



# Does pain stop you wearing your compression?

Does pain from your venous leg ulcer mean that you find it difficult to wear your compression? This is a common problem and help is available. Read on to find out what you can do to manage your pain and find a compression solution that is comfortable.

Research into patients with venous leg ulcers has shown that pain is a key factor contributing to why people stop wearing their compression in the long-term (Walshe et al, 1995; Chase et al, 1997; Douglas, 2001). It is also a factor that reduces quality of life, in that it stops the person from getting on with everyday life. Pain can result in sleep deprivation and avoidance of simple activities that make it worse, such as standing and walking.

Research has also shown that compression garments must be worn



in the long-term to prevent healed ulcers from coming back, and to also ensure swelling resulting from chronic oedema does not worsen (RCN, 2006; SIGN, 2010). This is because both ulcers and swelling are caused by problems with the underlying veins and lymphatics, and compression helps to manage this problem (this is described in more detail on p.6–10).

Many people understand the importance of wearing their compression, however, if wearing it is too painful, the wearer will, quite rightly, remove the garment and be reluctant to put it on again.

## What causes the pain?

Pain associated with wearing compression may have different causes.

RCN (2006) The nurse management of VLU. RCN, London; SIGN (2010) Management of Chronic Venous Leg Ulcers: A National Clinical Guideline. SIGN, Edinburgh; Chase S (1997) J Vasc Nurs XV(2): 73–8; Douglas V (2001) J Wound Care 10(9): 355–60; Hopkins A (2004) Br J Nurs 13(9): 556–563; Walshe C (1995) Living with a venous leg ulcer: a descriptive study of patients' experiences. J Advanced Nurs 22: 1092–1100





### Poorly applied or fitted compression

Pain may arise as a sign that the compression is ill-fitting; in the case of bandages they may have been applied poorly. Similarly, ill-fitting compression hosiery may be too small or the wrong type. This cause of pain is often usually accompanied by marks on the skin caused by the bandaging or garment, such as red marks from digging in. It is usually alleviated on removing the compression.

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition resulting in even more pain as a result.

with a compromised immune system or a condition that may affect sensation, e.g. diabetes, these signs of infection may not be present.

### Pain from your condition

Pain can also result from the underlying condition that has caused your ulcer, and this is not alleviated by removing compression to a significant degree. This type of pain can vary from person to person.

In studies, pain associated with venous leg ulcers has been described as unrelenting, unpredictable and overwhelming (Walshe et al, 1995; Douglas, 2001; Hopkins, 2004). It can increase when doing things that use the lower limb, such as walking or standing, and so these activities may be avoided to prevent the pain from occurring (Walshe et al, 1995; Chase, 1997).

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition resulting in even more pain as a result.

This pain can be resolved by reapplying compression properly, or getting a new garment that a healthcare professional has advised is suitable for your condition, and that is acceptable to you. Key to this is ensuring you are measured properly and that the correct fabric and type of garment is used for your condition. For example, if you have oedema, you may require a stiffer fabric otherwise the garment may roll and form creases, putting pressure on your skin, resulting in marking and pain.

### A symptom of Infection

A sudden increase in pain, often accompanied by other symptoms such as heat, more wound fluid and redness, plus feeling unwell could be caused by infection, and you should contact your healthcare professional urgently. In some people, however, such as those on immunosuppressant medication or

### So what is the solution?

Evidence suggests that people with ulcers believe that the pain associated with their leg ulcer is something to be endured, since prescribed painkillers often don't help (Walshe et al, 1995; Chase et al, 1997; Douglas, 2001; ). Patients describe





## Pain



wanting to control their pain enough to forget about their ulcer and to get on with normal life. Some patients desire controlling their pain more than healing (Walshe et al, 1995; Hopkins, 2004).

It is important that you don't accept pain as a part of your life, as there are

solutions. Speak to your clinician about resolving your pain and explain that you want to wear your compression, but that pain is preventing you from doing so.

Read the advice below to find out how to approach this with your healthcare professional. 

### **Alison Hopkins MBE, Chief Executive, Accelerate CIC, comments:**



'There are two key reasons why people find it hard to tolerate compression as a result of pain.

The first is because you are indeed in pain. The painkillers you have been given are not working and the need to do something to relieve the pain is very strong. A feeling of claustrophobia kicks in and the hope that removal will bring relief is overwhelming. However, if the pain is arising from underlying disease or other factors such as infection, removal does not bring any long-term relief or change in the degree of pain experienced.

The second reason is that compression may be uncomfortable or digging in, causing rubbing and pain. It may be that bandaging has been applied by a less experienced nurse or that you have not been prescribed the correct hosiery or measured correctly. In these cases, removal does bring some relief, especially from the rubbing.

Whatever the reason for the pain, the result is the same: when you remove your compression, your treatment has now in effect stopped. Talk with your clinician to help unpick your concerns. Your thoughts are so important here. Take yourself through what happened and how you felt. What steps can be taken so that you can get back into this essential treatment?

Can you describe the pain? Could you try a different pain relief?

Could your clinician add extra padding beneath your bandaging to stop rubbing? Can you identify a nurse who applies your bandaging well for you? Could you try a different type of compression garment?

Hopefully these examples show that there are lots of reasons that contribute to pain, but also lots of solutions that can be tried to reduce your pain, so don't give up'.





Andrea, 34, 21 weeks' pregnant  
Wednesday, 5:15 pm:

Shopped till I dropped – and  
my legs still feel light.

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