A Message from the Editor

Hello and welcome to the 4th edition of 3M’s Under Pressure Compression Therapy Newsletter.

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We hope that you will find this newsletter informative and relevant to your clinical practice in the area of compression therapy.

Delivering effective compression therapy can often be challenging and although recognised as an important component of care for oedema and wound management, is often underused for many reasons. An international expert working group met to discuss how the principles of compression therapy could be simplified to encourage wider adoption of this effective therapy. This key consensus document called “Simplifying Venous Leg Ulcer Management: Consensus recommendations” outlines a model for the management of Venous Leg Ulcers. The document details an ‘ABC’ model and discusses Assessment, Best Practice for Skin and Wound care and Compression therapy. It highlights why, when and how Compression therapy should be used. If you are interested in reading this document, it is available to download from www.woundsinternational.com

2015 was another busy year with many 3M Coban™ 2 for Lymphoedema Basic and Advanced workshops across Australia and New Zealand and we look forward to offering some ‘Refresher’ workshops in 2016. These Refresher workshops will be suitable for those who have attended training in the past but would like an update. Look out for dates and locations of our workshops on our website and register your interest early as spaces are limited.

3M also hosted an educational Compression Therapy webinar in 2015 and many of you joined us live on the day and engaged in our online polls and question time. This covered the ‘ABC’ model on Assessment, Wound, Skin care and Compression therapy and was presented by local wound experts. The speakers presented a wealth of information on the latest best practice and research on compression therapy.

This webinar was well received with over 1100 registrations across ANZ and we have received great feedback. If you would like to see this webinar please go to www.coban2.com.au or www.coban2.co.nz

In this edition we look forward to sharing some interesting case studies from local clinicians, both for Wound and Lymphoedema and we thank them for allowing us to share these with you.

We look forward to some more exciting events and conferences in 2016. If you are attending, please do come to see us at our stand at the Asia Pacific Lymphology Conference in May and at Wounds Australia Conference in November 2016 and look out for special events on our website. We value your feedback and comments so please feel free to contact us and we hope you enjoy this edition of Under Pressure.

Ruth Timmins
Compression Specialist, ANZ
3M Critical & Chronic Care Solutions Division
ratimmins@mmm.com

New stocking included in our Coban™ 2 Kits!

We are pleased to announce that our 10cm Coban 2 Kits now includes a black nylon stocking. This stocking is to be used over the compression bandage, allowing for easier application of footwear and greater patient comfort. The stocking is latex free and does not provide additional compression. With this, the products codes have changed from 2094 to 2094N and 2794 to 2794N.

Graduated and progressive compression systems

Research suggests that achieving a high pressure over the calf muscle alone may be a more effective way of improving venous return – a progressive compression as compared to the graduated compression system.¹

Attributes of the ideal compression therapy system as agreed by an expert panel²

- Delivers therapeutic compression and has high stiffness, i.e. the pressure generated is effective during mobilisation and is well tolerated during rest
- Permits good anatomical fit
- Stays in place, i.e. does not slip
- Comfortable
- Allows patient to wear their own shoes and to maintain normal gait
- Easy to apply and remove
- Requires minimal training in fitting and application
- Non-allergenic
- Aesthetically acceptable

Applying the alphabet to venous leg ulcer management²

Assessment and diagnosis

- Highlights the importance of establishing correct aetiology and indicators for appropriate management. This includes wound and skin care, patient comorbidities, psychosocial elements and appropriate referral criteria.
- Tools including, wound type or T.I.M.E (Tissue, Inflammation/Infection, Moisture, Edges/Epithelisation), lower leg skin changes, healing time expectations, interpretation of vascular assessment and guide for deciding compression therapy level.

Best practice wound and skin management

- Highlights the importance of cleansing, rehydrating and protecting the peri-wound skin and the skin of the leg, and the importance of using a barrier film where there is risk of breakdown.
- Wound dressing advice & tools:
  - Unless infection is present or suspected, select dressing type and frequency of dressing change to suit the compression change regimen.
  - The most important factor in reducing exudate levels is appropriate sustained compression therapy, not the dressing.
  - Properties of a wound dressing to use under compression therapy.

