

How often should I wear my compression stocking?

Each and every day!

There is simply no alternative here if you want to achieve the best therapeutic results.

Your stockings are absolutely indispensable if you stand or sit a lot. When you're travelling, whether by car or plane, the stocking helps to prevent the blood clots that happen even to people with healthy veins when they are travelling.

If you wear your stocking while you do your daily exercises or go for a walk, it promotes the development of muscle, as your muscles have to make an additional effort to overcome the external pressure.

Put your compression stocking on in the morning directly after you have got up and had a shower, as your legs are not yet swollen at this stage.

What is the best way to handle my compression stocking?

Handling compression stockings

At night before going to sleep, your compression stocking should be washed. One reason is that the fabric stretches out and loses pressure after being worn. The other is it collects flakes of skin, sweat, the remains of skin cream, etc. which may damage the threads and cause the fabric to lose its elasticity. You should therefore always make sure that your compression stocking is not machine washable & ensure that it is as easy to maintain.

Basically, more often you wash your stocking, the longer its elasticity is preserved. It is essential that you use high quality detergents for machine or hand washing.

Under no circumstances should you dry your compression stocking in the sun or on a radiator.

How do I put on and take off my stocking?

Putting on

Before putting on your compression stockings, it is best to take off your watch and jewellery and wear rubber gloves to avoid damage to the fabric. The rubber gloves help to grip the fabric and make it much easier to hold and put on the stocking.

When putting on the stocking, avoid overstretching it by pulling it too hard, as it will then not fit your leg properly. As a consequence, the pressure distribution will not be correct and the stocking will slip down like a rubber band and gather around the back of your knee. This can lead to constriction.

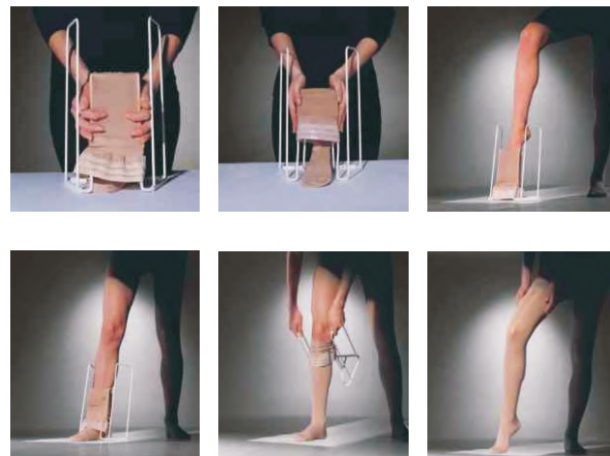


Putting on with the medi Butler – as easy as ABC

The medi-Butler is a patent fitting aid for less mobile patients. It is also used by patients who find it a more convenient way of putting on their stocking. It stretches the fabric for you, making it much easier to insert your foot. You then pull on the handles gently to bring the stocking up to the knee. The rest isn't so difficult, even for less mobile patients. The medi Butler is available in various designs.



Simply put on compression stockings



Taking off

Physically active patients can remove the compression stocking by simply pulling it down and off the foot (on no account should it be rolled down).

What are the problems encountered while wearing compression stocking?

Perspiration

Solution

For additional comfort and freshness, mediven® supply cooling care products. The gel is applied in the morning before putting on the stocking and gives lasting freshness. There is also a handy spray that can be used from time to time, which soothes and cools the skin. The home remedy of spraying with water does cool the skin in the short term, but also tends to dry the skin in long run.

Constriction

Solution

Practice putting on your compression stocking with trained assistance. A stocking that has been overstretched slips down and will constrict your leg. If this is not the reason, your measurements must be checked again at your medical suppliers.

Dry Skin

Solution

This is a common problem, since venous diseases are already accompanied by a poor supply of blood to the uppermost layers of skin. Special care products are available that have been specifically designed for compression therapy, such as those offered by mediven®.

Feeling of tightness

Solution

Compression therapy must exert pressure on the leg. Since the ankle is furthest from the heart, the pressure must be greatest here. You will get used to this feeling after a short while. Venous diseases are usually accompanied by pain and a tendency for the legs to swell. Almost all patients find that the pressure of the stocking on their legs provides considerable relief and prefer this to their previously tired and painful legs. Don't forget that the stocking keeps your leg fit and your blood in motion.

Difficulty putting on

Solution

You can now obtain practical aids for putting on compression stockings. The medi Butler® offers you a good selection.

The simplest aid is a pair of rubber gloves, which make it easier to put on the compression stockings because they adhere to the fabric and protect the stocking against damage from fingernails and jewellery.

SISSEL® Fun & Active Band

Movement is life

Tired, heavy legs and, often at a young age, varicose veins. These are the results of too little exercise and long periods of standing and sitting.

