to one side
 - Use the wrapping from the dressing pack to keep everything clean. Spread it out on a table and use it as a clean surface for the items.
 - Open the new dressing(s) and drop them (without touching them) onto the clean surface of the dressing pack wrapping
6. If you have sterile or clean surgical gloves, put them on. If not, try to avoid touching the wound or anything that will be in contact with the wound.
7. Gently pour some fluid over the wound and check that any debris has been removed. If any skin is rolled back, moisten your gloved finger with the fluid and carefully realign any loose skin back in place taking care not to stretch or tear the skin. If blood has collected under the skin flap, gently wash this away, if possible. Dry the skin by gently patting with dry gauze or paper towel, taking care to not dislodge the skin flap.

8. Still wearing the gloves (if you have any) open the dressing and make sure that the central pad is big enough to cover all the broken skin.



9. Before applying the dressing draw an arrow on the dressing showing which way would be best to remove the dressing so the flap will not move. The arrow should start from the most secure part of the skin flap (the edge that is still attached). Add the date you apply the dressing.



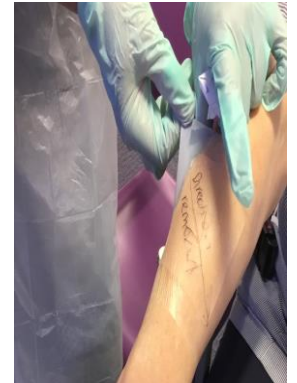
10. Apply the dressing over the wound, following the instructions that came in the dressing pack. Apply from the attached edge first to help to prevent the flap lifting or rolling up and gently press the edges down. If the dressing has a backing paper, remove the backing paper.
11. If the dressing is not adhesive, use as little adhesive tape as possible and/or hold the dressing in place with a light bandage or tubular bandage
12. If you need dressings request these from your healthcare professional. Dressings can stay in place up to 7 days unless the dressing becomes loose, leaks, or becomes uncomfortable (or a healthcare professional has advised otherwise).
13. Skin tears on the lower leg will heal better with some support such as from a flight sock or light compression. If used, choose the right size (your health care professional or pharmacist can help advise) and apply carefully following the instructions.

How to Change the Dressing

Dressings can stay in place up to 7 days unless the dressing becomes loose, or leaks, or becomes uncomfortable (or you have been advised otherwise).

14. Prepare to change the dressing by following instructions 2-6 above.
15. Carefully remove the old dressing by lifting from the indicated corner to prevent the skin flap from moving.

- If the dressing is stuck, soak with water or saline and wait for the dressing to loosen – be patient and avoid pulling as this will be painful and will damage the wound.
- If the dressing is adhesive or has an adhesive border, lift the indicated corner and gently peel in the direction of the arrow keeping close to the skin. Take your time and go slowly.



16. If the wound is still open, apply another dressing as described above. If the wound is dry or scabbed, there is no need to apply another dressing unless the wound needs protecting. Simple unscented moisturiser can be helpful.
17. Place the dirty dressing in the waste bag and wash your hands.
18. Clear up, put sealed waste bag in bin and wash your hands. (The waste bag can go in the usual rubbish collection unless you have been advised otherwise.)

Ongoing care

Monitor for signs of infection or other problems:

- More wound leakage than usual
- More pain than usual
- Increasing redness around the wound
- An unusual smell
- Wound is getting bigger
- Feeling generally unwell

Contact your health care professional or NHS 111 if you are worried.

Shared Care for Wounds

This document is intended for health care professionals and patients/ carers working together.

Supporting people with wounds to look after their own wound is likely to improve their self-confidence and quality of life. It is also a way to reduce pressure on the NHS and reduce the risk of infection.

Assessing whether shared care is appropriate For the healthcare professional and patient/carer together

The following should be based on a discussion between the health care professional and patient (and carer, as appropriate) and only signed if all agree with the statements.

In the view of the health care professional, is shared care suitable?	Yes / No
Is the person with the wound able to make a decision about shared care? If not, do they have someone who is willing and able to act in their best interests to make this decision?	Yes / No
Is the person with the wound physically able to undertake the necessary care or have someone willing and able to carry out care on their behalf?	Yes / No
Does the person with the wound/ carer agree to undertake shared care until next agreed review date? (insert review date)	Yes / No

..... (Name)

Patient/
Carer:

..... (Signature)

..... (Name)

Health Care
Professional

..... (Signature)

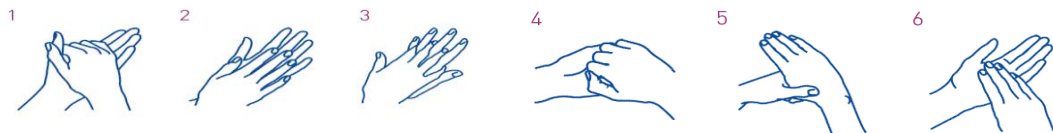
Date:

Care Plan		
For the patient/ carer. To be completed by, or with, the help of the health care professional.		
Patient's Name		
Carer's Name		
To contact Health Care Professional:		
To contact GP:		
About the wound:		
Wound Type		
Wound Care Plan		
Clean the wound and surrounding skin with:		
Dressings:	Name	Size
Wound Contact Layer: (Place this dressing on top of the wound)		
Secondary dressing: (Place this dressing on top of the first dressing)		
Creams / Barrier products (Apply this product to the surrounding skin before / after applying dressing.)		
Bandages / Tapes (Use this product to hold the dressings in place)		
Other advice		
Aim to change your dressing every days		

Prepare to change the dressing For the patient/ carer

This short video shows a [dressing change](#)³

1. Clean the table or work surface you are going to put the new dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid).
2. Wash your hands thoroughly with soap and water for 20 seconds, especially between fingers and palms of hands.



