

THURSDAY 17TH MARCH, 7.30PM

Diagnosing and managing **venous eczema** with confidence

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LIVE Q&A

SEND IN YOUR QUESTIONS BY COMMENTING ON THE VIDEO

VENOUS ECZEMA

- Inflammatory reaction of skin
- Charactered by red, itchy, scaly or flaky, occasional blistering
- Venous eczema: also called varicose eczema, gravitational eczema or stasis eczema
- Cause by sustained venous hypertension
- 37% and 44% of patients with leg ulceration also had a diagnosis of venous eczema





(Patel et al, 2001)

COMPLICATIONS OF VENOUS ECZEMA

- Pain
- Exudate
- Infection (Staphylococcus aureus, fungal)
- Permanent skin discoloration
- Contact dermatitis
- Ulceration

(National Institute for Health and Care Excellence [NICE], 2020)







CAUSES OF VENOUS ECZEMA







LOWER LIMB ANATOMY





ARTERIO --- VENOUS CONNECTION





VENOUS RETURN

- Against gravity
- Low flow low pressure system
- Valves prevent retrograde flow
- Facilitated by calf muscle pump, muscular compression of the veins, negative intrathoracic pressure





VENOUS INSUFFICIENCY

- Muscular venous pump failure (functional)
- Venous obstruction
- Valvular incompetence







CYCLE OF VENOUS HYPERTENSION

- Venous distention causing further valvular incompetence
- Loss of reflex constriction of pre-capillary arterioles that protect the capillary beds from surges of venous hydrostatic pressure when assuming the standing position
- Histological changes that weaken the vessel wall
- Chronic release of inflammatory mediators leading to trophic disease
- Extravasation and degradation of erythrocytes into the perivascular tissue. The resultant ferritin release causes pigmentation, and may result in oxidative stress
- Increased metalloproteinase expression leads to breakdown of the vascular extracellular matrix (ECM) and leads to abnormal vascular permeability

(Labropoulos, 2019)

RISK FACTORS

- Advancing age
- Obesity
- Immobility
- Visible varicosities
- Previous deep vein thrombosis (DVT)
- Previous cellulitis
- Previous leg ulceration

(Lee et al, 2003; Clark et al, 2010)





CLINICAL AETIOLOGY, ANATOMY, PATHOPHYSIOLOGY (CEAP) CLASSIFICATION SYSTEM





Venous eczema is part of the continuum of venous disease, there is a linear relationship between the severity of venous disease and clinical symptoms.

VENOUS HYPERTENSION SYMPTOMS

- Aching
- Burning sensation
- Itching
- Heaviness
- Pain
- Swelling
- Skin changes
- Ulceration





(Eklof et al, 2004)

HOLISTIC ASSESSMENT



PATIENT



Patient

Venous	Arterial
High body mass index (BMI)	Transient ischaemic attack/cerebrovascular accident (TIA/CVA)
Varicose veins	Angina/myocardial infarction (MI)
DVT	Smoker
	Diabetic
	Hypertension
	Angioplasty/stenting/ bypass
	History of claudication



THE LIMB







Venous	Arterial
Oedema	Shiny skin
Haemosiderin staining	Red/sunset foot
Dry skin/venous eczema	Hairless skin
Inflammation around gaiter	Thickened nails
Lipodermatosclerosis	Pain ++++
Wound on the gaiter/malleolus	Wound on the foot
Varicose veins	

Including assessment of arterial status



THE WOUND



Venous	Arterial
Flat	Punched out
Irregular shape	Round
High exudate	Often Dry
Granulation/sloughy tissue	Sloughy/necrotic tissue
Develops over weeks	Quick to develop









VENOUS ECZEMA — TREAT THE ROOTS AND THE SKIN!







Compression therapy

Topical preparations

VENOUS ASSESSMENT







h&r healthcare

TREATMENT: RADIOFREQUENCY ABLATION





Minimally invasive, walk in walk out, one incision, local only, less pain, less bruising, immediate return to work.

COMPRESSION AND SKIN CARE



COMPRESSION OPTIONS

- Multilayer bandages
- Bandage kits
- Compression hosiery
- Compression hosiery kits
- Compression wrap systems





TREATMENTS FOR ECZEMA

- Emollients
- Mild topical steroids
- Moderate topical steroids
- Potent topical steroids
- Oral corticosteroids (severe only/short course)
- Oral antihistamines
- Topical zinc
- Topical calamine



CALAMINE

- Combination of zinc oxide and iron oxide
- Iron gives it that distinctive pink colour
- Astringent agent (zinc oxide)
- Antipruritic (ferrous oxide)
- As old as 1500 BC
- Reported to reduce itching, skin irritation, stinging and burning sensations





ALL-IN-ONE SOLUTIONS

- Easy to apply
- Less mess
- Provides ideal compression combined with skin preparation
- Andoflex calamine reported as improved comfort compared to other two-layer kits
- Patients have reported:
 - Improved pruritus control
 - Felt cool and comfortable
 - Soothing effect





(Jonker et al, 2020)



The Use of an Antimicrobial Moisture Management Dressing and Calamine Impregnated Two-Layer Compression System for the Treatment of Venous Leg Ulcers with Stasis Dermatitis

Author: Windy Cole, DPM

Adjunct Professor and Director of Wound Care Research Kent State University College of Podiatric Medicine

Track: Case Series/Study

COFLEXCS01R01

Background

Topical zinc has been reported to have antiseptic, astringent, antiinflammatory, antimicrobial, properties and is important for antibody production, immune cell function, and wound healing.^{1,2} Calamine when paired with zinc provides added benefits of itch relief and offers a soothing/cooling effect. Zinc or calamine-impregnated Unna's paste bandages have historically been used in the treatment of venous leg ulcers (VLUs).³ A major drawback of the traditional Unna boot is the lack of accommodation for changes in leg swelling and minimal exudate management.

Methods

A prospective study conducted in an outpatient wound care setting consisted of 5 patients with VLUs and stasis dermatitis. The use of an innovative Calamine Impregnated Two-Layer Compression System (CITLCS) was evaluated to gauge the efficacy in reduction of edema, wound size, and dermatitis symptoms, such as itching, pain, and burning sensation. Layer 1 consists of a soft foam roll impregnated with calamine, containing zinc. Layer 2 is a non-latex short stretch cohesive compression bandage. At the clinicians' discretion, following appropriate wound bed preparation, an antimicrobial moisture management dressing* was applied to the wound and the CITLCS was applied on top. The wounds were examined weekly for wound size, quality of wound/peri-wound tissue, exudate amount, inflammation, overall comfort and induration.





Conclusions

Patients suffering with VLUs and stasis dermatitis exhibited in these two patient examples above can be difficult to effectively manage. The promising results of this evaluation demonstrates the need for additional research examining the role of topical calamine containing zinc in the treatment of wounds due to venous insufficiency and dermatitis

Results

The CITLCS was easy to apply. All 5 patients were adherent to therapy and tolerated the system well. No adverse events were noted. All patient outcome measurements improved over time with CITLCS therapy. It is the author's opinion that the CITLCS foam layer absorbed more exudate than seen with previous Unna boot use.

After 2 weeks

References

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Rostan EF, DeBuys HV, Madey DL, Pinnell SR. Evidence supporting zinc as an important antioxidant for skin. Int J Dermatol. 2002; 41(9):606-611.
Lullove E, Newton E. Use of Novel Two-Layer Bandage in the Treatment of Chronic Venous Hypertension. Journal of the American College of Clinical Wound Specialists. 2014;5:8-13.

Trademarked Items

CoFlex[®] TLC Calamine, Milliken Healthcare Products, LLC, Spartanburg, SC

*TRITEC[™] Silver Dressing, Milliken Healthcare Products, LLC, Spartanburg, SC



ANTIMICROBIAL STEWARDSHIP

NICE National Institute for Health and Care Excellence



Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use

NICE guideline Published: 18 August 2015 www.nice.org.uk/guidance/ng15











SUMMARY

- Assess every patient for venous eczema
- Diagnosis key, e.g. allergic, venous etc
- Treat venous hypertension
- Treat skin directly
- Improve patient comfort
- Early intervention reduces infection risk
- Early intervention reduces risk of ulceration
- If ulceration present, be aware of risk of venous eczema
- Know your treatment options





ANDOFLEX TLC CALAMINE — LAYER 1

Layer 1

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Soft foam impregnated layer with calamine

- Soothing properties
- Relieves itch
- Easy to apply and no mess
- Unique moisture resistant cohesive
- Lightweight/low profile construction
- Comfortable and conformable
- Non-slip
- Provides excellent moisture vapour transfer rate that wicks away drainage to help keep the peri-wound skin dry
- Latex free



ANDOFLEX TLC CALAMINE — LAYER 2

Latex-free short-stretch compression bandage

- Visual indicators to guide restorative compression application
- Easy to apply
- Hand-tearable
 - No need for scissors
- Low profile
 - Ability to wear normal footwear
- Non-slip
- Latex-free





ORDERING DETAILS

Product	Product code	NHS code	DT Price
AndoFlex TLC Calamine 10cm	ASP-8840UBC-SC	ECA583	£9.56
AndoFlex TLC Calamine 7.6cm	ASP-8830UBC-SC	ECA580	£8.45
AndoFlex TLC Calamine Lite 10cm	ASP-8840UBC-TN	ECA582	£9.56
AndoFlex TLC Calamine Lite 7.6cm	ASP-8830UBC-TN	ECA581	£8.45



CALL FOR ACTION

If you are interested in conducting product evaluations or wish to learn more about **AndoFlex TLC Calamine**, please contact H&R Healthcare on: Email: marketing@hrhealthcare.co.uk Tel: 01482 631606 www.hrhealthcare.co.uk



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