Compression therapy for leg ulcer management

- Compression bandaging is most commonly used for treatment of active venous leg ulcers.
- Compression hosiery is mainly used for prevention of recurrence of venous leg ulcers.
- Compression bandaging that is stiff and inelastic is preferable.
- Factors that affect choice when selecting appropriate compression include:
  - Training = Patient mobility
  - Competency = Previous experiences
  - Clinical experience = Pain levels

The Wound International Simplifying Venous Leg Ulcer Management Consensus Recommendations document is available online through the following url: http://www.woundsinternational.com/consensus-documents/view/simplifying-venous-leg-ulcer-management

References

Share Care Partnerships between the Nurse Practitioner and Primary Care Partners

Nicola Morely, Vascular Nurse Practitioner
Gold Coast University Hospital, QLD.

Introduction
The increasing level of patient acuity, technological change, and paucity of resources equates to complex wound challenges which require qualified competent personnel to manage and treat them. Collaborating care across multidisciplinary teams within multiple tiers of care i.e. tertiary teaching hospital, secondary GP clinics and with primary care partners allows a more streamlined flow of patient care provision and wound optimisation results. Having collaborative care environments positively enhance patients’ healing outcomes, nurse and multidisciplinary team training opportunities. Partnerships improve the overall efficiency of the health care system in terms of reduction in emergency hospital presentations, length of stay, recurrent surgical procedures and antibiotic requirement.

Planning
By developing a Collaborative Decision Making team = Better patient outcomes
• Adopting a culture where relationships are valued within the clinic environment
• Shared power across all disciplines
• Effective communication
• Respect for clinician’s abilities
• Positive staff / patient’s aim for common goals
• Partnerships across primary & secondary tiers
• Utilising best available evidence & technology
• Consistent assessment approach
• Multidisciplinary care
• Nurse Practitioner (NP) role; key strategiser in improving timely access, referring out to reduce OPD presentations and referring in to improve timely diagnosis

Results
In July 2013-July 2015, 47 patients with wounds were referred to Secondary Level Clinics. The types of wounds are indicated below in Graph 1 with healing times. The secondary clinics provided more advanced modalities of treatment i.e Wound bed preparation, low frequency ultrasonic debridments, topical negative pressure dressings and compression bandaging which improved healing times. Partnerships were also developed within eight Primary Care Facilities in 2015, 3M provided training to Practice Nurses for application of Coban™ 2 Layer Compression bandaging for Venous leg ulcerations (VLU), this ensured the application of these consumables generates positivity for all parties. The partnerships developed, now develops trust between the clinician and the patient, seeing improvements in a timely manner generates positivity for all parties. The NP oversees the progress of the wound, generates reassurance of ease of application. Continuity of the same clinicians was grafted and it healed.דיוק

Costs
A cost analysis was collated to ascertain the Average cost of a Venous Leg Ulcer (if healing time were 19 weeks). Provision of resources equated to compliance of dressing and prevention of recurrence and emergency admissions. The consumables required for healing were provided to all patients, comparing this to an episode of an inpatient admission as discussed in Graves paper (2014).

Graph 2. Number of patients, healing time and appointments freed by wound type. (July 2013-July 2015)

Table 1. Estimated average cost of a Venous Leg Ulcer per patient*

<table>
<thead>
<tr>
<th>Treatment costs</th>
<th>Week 1 &amp; 2**</th>
<th>Weekly cost for next 17 weeks</th>
<th>First 4 weeks</th>
<th>Cost over 19 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated costs</td>
<td>$72.86</td>
<td>$33.02</td>
<td>$211.76</td>
<td>$707.00</td>
</tr>
</tbody>
</table>

* Not include nursing time or parking costs.
** Includes cost of Sponge, dressing pack, scissors, antimicrobial soak, gauze, tabular bandage, compression bandage and silver dressing if wound looks infected.

Graph 1. Number of days taken to heal vs wound type

Table 2. Direct health care costs of venous ulcer in all hospitals in Australia (in 2012 US$)*

<table>
<thead>
<tr>
<th>Public Hospital</th>
<th>Cases</th>
<th>Cost in USD (2012)</th>
<th>Cost per Patient episode USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Australia</td>
<td>32,055</td>
<td>$532,852,264</td>
<td>$16,623</td>
</tr>
<tr>
<td>Total QLD</td>
<td>5,706</td>
<td>$94,217,175</td>
<td>$16,512</td>
</tr>
</tbody>
</table>

* Includes cost of Sponge, dressing pack, scissors, antimicrobial soak, gauze, tabular bandage, compression bandage and silver dressing if wound looks infected.
Periwound Protection

3M™ Cavilon™ No Sting Barrier Film is the ideal choice for providing periwound protection. It provides a breathable, transparent coating (allowing visibility of the wound margins) that repels moisture and irritants, such as wound exudate.

In a study of 227 patients with highly exudating venous stasis ulcers it was observed that Cavilon No Sting Barrier Film helped to control periwound erythema in all patients.

References
A case of bilateral lower limb oedema complicated by exudating wounds

Madeleine Stockden

Mr M is a 63 year old male who first presented to the clinic with gross bilateral and below knee oedema, complicated with lateral leg wounds. He had a history of increasing lower limb oedema over three years following cellulitis. Lymphoedema was diagnosed via lymphoscintigram in 2013. His leg wounds were being dressed by occluding dressings and had the clinical appearance of pseudomonas in the wounds, diagnosed clinically by the green colour and smell of the wounds.

Three very effective 3M products were used to successfully and simply treat this man’s legs. The legs were washed with sterile water and a chlorhexidine wash. The legs were washed with sterile water and a chlorhexidine wash. The legs were then applied to allow the exudate to absorb and leave the wound clean. 3M Coban 2 compression bandage and Chris was able to advise her.

When she presented she had swelling of the legs, which were a family problem on the female side, her legs became "puffy" at 17 and worsened after an Angiogram. Chris had seen doctors, physiotherapists and massage therapists, had been prescribed stockings which were very uncomfortable and also been given creams and potions for a "rash" on her lower legs. Her physiotherapist had prescribed a low stretch medical binder which are known to be very effective.

History – Hypertension, High Cholesterol and Heart Disease. I found Chris was reluctant for me to view or treat her legs and just wanted a “cream” to “fix” her rash. I was mindful that her husband had been sitting patiently in the car and she had a very long drive home. I eventually persuaded her to let me inspect her “rash” and at that time I didn’t have a camera to take a photo. On inspection I was amazed at the state of the skin and I was sure the condition she had was Papilloma Keratosis – the skin area involved was much larger on the Right leg than the Left. She finally agreed that I could give her a treatment so gave her Manual Lymph Drainage and when I started on the lower leg area a much harder massage was given to try and soften the fibrotic tissue also using a Urea based cream. The Lymph flow would have been compromised below the fibrosis, until then Chris had been only giving herself soft massage as other practitioners had prescribed.

I sent her home with a single layer compression bandage and Chris was to return after I was able to obtain the 3M Coban 2 Layer Compression System to treat her legs. In the meantime she was to use her low stretch medical binder and massage the lower leg more deeply to soften the fibrosis that had formed.

On her return her legs had vastly improved and I was able to treat and bandage her more effectively until she could be seen by an OT in Perth who measured her for stockings that were custom made, as Chris was hopefully going to fly on a holiday and required a garment for convenience. Chris’s daughter who worked for a Vet and was proficient in bandaging was going to continue with the treatment before being measured. A CD was given to Chris on the 3M Coban 2 bandaging with the bandages.

Chris has had a lovely holiday and has been able to manage the oedema more efficiently since. Many thanks to 3M for the bandages which I found worked extremely well especially as they don’t slip down and can be left in situ for several days at a time making them cost effective.