Dry hands with a clean towel/kitchen roll.

3. Gather what you will need. This may include:
 - A dressing pack or similar (typically contains gauze, gloves, tray, apron, waste bag)
 - Dressing(s)
 - Clean scissors (blades wiped with a sanitising wipe)
 - Fluid to clean around the wound (tap water⁴ or saline)
 - Cream for the skin around your wound
 - Adhesive tape
4. Prepare your materials
 - Open dressing pack, put on apron (if you are not the patient) and put waste bag to one side
 - Spread out the dressing pack wrapping so you have a clean surface. Open new dressing(s) and drop onto the clean surface of the dressing pack wrapping

³ You can find the video at <https://www.youtube.com/watch?v=sNS67ZJQVDA>

⁴ Providing the tap water is drinkable, it does not need to be boiled.

How to remove the old dressing

5. Carefully remove the old dressing without touching the part that been in contact with the wound or touching the wound itself.
 - If the dressing is stuck, soak with water or saline and wait for the dressing to loosen – allow a bit of time and avoid pulling as this will be painful and will damage the wound
 - If the dressing is adhesive or has an adhesive border, avoid peeling it off. Instead, lift one or more corners of the dressing and stretch it horizontally along the skin surface to break the adhesive bond. Again, take your time and continue gently stretching until the entire dressing lifts.
6. Place the dirty dressing in the waste bag and wash your hands.

How to clean the wound and apply a new dressing

7. If you have sterile or clean gloves, put them on. If not, try to avoid touching the wound or anything that will be in contact with the wound.
8. If you want to clean the wound itself, clean from the centre outwards using tap water (or saline) and gauze from the dressing pack. Clean the skin around the wound.
9. Make sure the skin around the wound is dry. If your health care professional advises, apply cream to the skin around the wound but avoid where any adhesive tape or dressing will go, or it will not stick.

10. Put the new dressing on the wound following the instructions that came with the dressing.

11. Clear up, put sealed waste bag in bin and wash your hands. (The waste bag can go in your usual rubbish collection unless you have been advised otherwise.)

Be aware of what is happening with the wound

Monitor for signs of infection or other problems:

- More wound leakage than usual
- More pain than usual
- Increasing redness around the wound
- An unusual smell
- Wound is getting bigger
- Feeling generally unwell

Contact your health care professional or NHS 111 if you are worried.

Useful Information

- **Who should I contact if I am worried?**

If you have any concerns about your wound or dressing supplies, contact your GP surgery or community nursing service

Important Contact Numbers

GP Surgery:

Community Nursing:

- **Where do I get more dressings from?**

You can obtain more dressings by contacting.....

You are responsible for asking for more dressings as they begin to run out.

Some items may need a prescription, please speak to your health care professional about this.

- **How can I tell if my wound is improving or getting worse?**

One way to keep a record of your wound healing is to take a photo. If you want to do this, you need:

- A digital camera or mobile phone with a camera.
- To be able to see the wound site easily and safely.



These tips will help:

- Use the automatic settings on your camera and use something plain as a background. If possible, include a ruler in the photo.
- Make sure you are comfortable and there is plenty of light.
- Make sure that the photo will only show parts of your body you are comfortable showing. Avoid photographing any identifying marks such as your face, tattoos or birthmarks.

Wound Diary

You may find it helpful to keep a record of your dressing changes for when you next see the health care professional.

Patient's Name	Date	Date	Date	Date	Date	Date	Date
Why did you change the dressing? A. Due to be changed B. Leaking C. Dressing falling off or fell off D. Other (please tell us why)							
Weekly review: A weekly review is usually enough to monitor progress but if there are changes, please note here.							
Was the wound the same/ bigger/ smaller?							
Was the leakage the same/ more / less?							
Was the pain the same/ more/ less?							
Was the smell the same / worse / better?							
Did you take a photo?							
Anything else you feel may be helpful:							

Patient's Name	Date	Date	Date	Date	Date	Date	Date
Why did you change the dressing? A. Due to be changed B. Leaking C. Dressing falling off or fell off D. Other (please tell us why)							
Weekly review: A weekly review is usually enough to monitor progress but if there are changes, please note here.							
Was the wound the same/ bigger/ smaller?							
Was the leakage the same/ more / less?							
Was the pain the same/ more/ less?							
Was the smell the same / worse / better?							
Did you take a photo?							
Anything else you feel may be helpful:							