All venous leg disorders are based on disturbed venous return from the legs to the heart. Sissel Fun & Active band actively supplements compression therapy; the ideal way of promoting venous return. Regular use of the Sissel Bands quickly and reliably activates the muscle pumps in the soles of the feet, ankles, calves knees and thighs. The result: a demonstrable acceleration of venous return right up to the pelvis - which forms the basis of prevention and treatment of venous leg disorders. Post-thrombotic stiffness of the ankle joint is corrected carefully and virtually pain free.

Sissel Fun & Active Band can be used especially for...

- ... chronic venous insufficiency and its consequences,
- ... exercise therapy,
- ... immobilised patients.

Move to make your symptoms disappear.

SISSEL® Fun & Active Band is a simple, practical exercise aid (e.g. comfortably in the evening on the couch or simply during a break).

Below, we have shown you 10 exercises as the foundation for your own personal "leg fitness programme". For more exercising tips please ask your trainer or doctor.



Available at:

PATIENT INFORMATION MANUAL

What function do the veins fulfil in the blood circulation

Arteries and veins

All the cells in the body have to be supplied with the necessary nutrients and oxygen. This is done via the arteries, which constantly distribute "fresh" blood around the body. The Heart pumps the blood into the arteries at high pressure for the vessels to be able to withstand this high pressure they have a strong musculature. The exchange of the nutrients takes place in the very fine vessels called capillaries.

The veins transport the used blood back to the heart and to the organs which clean it and sends to the lungs which replenish it with oxygen. The walls of the veins are thinner than those of the arteries and the muscular layer is less pronounced, because the veins do not have to withstand as much pressure as the arteries.

Once it gets to the smallest capillaries, the pressure is largely dissipated. Now for the blood to be transported back from the legs against gravity, the heart is no longer sufficient as a suction pump. Nature has equipped humans with various different mechanisms to help the blood overcome the distance in height of around 1.5 metres from the feet back up to the heart.

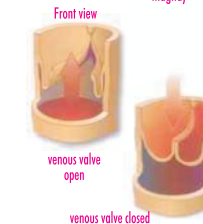
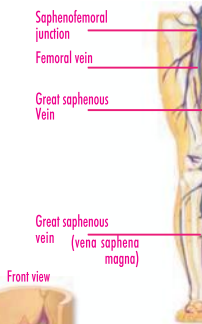
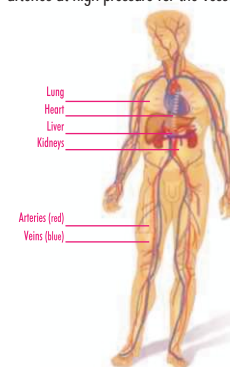
Apart from the transport function of the used blood, the veins also have a storage and temperature regulation function. When it is hot, the veins expand, thus taking up more blood so that it can be cooled on the surface of the skin.

The venous system

The veins run through the surface of our legs and collect blood from the layers of skin. This part is called the superficial venous system. From this system, the collected blood flows through connecting veins into the deep venous system, which is surrounded by muscles inside the leg. The deep venous system transports the blood back to the heart by the means of muscle-pumping action.

Venous valves

The venous valves prevent the blood from flowing down again. They act like non-return valves which only allow the blood to flow in one direction, namely in the direction of the heart. They look like small sails that are anchored around the vein wall and meet in the middle of the vein. If the blood flows upwards as a result of pressure from muscle pumping, the valves open. If the blood tries to flow back again due to the force of gravity, they close.



Sole Importers & Distributors in INDIA
PUSHANJALI medi India Pvt. Ltd. 16, Ganesh Chandra Avenue, Kolkata-700 013
☎: +91-33-4040 1300, 2236 0368, ☎: +91- 33-2221 7335, 📠: 91633 60368
🌐: www.pushpanjaligroup.com, ✉: pushpanjali@vsnl.com, 📺: pushpanjali medi india
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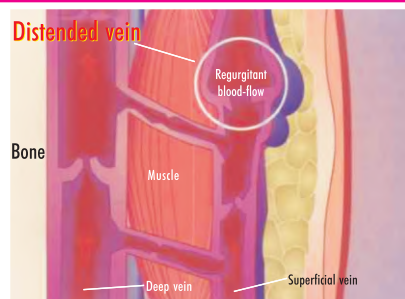
Why do veins get tired?

As a result of their upright stance and a lifestyle with too little exercise, human beings are the only life forms that suffer from the widespread problem of diseased veins.

Lack of exercise and too much standing or sitting puts considerable pressure on the venous system for many hours of the day. The muscle-pumping action no longer adequately supports the return of the blood. A genetic predisposition and increasing age or contributory hormonal factors as well as multiple pregnancies provide further unfavourable conditions.

