

CADTH Reference List

# Compression Garments for People With Venous Leg Ulcers

December 2021

**Authors:** Elijah Herington, Melissa Walter

**Cite As:** *Compression Garments for People With Venous Leg Ulcers*. (CADTH reference list). Ottawa: CADTH; 2021 Dec.

**Disclaimer:** The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up to date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

**About CADTH:** CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

**Funding:** CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to [requests@cadth.ca](mailto:requests@cadth.ca)

## Key Messages

- Two primary qualitative studies explored the perspectives and experiences of people engaged with compression garments as part of their maintenance therapy to prevent venous leg ulcer recurrence.
- Three primary qualitative studies explored the perspectives and experiences of people engaged with compression garments as part of the processes of treating venous leg ulcers.
- No mixed-methods studies exploring the use of compression garments as either part of maintenance therapy to prevent venous leg ulcer recurrence or as part of the process of treating venous leg ulcers were reviewed.

## Research Questions

1. What literature is available that explores how people — or their formal and informal caregivers — engage with and experience the use of compression garments as part of their maintenance therapy to prevent wound recurrence?
2. What literature is available that explores how people with a venous leg ulcer, or their formal and informal caregivers, engage with and experience the process of treating venous leg ulcers with compression garments (as a non-surgical intervention)?

## Methods

### Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE via OVID, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) via EBSCOhost, and Scopus. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were compression garments and venous leg ulcers. CADTH-developed search filters were applied to limit retrieval to qualitative studies. The search was limited to English-language documents published between January 1, 2011 and November 29, 2021. Internet links were provided, where available.

### Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed.

**Table 1: Selection Criteria**

Criteria	Description
<b>Sample</b>	<p>Question 1: People 18 years or older living with a venous leg ulcer that has been closed through treatment; people involved in caring for those living with venous leg ulcers (e.g., health care providers, family, friends)</p> <p>Question 2: People aged 18 years or older living with a venous leg ulcer; people involved in caring for those with venous leg ulcers (e.g., health care providers, family, friends)</p>
<b>Phenomena of interest</b>	<p>Question 1: Use of compression garments (i.e., compression stockings, compression tubing, or loop/fastener compression systems) for the prevention of recurrent venous leg ulcers</p> <p>Process of applying compression garments and associated challenges</p> <p>Question 2: Process of identifying and seeking treatment for venous leg ulcers</p> <p>Process of undergoing non-surgical treatment for venous leg ulcers</p>
<b>Design</b>	Any qualitative design
<b>Evaluation</b>	Experiences, perspectives, or understandings of any of the processes listed under the “phenomena of interest” for either question
<b>Research type</b>	Primary qualitative studies, qualitative components of primary mixed-methods studies (excluding surveys)

## Results

Qualitative Rapid Response reports are organized by types of study designs – primary qualitative studies and primary mixed-methods studies.

Two primary qualitative studies<sup>1,2</sup> explored the perspectives and experiences of people engaged with compression garments as part of their maintenance therapy to prevent venous leg ulcer recurrence. While neither of these studies take experiences with compression garments as the aim of their inquiry, the description of findings noted in both abstracts indicate that experiences with compression garments are a primary component of the study. For this reason, we have included both, as they seem likely to speak to research question 1. Three primary qualitative studies<sup>3-5</sup> explored the perspectives and experiences of people engaged with compression garments as part of the processes of treating venous leg ulcers. No mixed-methods studies were found exploring the use of compression garments as either part of maintenance therapy to prevent venous leg ulcer recurrence or as part of the process of treating venous leg ulcers.

Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

## References

### Primary Qualitative Studies – Question 1

1. Probst S, Sechaud L, Bobbink P, Skinner MB, Weller CD. The lived experience of recurrence prevention in patients with venous leg ulcers: An interpretative phenomenological study. *J Tissue Viability*. 2020 Aug;29(3):176-179. [PubMed](#)
2. Stewart A, Edwards H, Finlayson K. Reflection on the cause and avoidance of recurrent venous leg ulcers: An interpretive descriptive approach. *J Clin Nurs*. 2018 Mar;27(5-6):e931-e939. [PubMed](#)

### Primary Qualitative Studies – Question 2

3. Weller CD, Richards C, Turnour L, Team V. Patient explanation of adherence and non-adherence to venous leg ulcer treatment: a qualitative study. *Front Pharmacol*. 2021;12:663570. [PubMed](#)
4. Weller CD, Richards C, Turnour L, Team V. Venous leg ulcer management in Australian primary care: Patient and clinician perspectives. *Int J Nurs Stud*. 2021 Jan;113:103774. [PubMed](#)
5. da Silva MH, Pinto de Jesus MC, Moura de Oliveira D, Barbosa Merighi MA. Unna's boot: experience of care of people with venous ulcers. *Rev Bras Enferm*. 2017;70(2):349-356. [PubMed](#)

### Primary Mixed-Methods Studies – Question 1

No references identified

### Primary Mixed-Methods Studies – Question 2

No references identified

## Appendix 1: References of Potential Interest

6. Weller CD, Team V, Probst S, et al. Health literacy in people with venous leg ulcers: a protocol for scoping review. *BMJ Open*. 2021 05 11;11(5):e044604. [PubMed](#)
7. Chitambira F. Patient perspectives: explaining low rates of compliance to compression therapy. *Wound Practice & Research*. 2019;27(4):168-174.
8. Madden M. The ghost of Nora Batty: A qualitative exploration of the impact of footwear, bandaging and hosiery interventions in chronic wound care. *Chronic Illn*. 2015 Sep;11(3):218-229. [PubMed](#)
9. Kapp S, Miller C. The experience of self-management following venous leg ulcer healing. *J Clin Nurs*. 2015 May;24(9-10):1300-1309. [PubMed](#)