Moisturising leg ulcer care for 7 days

The management of chronic skin conditions such as eczema usually involves daily application of emollient creams and topical steroids, as appropriate. Whereas the most clinically cost-effective way to manage venous leg ulceration consists of a weekly compression bandaging regime. This can cause a problem when other conditions are present.

One possible solution is the use of a paste bandage combined with compression therapy, enabling cost-effective care to both hydrate chronic eczema and treat the venous leg ulceration for 7 days, without the need to change the dressings.
Smith & Nephew offers two zinc oxide paste bandage products, that can be used in conjunction with graduated compression bandaging systems such as PROFORE® or PROGUIDE® or short-stretch bandages, to offer a clinically cost-effective solution for chronic eczema and dermatitis associated with leg ulceration.

In addition to the bandages hydrating, emollient properties, their zinc oxide content can topically supply zinc², to the wound and surrounding skin. This may stimulate wound healing by²:

- Enhancing re-epithelialisation
- Decreasing inflammation
- Decreasing bacterial growth

Smith & Nephew’s paste bandage range can be used on children, adults and the elderly.

**VISCOPASTE® PB7**

Zinc paste bandage BP

- Provided significantly improved healing rate compared to zinc oxide impregnated stockingette when used under compression³
- Designed for wet and dry ulcers that are surrounded by areas of sensitive skin
- Designed to relieve irritation and soothe surrounding skin
- Does not dry out allowing easy trauma free dressing application and change⁴

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**ICHTHOPASTE®**

Zinc paste and ichthammol bandage BP

- Contains Ichthammol to relieve irritation and soothe the surrounding skin
- Designed for the wet ulcer that is surrounded by an area of sensitive skin
- Does not dry out allowing easy trauma free dressing application and change⁴

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**Paste Bandage application**

**Step 1**
Choose the appropriate paste bandage, clean the skin and apply a primary dressing if required. With the foot at 90 degrees to the leg, commence bandaging at the side of the foot.

**Step 2**
Apply loosely starting at the base of the toes using extra turns to cover the heel and ankle.

**Step 3**
Extra tucks or folds can be incorporated to protect the ulcer and any bony prominences, i.e. malleoli, tibial crest, etc.

**Step 4**
Proceed to just below the knee, overlapping each turn by 50% to ensure complete coverage of the leg. Once applied, gently smooth over before applying an appropriate compression bandage.

**Step 5**
To remove, a paste bandage can be simply unrolled from the limb.

**References**

2. Årgen M.S. Studies on Zinc in Wound Healing (Linkoping University Medical Dissertation No. 320, 1990)