

Instructions for Use

VisioCompress2® Lite

2-component compression system with reduced compression pressure

Product description

- VisioCompress2® Lite consists of a white padding bandage and a brown cohesive compression bandage with indicator print. This is a non-sterile medical device for single use only. VisioCompress2® Lite is indicated for long-term treatment in compression therapy that requires reduced compression (for patients with an ABPI – ankle brachial pressure index – of 0.6–0.8). Applying the two bandages in a layered combination forms a compression system that can be worn for up to 7 days, depending on the condition of the wound and the time for which the wound bandage is worn.
- The medical device must be used on intact (uninjured) skin only. Wounds must be treated beforehand with a suitable wound dressing.
- VisioCompress2® Lite can be used by healthcare professionals in both clinical and domestic settings.
- Due to its short-stretch properties, VisioCompress2® Lite has a high working pressure and a low resting pressure (in mobile patients). As a result, oedema can be reduced.
- There is an indicator printed on the outside of both bandages to help with correct application. When the bandage is stretched, the shape of the indicator changes. When the indicator image turns into a square, this indicates that the bandage has the correct stretch to achieve the required compression pressure.

Composition

- The first layer is a white padding bandage made from polyester and elastane with a cohesive coating on one side (manufactured without natural rubber). There is an indicator symbol printed on this bandage (rhombus).
- The second layer is a brown compression bandage made from polypropylene and elastane with a cohesive coating on both sides (manufactured without natural rubber). There is an indicator symbol printed on this bandage (rhombus).

Indications

Chronic venous diseases:

- Therapy of mixed (arterial and venous etiology) leg ulcers
- Prevention and treatment of venous oedema
- Prevention and treatment of venous skin changes
- Eczema and pigmentation
- Lipodermatosclerosis and atrophie blanche
- Treatment of venous leg ulcers
- Prevention of recurrent venous leg ulcers
- Varicose veins
- Initial phase after treatment of varicose veins
- Functional venous insufficiency (associated with obesity, jobs that involve sitting or standing)
- Venous malformations

Thromboembolic venous diseases:

- Superficial venous thrombosis
- Deep arm and leg venous thrombosis
- Post-thrombotic syndrome
- Thrombosis prophylaxis in mobile patients

Oedema:

- Lymphoedema
- Oedema in pregnancy
- Post-traumatic oedema
- Post-operative oedema
- Post-operative reperfusion oedema

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- Idiopathic cyclic oedema
- Lipoedema from stage II
- Congestive states as a result of immobility (arthrogenic congestive syndrome, paresis and partial paresis of the extremities)
- Drug-induced oedema if not possible to switch

Other indications:

- Obesity with functional venous insufficiency
- Inflammatory dermatosis of the legs
- Congestive conditions in pregnancy

Contraindications

- Advanced peripheral arterial occlusive disease (if one of the following parameters applies: ABPI < 0.6, ankle blood pressure < 60 mmHg, toe blood pressure < 30 mmHg or TcPO₂ < 20 mmHg instep).
- Decompensated heart failure (NYHA III + IV)
- Septic phlebitis
- Ankle brachial pressure index (ABPI) > 1.3 and < 0.6
- Ankle circumference < 18 cm and > 32 cm
- Phlegmasia coerulea dolens

Relative contraindications

- Severe exuding dermatosis
- Intolerance to compression material
- Severe sensory disturbances of the extremity
- Advanced peripheral neuropathy (e.g. associated with diabetes mellitus)
- Primary chronic polyarthritis

Method of application (recommended) or according to doctor's instructions

- Before use, please measure the circumference of the patient's ankle (VisioCompress2® Lite is indicated for an ankle circumference of 18–32 cm).
- Make sure that the patient's foot remains at a 90° angle to the lower leg while applying the compression dressing.
- **White padding bandage:** Start by applying the white padding bandage to the metatarsophalangeal joint. After two laps for fixation, guide the bandage over the instep and include the heel in figure-of-eight laps. Do not stretch the padding bandage while applying it to the foot and do not use the printed indicator as a guide.
- Wrap the white padding bandage in a spiral around the leg above the ankle with an overlap of 50%. For optimal pressure, stretch the bandage until the printed indicator shows a regular shaped square with all sides of equal length (see illustration). Tear off excess bandage material around 2 cm below the head of the fibula. Additional fixation is not required, but plaster strips can be used if necessary.
- **Brown cohesive compression bandage:** Apply the brown cohesive compression bandage to the foot in the same way as the padding bandage. Do not stretch the brown compression bandage while applying it to the **foot** and do **not** use the printed indicator as a guide.
- Wrap the brown compression bandage in a spiral around the leg **above the ankle** with an overlap of the layers of 50%. For optimal pressure, stretch the bandage until the printed **indicator** shows a regular shaped square with all sides of equal length (see illustration).

**Illustration:**

Final shape of the indicator for white padding bandage and brown cohesive compression bandage

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- Tear off excess bandage material about 2 cm below the head of the fibula and carefully press the bandage down over the entire leg. This will ensure optimal adhesion. Additional fixing is not required, but plaster strips can be used if necessary.
- It may be necessary to adjust the application technique to suit the anatomical or pathophysiological characteristics of the patient.
- The application technique may also need to be adjusted according to the medical prescription.

Additional information

- Before starting the therapy with VisioCompress2® Lite, a Doppler examination should be performed to determine the ABPI.
- Before applying VisioCompress2® Lite, the wound must be cleaned and covered with a suitable wound dressing.
- When applying VisioCompress2® Lite, make sure that the bandages are evenly stretched and are kept parallel in order to achieve even distribution of pressure and to avoid constriction.
- After application, check that there is good circulation in the toes to ensure that the dressing pressure is not too high. If pain or complications, such as persistent discolouration (blue or white toes), occur during treatment with VisioCompress2® Lite, the bandage must be removed immediately and the treating doctor must be informed.
- Dressings may lead to skin dryness and itching.
- During treatment with VisioCompress2® Lite, the patient should be encouraged to move in order to support the therapeutic effect.
- Both bandages can be torn by hand.
- The dressing can be removed by unwinding the two bandages or by cutting them with bandage scissors.
- It is hazardous to re-use a medical device that is intended for single use. Recycling medical devices to re-use them can have a seriously negative impact on their properties and performance.

Please note: If, during the use of this product, you have any reason to assume that a serious event has occurred, please report the event to the manufacturer and your national regulatory authority.

Medical
Device



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