Barbara Dickson from WA Certified Vodder Lymphoedema Therapist/ RGN
A novel approach to foam

Review by Jan Rice
Wound Nurse Consultant, Director, WoundCare Services FAWMA, Wound Care Mast (Monash)

When assessing a patient with a wound, one of the issues often encountered is the shape of the wound and the products available to fit or appropriately cover the wound. 3M, a company renowned for its innovation, has produced a high performance foam in a roll presentation, enabling the clinician control over size and shape.

Foam dressings serve a number of functions in wound care - protecting vulnerable tissue, aiding in managing wound exudates through absorption and dissipation of moisture vapour and finally as a padded secondary dressing to provide comfort and security against further trauma. There are many medical grade foams available in the market today and deciding just which one to select can be difficult.

3M™ Tegaderm™ High Performance Foam Non-Adhesive Dressing in a roll presentation has proven extremely useful in community settings where the clinician can cut off just what is required and shape it to the needs of the wound. They can then replace any remaining foam back in the protective re-sealable bag and label it with date and patient’s name so that it is available for re-use as required.

“The clinician can cut off just what is required and shape it to the needs of the wound.”

Tegaderm™ High Performance Foam Dressings have the ability to soak up wound exudate rapidly and lock the fluid within the foam layers. The moisture vapour can then pass off and through the high moisture vapour transmission rate (MVTR) film covering. Moisture vapour transmission rate is a serious consideration to make when selecting a foam for a moderately exuding wound.

The four layers in Tegaderm High Performance Foam dressings (see Graphic 1) work to adapt to changing levels of exudate and maintain moisture balance for optimal wound healing.

Cost is another consideration for clinicians. The Tegaderm™ High Performance Foam Dressing has the ability to reduce wastage because the size can be adjusted as the wound progresses to healing without the need to order products of varying sizes.

So, I would encourage you to try this product and provide your feedback to 3M about their novel foam solution for community settings.

Breathable film
A waterproof film that is moisture vapour permeable which prevents wound exudate strike-through and acts as a barrier to outside contamination, including bacteria and viruses.

Super absorbent layer
Absorbs and retains moisture away from wound, reducing the risk of maceration.
• Increase absorbency by 100%
• Minimises backward moisture migration

Soft, absorbent foam layer
Absorbs and rapidly wicks excess moisture away from the wound and periwound skin.
• Protects wound
• and non-adherent
• Comfortable

Moisture-control layer
Enables rapid evaporation of excess moisture out of the dressing extending wear times.
• Distributes moisture
• Facilitates evaporation
• Maintains moisture balance

Did you know...
Compression therapy systems with a high Static Stiffness Index – SSI (inelastic or multi layered bandage system) will produce higher pressures during standing and lower pressures when lying down than systems with a lower SSI (an elastic system).

Ask Connie Compression

We invite you to send in any questions you have relating to compression therapy or 3M™ Coban™ 2 Layer Compression Systems. We’ll publish a selection of your questions each issue, along with answers from our team of international experts. This month we have collated questions that we are commonly asked in workshops.

If you have a question please e-mail to ratimmins@mmm.com

Q. I noticed that you don’t need to cover the heel in with the first Comfort Foam layer, why is this?
A. This is not required as Coban 2 is designed to keep a low profile to reduce bulk for patients comfort and to wear normal footwear.

Q. How often should Coban 2 be changed?
A. For venous leg ulcers the system can be left in place for up to 7 days. For Lymphoedema applications, twice a week application is recommended. However, please note that for both applications the bandage may need changing earlier if the bandage no longer conforms to the anatomy, has become wet or there is strike though from exudate or lymphorrhrea.

Q. I sometimes find it difficult to get the Coban 2 bandage layers to stick together. Why is this?
A. That’s a great question. The cohesive nature of the system will be affected if there is any residue moisturiser on your hands, so ensure you start the application with clean hands/gloves. Remember to gently press and conform the layers together to ensure a good application. Always store the bandages correctly at room temperature and in original packaging until use to ensure best results.

I look forward to more questions.

