Making a good scar management garment GREAT.

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Supporting healthcare professionals
The success of a custom-made compression garment has two key elements: **excellence in design and fabrication and therapist prescription**

The Jobskin team is comprised of experienced designers, clinical advisors and specialised machinists to ensure design and fabrication excellence. Our clinical advisors and designers are very willing to work with you to provide the best custom garment, with the right compression, that your patient needs.

**This means a garment that:**
- honours the principles of graduated compression
- is manufactured to specified levels of compression
- fits well
- is therapeutically effective
- provides compression where it is needed
- can accommodate varying skin states
- a patient is willing to live in and so is willing to comply with.

So how do you prescribe the garment that is ‘just right’?

Generally, a garment is prescribed based on clinical reasoning and protocol. Burns Units around Australia and New Zealand differ in their protocol but the principles behind your clinical reasoning as a therapist remain the same.

To ensure your patient’s safety, a basic screening for co-morbidities should be conducted. Compression is contra-indicated where a patient has either severe arterial insufficiency (ABIs <0.5) (²) or congestive cardiac failure (¹), and caution should be exercised for patients with poor cardiac function or unstable cardiac conditions, renal failure with severe peripheral neuropathy or with arterial insufficiency (ABIs 0.5 – 0.8) (³).

Once you have determined your patient’s fitness for compression, you need to identify what specific needs the patient has that the garment must accommodate.
## Considerations

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| Is oedema present?                                                      | • Postpone measuring if acute oedema is present.  
  • If oedema is long-term, only measure when volumes are stable.                                                                                     |
| Is the skin fragile or prone to breakdown?                             | • Consider adding lining over fragile areas.  
  • Consider using an alternative fabric to powernet eg CDA.  
  • Review possible design alternatives - seam placement, add or move zips, insert gussets.  
  • Ensure patient is able to get garment on and off without risk of shearing skin.                                                                      |
| Is there an increased risk of a poor outcome?                          | • Adjust measurements to allow silicone products to be worn under garment.  
  • Ensure early established wear of garments +/- silicone.  
  • In areas where compression is likely to be compromised by movement, body shape, scar location, consider additional compression eg sternal strap over sternum. |
| How severe is the hypertrophy?                                         | • Established hypertrophy must be in powenet. Consider linings or alterations if risk of breakdown remains.  
  • If necessary, modify garment to ensure adequate compression over target areas.  
  • Where possible, avoid seam placement directly over aggressive hypertrophic areas. Be aware that minimising seaming assists with maintaining compression.  
  • Modify garment measures for long term accommodation of silicone products under garments.                                                                 |
| Are there lifestyle or environmental factors that will affect the patient’s ability or willingness to wear the garment? | • Is the patient returning to manual work or a harsh working environment? Consider heavier gram tension fabric, reinforcement or padding to increase durability.  
  • Colour choice may assist with return to work eg black in hospitality.  
  • Powernet or leather reinforcement on soles or palms may improve durability.  
  • Consider patient’s usual footwear when selecting lower limb garments – closed toe vs open toe vs thong toe.                                              |
| Is the patient able to put on and remove the garment?                  | • Zips may but do not necessarily assist with independence. Zip placement is important.  
  • Modifying garment design may assist donning eg separate glove and arm sleeve rather than all-in-one.  
  • Remember that the higher the compression on a garment, the more difficult it is to put on (and possibly to remove).  
  • Ensure a patient is able to remove a garment in a timely manner for hygiene.                                                                 |
| Are there design features that can be incorporated into the garment that will assist compliance? | • Colour choice can be a defining factor with compliance, whether it be a preferred colour, a more discrete colour, or a garment that flies the flag for a sports club.  
  • Add cute or colourful motifs to the garment - engage a child in the process by inviting their choice.  
  • Where possible, patient input into garment features is helpful.                                                                                     |

**Cardiac insufficiency:** Compression reduces local blood volume and redistributes blood volume to central parts of the body. This may lead to an increase in the load on the heart and increase cardiac output by 5%.

**Arterial insufficiency:** ABPI < 0.8 indicates patient unsuitable for high compression and may indicate arterial disease. ABPI of 0.5 – 0.8 should only use low compression of <25mmHg as this may indicate mixed venous arterial disease.
References: