

Considerations (continued)

Is the patient able to put on and remove the garment?

- Zips may but do not necessarily assist with independence. Zip placement is important.
- Modifying garment design may assist with donning eg separate glove and armsleeve rather than an All-in-one.
- Remember that the higher the compression of a garment, the more difficult it is to put on (and possibly remove).
- Ensure a patient is able to remove the garment in a timely manner for toileting.
- A Jobskin garment is entirely customisable, so that donning issues can be readily addressed.

Are there design features that can be incorporated into the garment that will assist adherence?

- The choice of contemporary designs mean a patient's pressure garment can look like, for example, sporting wear, or lingerie.
- Colour choice can be a defining factor with adherence, whether it be a preferred colour, a more discrete colour, or a garment that 'flies the flag' for a sports club.
- Or consider contrast seams, or the new dual-tone seaming!
- Add cute or colourful motifs to the garment – engage a child in the process by inviting their choice.
- Where possible, patient input into garment features is helpful.
- As always patient education is essential.



Cardiac Insufficiency: compression reduces *local* blood volume and redistributes blood volume to *central* parts of the body. This may lead to an increased load on the heart and increase cardiac output by 5%. ¹

Arterial insufficiency: An ABPI <0.8 indicates patient should only have compression of <25mmHg applied as this may indicate mixed venous arterial disease. ²

Benefits of Jobskin for burns and scar management

Graduated compression – which can be modified to suit individual patient requirements eg reduced graduation to enable adequate proximal compression

Minimal seaming – seaming can be specifically placed to minimise irritation of scarring

Many options and modifications possible with no sizing restrictions

SilonTEX® available

Fully customised garment – including linings, seam placement, style modification, options to enhance donning and doffing

Many colours & styles to accommodate patient preference and lifestyle, and enhance adherence

No charge levied for first-fit alterations

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Making a good garment great
– prescription guidelines for patients with
burns or scarring



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The success of a custom-made compression garment has two key elements: **excellence in design and fabrication, and in therapist prescription.**



The Jobskin team is comprised of clinical advisors, experienced designers and specialised machinist to ensure clinical efficacy, and design and fabrication excellence. Our clinical advisors and designers are willing to work with you to provide the best custom garment, with the right compression, that your patient needs.

This means a garment that:

- . honours the principle of graduated compression
- . is manufactured to specified ranges of compression
- . fits well
- . is therapeutically effective
- . provides compression where its needed
- . can accommodate varying skin states
- . a patient is willing to comply with

So how do you prescribe the garment that is 'just right'?

Generally, a garment is prescribed based on clinical reasoning and protocol. Burns Units and Surgical Centres around Australia and New Zealand differ in their protocol but the principles behind your clinical reasoning as a therapist remain the same.

To ensure your patient's safety, a basic screening for co-morbidities should be undertaken. Compression is contra-indicated when a patient has either congestive cardiac failure¹ or severe arterial insufficiency (ABPIs <0.5)². Caution should be exercised for patients with poor cardiac function, unstable cardiac conditions, renal failure, severe peripheral neuropathy or with arterial insufficiency (ABPIs 0.5-0.8)².

Once you have determined your patient's fitness for compression, you need to identify what specific needs the patient has that the garment must accommodate.

Considerations

Is oedema present?

- . Postpone measuring if acute oedema is present
- . If oedema is long-term, only measure when volumes are stable

Is the skin fragile or prone to breakdown?

- . Consider adding lining to fragile areas.
- . Consider using an alternative fabric to powernet eg CDA.
- . Review possible design alternatives eg change seam placement, add or move zips, insert gussets.
- . Ensure patient is able to don and doff garments without risk of shearing skin.

Is there an increased risk of a poor outcome?

- . Is the application of silicone products beneficial? – if so,
 - would the scar benefit from SilonTEX® being sewn into the garment?, or
 - does the garment design accommodate silicone gel sheets?
- . Ensure early established wear of garments +/- silicone
- . In areas where compression is likely to be compromised by movement, body shape or scar location, consider additional compression eg sternal strap
- . In concave areas, or areas of reduced compression, consider adding foam padding or SilonTEX® lined-padding.
- . Is the garment easy enough to don and remove for scar management interventions?

How severe is the hypertrophy?

- . Established hypertrophy must be in powernet. Consider linings or alterations if risk of breakdown remains
- . If necessary, modify garment design to ensure adequate compression over target areas
- . Where possible, avoid seam placement over aggressively hypertrophic areas. Be aware that minimising seaming assists with maintaining compression
- . Incorporate SilonTEX® or modify garments for long-term silicone use

Are there lifestyle or environmental factors that will affect the patient's ability or willingness to wear the garment?

- . Is the patient returning to manual work or a harsh working environment? Consider a heavier gram-tension fabric, padding or reinforcement to increase durability.
- . Colour choice may assist at work eg black for hospitality work.
- . Reinforcement on soles/palms improves durability.
- . Consider patient's usual footwear when selecting lower limb garments eg open toe vs closed toe vs thong toe.