Vekroosan
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ARTICLES

DVT STOCKING

VS

COMPESSION DEVICE

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Welcome to the Vekroosan Resources Page, where you will find everything you need to know about the Vekroosan products.

DVT STOCKING vs COMPESSION DEVICE STUDY

1. Patient registration to the study and consent performed prior to hospitalisation and liaised with Neuro surgeons.
2. Copy of consent sent to Admissions and copy sent to Coordinator and Ward nursing staff
3. Patient admitted as per usual to the pre-Admission Clinic and to Theatre
4. Patient is transferred to the Ward and uses the usual calf compression initially whilst bed-rested. Use any post op anticoagulation therapy as per the surgeons' protocol. At this point in time, check for randomisation and a list sent to Trial coordinator and the Ward and made available on a weekly basis by either Trial Co-ordinator so that the Nursing Staff would know which patient was on to use TED stockings and which one requires calf compression device to be worn by the patient.
5. Patient uses the device for a minimal of four to six hours during the daytime, including when mobilising, but should not use in the shower. It can be used at night time. The device can be used on both legs, but preferably just the affected leg. In case of any open wound, or any skin ulceration, or any active clot formation, including thrombo-phlebitis, then the device should not be used and should be reviewed by the Medical Staff or the clinician involved in patient's management prior to continuation of the use of the device. The device is set by the manufacturer at a pressure which can be changed if required, as per patients' requirement and comfort. Please do not change the settings unless you know how to do so. Trail coordinators can assist you in this regard.

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6. In case of neuro surgeons preferring the use of the calf compression bedbound device during the night time, it is quite reasonable to continue that procedure, but the mobile calf compression (Vekroosan) to be utilised during the daytime, including whilst mobilising with the physiotherapist.

7. Patient to record the list of questions given to the patient and also Nursing Staff to record if there are any concerns, or the ease of utilisation of the device vs the time taken to put the stockings on, including multiple times during the day as stockings may need to be put on, or taken off on a couple of occasions during the day.

8. Patient discharged to the usual place of either home, or Rehabilitation Centre. The Patient does not take the device with them unless they feel the clinical benefit and if it is requested, it will be made available through the manufacturer. The Patient and the Trial Co-Ordinator will organise it appropriately at the time of discharge.

9. A review of the data at monthly intervals and feedback given to Trial coordinator and the Ward Staff and Neuro Surgeons if there are any concerns. If there are any major problems with the study it will be terminated. This decision will be made by the trial investigators only.

10. The return of the devices via the Trial Co-ordinator on a weekly basis and a nominated box has been kept in the Nurses' station, or in Gill's office for security reasons. If there are any issues with the device eg not working, please contact trail coordinator or William Alexander.

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