

3M Science.
Applied to Life.™

3M™ Coban™ 2 Layer Compression Systems.

**Practical Tips for Venous
Leg Ulcer Application.**

General tips

- 3M™ Coban™ 2 Layer Compression Systems are to be used under the supervision of a health care professional. Prior to initiating compression it is important to ensure adequate arterial blood flow. Patients with known arterial insufficiency, decompensated heart insufficiency or diabetes with advanced small vessel disease may not tolerate compression.
- Coban 2 Layer Compression Systems are single-use only and should be kept dry when worn. Waterproof protectors are available online or in pharmacies and may be worn to protect bandages from water when washing.
- For effective compression therapy, apply bandages to a relaxed muscle/limb, in the correct anatomical position.
- Avoid wrapping the comfort foam layer with too much tension. Hold the roll close to the limb and apply this layer with just enough tension to conform smoothly. Stretching the material onto the skin increases the mechanical grip and friction on the skin.
- When applying the compression layer, always hold the roll close to the anatomy throughout the application for controlled, even compression.
- When applying bandages across the ankle, always ensure that the patient's foot is supported at a 90° angle to the leg. This helps prevent "digging" into the tissues which may cause discomfort.
- To help stop bandages from rolling down, apply the comfort layer twice around the top of the limb.
- Use 3M™ Cavilon™ No Sting Barrier Film to protect skin from friction, and from peri wound maceration.
- Wearing a stretchy knee high stocking or sock can also help with slipping footwear on more easily. If the patient has a bilateral condition requiring bandaging on both legs, cover one or both with stockinette or similar product to prevent their legs sticking together. A stocking is provided in the Coban 2 Layer Compression System kit.
- The layers of Coban 2 Layer Compression System "bond" to each other, so scissors may be required for bandage removal. If scissors are required, use bandage scissors. Cut down the inside of limbs away from bony prominences. Use cream on the tips of scissors to aid removal.
- If any gaps are detected in the compression layer, you may apply additional pieces of compression layer material at full stretch.

Practical tips for Venous Leg Ulcer application

- Coban 2 Layer Lite Compression System is available for patients with ABPI equal to or greater than 0.5, or, those patients who are less tolerant of compression therapy. This includes those who have mixed aetiology, are new to compression, those for whom tolerance to compression is not known, or, are frail or less mobile. It is designed to provide 25% reduced sub-bandage pressure from the original Coban 2 Layer Compression System. This is approximately 28mmHg (refer to ABPI chart on back page.).
- Coban 2 Layer Compression Systems will absorb and wick away skin moisture but are not designed as a primary wound dressing. The wound should be managed with dressings appropriate to the wound condition.
- For patients with very thin legs that have vulnerable bony prominences such as the tibial crest or the top of the foot, you can provide additional comfort and protection by cutting a piece of the comfort foam material and placing it over the top of the foot, running it up the leg to protect the tibial crest. At the articulating area, make a slit on each side of the strip to conform at the ankle. Gently press into place (refer to the application and removal poster).
- Change the bandage if it becomes loose fitting or no longer conforms to the leg.

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ABPI (Ankle-Brachial Pressure Index)

brachial systolic pressure (mmHg)

	100	110	120	130	140	150	160	170	180	190	200		
ankle systolic pressure (mmHg)	20	0.20	0.18	0.17	0.15	0.14	0.13	0.13	0.12	0.11	0.11	0.10	very severe ischemia
	30	0.30	0.27	0.25	0.23	0.21	0.20	0.19	0.18	0.17	0.16	0.15	
	40	0.40	0.36	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.20	
	50	0.50	0.45	0.42	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.25	severe ischemia
	60	0.60	0.55	0.50	0.46	0.43	0.40	0.38	0.35	0.33	0.32	0.30	
	70	0.70	0.64	0.58	0.54	0.50	0.47	0.45	0.41	0.39	0.37	0.35	moderate ischemia
	80	0.80	0.73	0.67	0.62	0.57	0.53	0.50	0.47	0.44	0.42	0.40	
	90	0.90	0.82	0.75	0.69	0.64	0.60	0.56	0.53	0.50	0.47	0.45	mild ischemia
	100	1.00	0.91	0.83	0.77	0.71	0.67	0.63	0.59	0.56	0.53	0.50	
	110	1.10	1.00	0.92	0.85	0.79	0.73	0.69	0.65	0.61	0.58	0.55	normal
	120	1.20	1.09	1.00	0.92	0.86	0.80	0.75	0.71	0.67	0.63	0.60	
	130	1.30	1.18	1.08	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	
	140	1.40	1.27	1.17	1.08	1.00	0.93	0.88	0.82	0.78	0.74	0.70	
	150	1.50	1.36	1.25	1.15	1.07	1.00	0.94	0.88	0.83	0.79	0.75	
	160	1.60	1.45	1.33	1.23	1.14	1.07	1.00	0.94	0.89	0.84	0.80	
	170	1.70	1.55	1.42	1.31	1.21	1.13	1.06	1.00	0.94	0.89	0.85	
	180	1.80	1.64	1.50	1.38	1.29	1.20	1.13	1.06	1.00	0.95	0.90	
	190	1.90	1.73	1.58	1.46	1.36	1.27	1.19	1.12	1.06	1.00	0.95	
	200	2.00	1.82	1.67	1.54	1.43	1.33	1.25	1.18	1.11	1.05	1.00	

Use this table as a guide to interpret ABPI values in relation to compression.

ABPI < 0.5: Very severe and severe ischaemia

Compression should not be used

ABPI 0.5– 0.8: Moderate and mild ischaemia

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ABPI ≥ 0.8: Normal

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Please refer to your facility's guidelines or policies.

Position Statement on the Use of the Ankle Brachial Index in the Evaluation of Patients with Peripheral Vascular Disease. A Consensus Statement Developed by the Standards Division of the Society of Interventional Radiology.

ABIs as high as 1.10 are normal; abnormal values are those less than 1.0. The majority of patients with claudication have ABIs ranging from 0.3 to 0.9. Rest pain or severe occlusive disease typically occurs with an ABI lower than 0.50. Indexes lower than 0.20 are associated with ischaemic or gangrenous extremities.

Sacks D., MD et al; J Vasc Interv Radiol 2003;



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