We look forward to seeing you in May

3M are pleased to invite you to join us for two exciting educational events presented by Christine Moffatt

Christine Moffatt
CBE
Professor of Clinical Nursing Research
University of Nottingham, UK

Christine is Professor of Clinical Nursing Research at the University of Nottingham, School of Health Sciences, UK, and holds other visiting chairs at the following: University of Glasgow; Cardiff University Medical School Wound Healing Unit; and Western Ontario University, Canada. She is also nurse consultant at the Royal Derby Foundation NHS Trust Lymphoedema service in which she leads a research team as well as undertaking a clinical consultancy role in a service with over 4000 patients.

She has been involved in wound healing research and practice for 30 years and Lymphoedema for 15 years. She has undertaken extensive research in this field using mixed research methods including running national and international clinical trials. She currently leads the International Lymphoedema Framework, an international charity, whose mission is to develop effective Lymphoedema care throughout the world.

Her areas of research include compression therapy; service development and evaluation; psychosocial impact of disease; chronic wounds and Lymphoedema. She has presented and published internationally. She edited the EWMA position document series and the International Lymphoedema Framework Best Practice Document (2008) and is a member of international editorial boards, NICE boards on leg ulcer management and advisory panels. She was awarded a CBE in the 2006 New Year’s Honours List and made a life fellow of the Royal College of Nursing that same year.

She has received 6 life time achievement awards between 2006 and 2015 in recognition of her work. In December 2008 she received a Nursing Times Diamond 20 Award as one of the 20 most influential nurses in the last 60 years. She received the Vice Chancellor’s medal in 2015 from Nottingham University.

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Asia Pacific Lymphology Conference Breakfast Symposium

Date: 27 May 2016
Location: Darwin, Convention Centre

Topics covered:
• A summary of the latest ‘state of the art’ science of compression therapy.
• Current clinical challenges in delivering effective compression therapy.
• Overview of the evidence supporting Coban™ 2 Compression Systems in providing solutions in clinical practice.

3M Chronic Oedema & VLU Webinar
Making Compression work for Chronic Oedema and Venous Leg Ulcers - Dispelling the Myths

Date: 31st May 2016
Location: Online

Topics Covered:
• An overview of the complex issues in Chronic Oedema and Venous Leg Ulcer management
• The science of compression therapy and safety considerations
• Non healing ulcers
• Managing Cellulitis
• Less mobile patients
• Dispelling the ‘myths’ of compression
• Evidence supporting Coban™ 2 Compression systems

Further details to be provided closer to the date.

To register your interest, email 3mhealthcareedu@mmm.com

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• Dispelling the ‘myths’ of compression
• Evidence supporting Coban™ 2 Compression systems

Further details to be provided closer to the date.

To register your interest, email 3mhealthcareedu@mmm.com
The evidence of the improved Patient quality of life aspects of using the Coban™ 2 Compression System is also highlighted including discussion of a recent cost economic evaluation. The Making the Case document focuses on the benefits of using Coban™ 2 Compression System: Making the Case for Patients over 6 months. The conclusion was that the real-world evidence demonstrated that initiating treatment with Coban 2 affords a more cost-effective use of NHS-funded resources in clinical practice compared with the TLCS (0.368 QALYs per patient) and FLCS (0.353 QALYs per patient). The evidence also highlighted the lack of continuity between clinicians managing a wound, the inconsistent nature of management measures and may be supported by data from your own care setting. As well as economic impact, it is important to reduce up the likelihood of non-healing venous leg ulcers.

Compression systems used in the management of venous leg ulcers. There are two forms of the system: 3M™ Coban™ 2 Layer and 3M™ Coban™ 2 Lite.

HOW DOES COBAN 2 DELIVER COMPRESSION?

Coban 2; compression; cost-effectiveness; economic evaluation; KT workshop; Profore; venous leg ulcer; UK

Visit Our Websites
For more information on Coban 2 Layer Compression Systems, please visit our websites: www.Coban2.com.au www.Coban2.co.nz

Have you seen?