When entering the patient's home clean hands



1
Apply disposable apron



2
Gather equipment & place around the pack



3
Clean hands with alcohol hand rub or soap & water



4
Open sterile pack to create a Critical Aseptic Field



5
Apply non-sterile gloves



6
Place sterilized drape under the wound



7
Remove dressing using non-touch (NTT) & dispose into clinical waste bag



8
Dispose of gloves



9
Clean hands with alcohol hand rub or soap & water



10
Apply sterile gloves



11
Clean wound using NTT & dispose



12
Dress wound using NTT



13
Dispose of equipment, gloves then apron & immediately ...



14
Clean hands with alcohol hand rub or soap & water



15
Dispose of waste bag according to local policy



When leaving the patient's home clean hands

Waste disposal

Double bag the white bag provided in the dressing pack and dispose of in patients waste or use yellow bag and dispose of in yellow bin if provided.

Advice sheet for patients with pre-existing lymphoedema

If you are under the lymphoedema team at the....., there may be times during 2020 that the team are unable to review you in a timely manner due to the lymphoedema nurses being redeployed to help with the coronavirus crisis.

We have written this leaflet to help you self-care during this time. If you do have problems we hope to be able to offer telephone consultations if required and we can be contacted on..... The response time may be slower than usual.

Definition of lymphoedema: Failure of the lymphatic system which gives rise to swelling, skin and tissue changes and a predisposition to infection. It most commonly affects the lower or upper limbs, but may also affect midline structures such as the head and neck, trunk, breasts or genitalia.

Please follow these core principles:

Compression:

It is possible that your nurse will not be able to see you to re measure for your garments in a timely manner during the crisis period, we therefore request that you take extra care of your garments to ensure they last as long as possible. We recommend that you wash your garments according to the manufacturer's instructions. If you have older garments please hold onto these to see you over this crisis period.

It may be possible to request a repeat of the last prescription from your GP or preferred Dispensing Service without seeing the lymphoedema team. This would only be appropriate if you feel your limb(s) has not changed considerably in size/shape.

Skin Care:

Please keep your skin and tissues in good condition and to prevent/reduce the risk of infection (Cellulitis). Please continue to reduce the risk of skin breakdown (such as athletes foot) this can trigger Cellulitis. Please continue to use the cream you usually use or a bland emollient.

Cellulitis is an infection of the skin, look out for redness, swelling and heat, with associated pain and tenderness in **ONE** arm or leg, which may be accompanied by fever, nausea/vomiting and a feeling of generally being unwell. People with lymphoedema are particularly susceptible to cellulitis.

What should I do if I develop Cellulitis?

Contact your doctor immediately as you will need antibiotic treatment. This is very important and should be considered an emergency and should not be delayed even in view of the current health care crisis. If you are seriously ill you may require admission to hospital for intra-venous antibiotics.

If you have previously had cellulitis you may have probably been advised to keep oral antibiotics at home. If you suspect cellulitis please start taking the antibiotics but please also seek medical advice.

If you suspect cellulitis please follow the following advice:

- Continue to wear compression garments unless the pain is too severe, if this is the case return to wearing hosiery as soon as it can be tolerated again.
- Discontinue Simple Lymphatic Drainage (massage) and exercise until the infection is improving.
- Rest your leg/arm in a comfortable position.
- Keep hydrated.
- Paracetamol may be taken.

Exercise:

Please keep up with your regular exercise routine. If you have compression garments that are worn out or poorly fitting the extra focus on exercise can be even more beneficial. If you increase your exercise this may compensate for your garments. Even if you are self-isolating or social distancing you can exercise indoors or take a walk as able/indicated.

If you want more ideas about what exercise helps lymphoedema please visit <https://www.thebls.com/pages/everybodycan>

Manual Lymphatic Drainage/ Simple Lymphatic Drainage (massage):

Please continue to carry out the simple lymphatic drainage if you have been taught this by your lymphoedema nurse.

Elevation:

Some patients find that elevation helps with increased swelling, this is variable. But if you swelling does increase try resting on the bed in the afternoon if possible to help drain the legs, or elevating the arm on a pillow when resting.

Compression Therapy for Leg Ulcers

(For patients and carers under **West Suffolk GP leg ulcer clinics**)

If there are problems with healing this is usually because there are problems with the blood return from the leg to the heart. If there is a good blood supply to the legs, then your health care professional should offer compression therapy to improve the blood return.

Compression therapy improves blood return by applying pressure to the lower leg and is very effective at helping leg wounds heal faster, reducing swelling and preventing ulcers coming back.

This can be done by bandaging, compression hosiery (socks, stockings or tights) or by wrap systems. There are lots of different types of compression therapy so there will be something that suits you.

Compression can be a little uncomfortable when you first start treatment but should not cause you any pain. Any discomfort should reduce as the swelling goes down. If you do experience discomfort, talk to your health care professional and they will suggest ways to reduce the discomfort.

Here are some examples of compression systems and how to apply:

Compression Hosiery	Compression Wraps (commonly used examples)
<u>How to apply compression hosiery</u>	<u>Activa ReadyWrap</u>
	<u>Jobst Farrow Wrap</u>
<u>Hosiery Application Aid</u>	<u>Medi Circaid Juxtalite</u>