

References for Pneumatic Compression Therapy

Chronic Venous Insufficiency and Venous Stasis Ulcers

Quotes from the literature:

“During a single occasion of intermittent compression treatment, skin transcutaneous oxygen tension was found to increase approximately 80%.”

Transcutaneous oxygen tension in patients with post-thrombotic leg ulcers: treatment with intermittent pneumatic compression. Kolari PJ, Pekanmäki K, Pohjola RT. Cardiovasc Res. 1988 Feb; 22(2):138-41.

“Although healing of the ulcer is an important endpoint, preventing recurrence, or ideally, preventing the ulcer from occurring in the first place, should be viewed as optimal treatment. Proper (sustained) compression is important for the healing of ulcers and preventing their recurrence. Although compliance with ipc protocols has not been an endpoint in previous studies, data suggest that patients may prefer ipc to sustained, graduated compression.”

Intermittent pneumatic compression: physiologic and clinical basis to improve management of venous leg ulcers. Comerota AJ. J Vasc Surg. 2011 Apr; 53(4):1121-9.

Other references:

The case for intermittent pneumatic compression. Comerota AJ. Journal of Lymphoedema, 2009;4(2), 57-64.

Dose-response of compression therapy for chronic venous edema--higher pressures are associated with greater volume reduction: two randomized clinical studies. Vanscheidt W1, Ukat A, Partsch H. J Vasc Surg. 2009 Feb;49(2):395-402.

Intermittent pneumatic compression in immobile patients. Partsch H. Int Wound J. 2008 Jun;5(3):389-97.

JAMA DERMATOLOGY PATIENT PAGE. Venous Ulcers. McCulloch J. JAMA Dermatol. 2015 Sep;151(9):1044. doi: 10.1001/jamadermatol.2015.58

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Intermittent pneumatic compression improves venous ulcer healing. McCulloch JM, Marler KC, Neal MB, Phifer TJ. Adv Wound Care. 1994 Jul;7(4):22-4, 26.

Guidelines for the treatment of venous ulcers. Robson MC et al. Wound Rep Reg (2006) 14 649–662.