Available online: http://go.3M.com/thinstudy

The objectives of this study was to assess clinical outcomes and cost effectiveness of using Coban 2 Layer Compression Systems compared with K-Two (two layer) and Profore (four layer) Compression systems in clinical practice in the UK. This was a retrospective analysis of case records taken from The Health Improvement Network database of Venous Leg Ulcer Patients over 6 months. The conclusion was that the real-world evidence demonstrated that initiating treatment with Coban 2 affords a more cost-effective use of resources in clinical practice as it resulted in an increased healing rate, better health-related Quality of Life and a reduction in National Health Service management cost.

Wounds UK

3MM™ Coban™ 2 Compression System: Making the Case

Available online: http://www.wounds-uk.com/making-the-case/3m-coban-2-compression-system-making-the-case

This Making the Case document focuses on the benefits of using Coban 2 Compression system in practice, describing how the system works and the clinical evidence supporting its effectiveness. The cost economic benefits are also highlighted including discussion of a recent cost economic study which compares Coban 2, K-Two and Profore Compression systems. The evidence of the improved Patient quality of life aspects of using Coban 2 are also reviewed.

3M News

3M Compression Workshops

Once again we have hosted many 3M Coban 2 for Lymphoedema workshops. These were held in Brisbane, Sydney and Refreshers in Perth and at the ALA symposium in Adelaide.

We have also held a series of educational workshops for Venous Leg Ulcers across Victoria and the Gold Coast including full leg and toe boot application techniques. Please refer to Diary Dates on the back page of this newsletter for 2016 Workshop dates.

3M Compression Webinar

A highlight of 2015 has been the 3M Compression webinar ‘Simplifying Venous Leg Ulcer Management: The Pressure’s on... Putting the squeeze on Chronic Oedema’. This webinar was broadcasted live in August with over 1100 clinicians registering.

There were over 600 clinicians joining us for the live event, with many gathering as groups. The expert presenters included Associate Professor William McGuinness, Wound Consultant Jan Rice with Margo Azimus (AWMA President) as MC. Together they provided insights into best practice and the latest research around compression therapy.

Associate Professor, Bill McGuinness, gave insights into the assessment process. Jan Rice presented on the importance of skin care and wound management including the significance of debridement and managing exudate. Jan also discussed compression therapy, including the relevance of static stiffness in compression therapy and the difference between elastic and inelastic systems. The live online polls and questions made this a lively and interactive session and this can be viewed for free on our website www.coban2.com.au or www.coban2.co.nz.

Thanks to all of you who participated in this webinar and keep an eye out for future educational webinars. Special thanks to our presenters Bill, Jan and Margo.

“i’ll take one thanks”

News Flash

3M™ Coban™ 2 Compression Bandages are now available for sale in individual rolls on Shop3M.com
Diary Dates

3M Lymphoedema Workshops
For more information and to register a place, visit www.Coban2.com.au

Basic Level Workshop
Trainer: Maree O’Connor

<table>
<thead>
<tr>
<th>LOCATION</th>
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<tbody>
<tr>
<td>PERTH</td>
<td>Friday 18 March 2016</td>
</tr>
<tr>
<td>SYDNEY</td>
<td>Friday 15 April 2016</td>
</tr>
<tr>
<td>BRISBANE</td>
<td>Friday 12 August 2016</td>
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</table>

Refresher Workshop
Trainer: Maree O’Connor

New for 2016 we will also be running half day ‘Refresher workshops’ aimed at those who have attended a Basic workshop and would like to update their skills. During these sessions, there is time for feedback and troubleshooting as well as practicing up to date techniques, tips and tricks.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
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<tbody>
<tr>
<td>PERTH</td>
<td>Saturday 19 March 2016</td>
</tr>
<tr>
<td>SYDNEY</td>
<td>Saturday 16 April 2016</td>
</tr>
<tr>
<td>DARWIN - Pre Asia Pacific Lymphology Conference</td>
<td>Wednesday 25 May 2016</td>
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<tr>
<td>BRISBANE</td>
<td>Saturday 13 August 2016</td>
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Australia and New Zealand Events

2016 Asia Pacific Lymphology Conference
Date: 26-28 May 2016
Location: Darwin, Australia

11th National Wounds Australia Conference
Date: 9-12 November 2016
Location: Melbourne, Australia