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COMPRESSION THERAPY "DOUBLE FOCAL COMPRESSION BANDAGING" IN PATIENT WITH CARDIAC FAILURE

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Introduction: Cardiac failure is usually listed as a contraindication for compression therapy, due to the increase in preload caused by the displacement of blood volume to the heart. Compression is an everyday regimen to treat venous leg ulcers, especially frequently performed in elderly and multimorbidity patients. A potential influence of compression therapy on the cardiac function has rarely been studied. Can we use it, with patients with a grade I, II, III heart failure?

Aim: Author is using compression therapy for years, for healing patients with vascular ulcers (legs). Some of them with heart disease and one of his fears were that the compression could worsen their symptoms. For this reason they were subjected to special follow-up in order to detect signs and symptoms of cardiac decompensation. However, he has observed that they improved in regarding cardiac function and quality of life.

Methods: The double focal compression bandage is a compressive therapy modality, which consists of focusing the pressure on the wound bed to generate pressure gradients, which facilitate the revascularization in this area, evidenced by an increase in the granulation tissue, which leads to the healing of the ulcer.

Results: More than 150 patients were treated with this technique, with a positive result. The photographic sequence of the clinical course of the ulcer is shown until it is healing. We present report of two patients with cardiac failure (NYHA II-III) were treated by this technique (images and radiographic comments).

Conclusions: A physiological explanation could explain this improvement. The compression in the lower limbs causes an increase in the cardiac preload, by displacing a volume of blood from the lower limbs towards the right heart chambers, which produces its dilation, with a physiological secretion of natriuretic peptides. These, secreted in small quantities, cause a reduction in blood volume and therefore a reduction in cardiac output and systemic blood pressure.

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