The veins become increasingly distended. Due to their increased diameter, the valves can no longer close. The blood flows backwards and the superficial veins, which are not held in place by muscles or bone, become distended and appear as snaking varicose veins.

What are varicose veins? The word varicose is a medical term used to describe unnaturally and permanently distended veins. These veins will never regain their natural elasticity, which makes them unable to transport the blood properly.



What promotes the formation of varicose veins?

The three main contributory factors involved in the development of varicose veins are as follows:

Anything that impedes the upward flow of blood from the legs:

- Tight Clothing
- Pregnancy
- Sports involving stomach pressure and heavy lifting.
- Chronic coughing or constipation (straining causes strong backward pressure in the leg veins)
- Prolonged sitting or crossing of the legs
- Obesity

Anything that relaxes the wall of the veins:

- Hormones (the pill, menopausal hormones, pregnancy)
- Alcohol
- Heat

Anything that impedes or eliminates the muscle-pumping action :

- Standing or sitting for prolonged periods
- High heels
- Paralysis

Family history :

The probability of predisposition to vein diseases is high. Thus it is advisable to pay special attention to whether further members of the family are affected. A simple vein test can give information about this.

What are the first signs of venous disease?

Tired legs, swollen ankles, tingling and itching, or stabbing pain in the legs may be the first signs of varicose veins developing, before anything else is seen.

Because the blood is no longer flowing back to the heart quickly enough, water from the veins escapes into the surrounding tissue. Swelling occurs, especially around the ankles. If you notice such swelling every evening, regardless of what you were doing during the day, it is very likely that your veins are already damaged. If you can see swelling on the surface of your skin, you already have superficial varicose veins.

What type of vein diseases are there?

Spider-veins

These are very fine blood vessels visible as a spidery pattern just under the surface of the skin. They are a few millimetres or centimetres in length and arranged in a fan pattern. Spider-veins rarely cause complaints and are mostly only a cosmetic nuisance. However, they can be a warning signal of varicose veins below.

Varicose veins (= varices)

If the vein wall becomes soft and distended, the venous valves can no longer close properly and the blood stagnates. The veins give way even further. With time, this leads to the network of meandering blood vessels. Without the proper therapy, the varicose veins spread persistently. Some of the possible consequences are described here.

Inflammation of the veins (Phlebitis)

The signs of inflamed veins are **marked reddening, swelling, burning sensation and severe pain** along the course of the vein.

Thrombosis

If the return flow of blood to the heart is impaired, there is a high risk of blood clots (thrombi) forming on the vessel walls. These clots block the vein and thus prevent the return flow of blood. Further damage to the venous system is incurred. **The first signs are swelling of the lower leg, which may be accompanied by burning sensation, pain and a feeling of heaviness.** Treatment by a doctor is imperative, as it can lead to a clot entering the lungs which can be a life threatening pulmonary embolism.

Open leg ulcer (leg ulcer)

Because the oxygen-deficient blood in the veins is not transported away, the exchange of nutrients and waste products is impaired. This leads to cells being seriously damaged and tissue dying off. Chronic wounds can be the result. Healing these type of chronic wounds is linked to addressing the cause of the condition namely distended varicose veins.



What is the proper therapy for your veins?

Compression stockings, supportive medication and a healthy lifestyle for your veins

Venous diseases cannot be cured. Unfortunately, defective venous valves and distended veins cannot return to their original condition. The two options available are invasive treatment, in which the defective veins are sclerosed or surgically removed, and conservative therapy/compression therapy of Vein

Compression therapy

Conservative therapy aims at improving the condition by means of compression, exercise therapy and medication. Compression therapy is the basis for this. In some cases, compression bandages are necessary to begin with, in order to reduce the swelling of the leg. Both compression bandages and compression stockings reduce the diameter of the veins, so that the venous valves can close again, thus preventing the blood from flowing in the wrong direction - namely away from the heart. For this type of therapy, from the very beginning for most patients, modern medical compression stockings may be used to compress the tissues.

Medical compression stockings prevent new varicose veins from forming and keep existing venous disease under control. **If venous disease is left untreated, it may become progressively worse and become chronic.** This is why it is particularly important to prevent deterioration of complications consistently by wearing your compression stockings.



Complex compression therapy

Additional, valuable support for your veins can be provided by the right combination of measures. The compression stocking has a "mechanically" constrictive effect. Substances such as horse chestnut extract have an internal sealing effect on the vein wall.

mediven® skin care products

Contain horse chestnut extract and have been specially designed for those who wear compression stockings. The mediven® gel provides a cooling under the compression stocking during the day. In the evening, the mediven cream gives the tired skin the necessary nutrients and skincare it needs for the next day. [For optimum care 24 hours a day, mediven cream form has been developed specially for dry, scaly skin.]



Medication

It is said, there is no all pharmaceutical care that cures varicose veins. However, medication can be used as a sensible supplement to therapy.

There are vein tonics, i.e. medication that activates the muscles in the vein wall and is aimed at accelerating return of blood flow by increasing the elastic force of the vein. Oedema protective agents are designed to make the vein wall less permeable and thus prevent an increased collection of fluid in the tissue.

Both medications can support therapy with compression stockings and noticeably reduce the feeling of tension and heaviness in the legs, the most important and best known active substance is horse chestnut extract (aescin).

Mediven, care duo - all-round care for your vein therapy

Operation, sclerosis and laser

Your doctor will decide which treatment is necessary. Very small spider-veins can be treated by laser. The laser heats the blood in the small superficial veins and obliterates them.

Sclerosis involves a substance being injected into the diseased vein with a very thin needle. This leads to inflammation and permanent closure of the diseased veins.

Larger varicose veins are removed surgically. Today, the surgical methods have been perfected to the degree that the operation leaves virtually no visible scars and all healthy veins remain intact.



Exercise therapy

The single most important thing that ensures the success of therapy is sufficient exercise. All exercises and sports (walking, swimming, gymnastics, cycling, cross-country skilling and dancing) that keep the joints mobile and the leg muscles active are suitable here. Heavy lifting and jumping are prohibited.

Special exercises have been designed for vein patients. Vein exercise routines should be performed for at least 10 minutes, twice a day, to achieve visible success. Ask your Therapist for instructions and aids, such as vein exercisers. This gymnastic band makes it possible to do simple exercise especially to support the leg muscles.



How do compression stockings work?

It is easy to explain how a compression stocking works. The pressure of the stocking constricts the diameter of the vein. The venous valves can close again, thus reducing the amount of blood flowing back down into the legs.

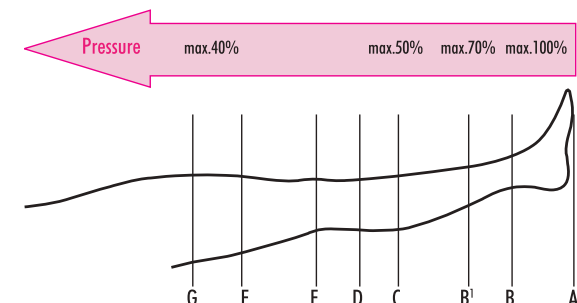
The smaller diameter of the veins means that the blood flows more quickly again, which prevents the formation of blood clots or thrombi. The medically prescribed drop in pressure from the foot up to the thigh accelerates the flow of blood back to the heart. When the leg is moving, the stocking forms an

external barrier for the muscles, which makes way for a more effective muscle-pumping action.

Without compression stocking With compression stocking



Wearing a compression stocking is generally not unpleasant, as is usually suggested. If you wear a correctly fitted stocking, it immediately has a noticeable relieving effect and is a real treat for your legs.



Which compression stocking is the right one for me?

There is a simple rule of thumb for selecting the right stocking. The more severely the damage to the venous system has progressed and the softer the leg tissue, the thicker and firmer the stocking must be.

Compression classes

The severity of a venous disease determines the pressure required. There are four recognised pressure classes :

CC	Description	Pressure	Application
1.	Mild compression	18-21 mmHg	Prevention in the case of tired, heavy legs, caused by prolonged standing and during pregnancy
2.	Moderate Compression	23-32 mmHg	Pronounced varicose vein, swollen legs, after vein inflammation, venous surgery and pregnancy
3.	Strong Compression	34-46 mmHg	After deep vein thrombosis, constant leg swelling, after a leg ulcer
4.	Extra-strong compression	49 mmHg and above	Very pronounced swellings, lymphoedema

What do I need to know about compression therapy?

When should compression stockings not be worn?

If you have circulatory problems affecting the leg arteries or heart problems that are difficult to treat, you should consult your G.P. Caution is also necessary if you have loss of sensation due to diabetes.

What is the difference between compression stockings and the antiembolism stockings you wear in hospital?

Compression stockings have a defined pressure course from the heel to the thigh. [This is the main difference from support stockings that are not subject to a standard.] This means that only the compression stocking is medically effective.

Support stockings can be worn for prevention, but they do not provide the pressure of a compression stocking.

The "white stockings" in hospital are always used when a patient is confined to bed for prolonged periods. They are called anti-thrombosis stockings because they prevent blood clots from occurring when patients are lying in bed. They are meant exclusively for resting legs and do not fulfil their purpose in mobile patients.