

Selection of Compression Class

CCL 1	 Heavy , tired legs with a tendency to swelling in the legs
	 Prevention of thrombosis and embolism in immobile patients
18 – 21 mmHg	 Prevention of Economy class syndrome (deep vein thrombosis)
	 Superficial varicose veins without leg oedema
	 Superficial varicose veins during pregnancy

CCL 2	Varicose veins with mild leg oedema
23 – 32 mmHg	After varicose vein treatment (surgical procedures, sclerotherapy, andeven out the atmental to maintain
	endovenous treatments) to maintain treatment success
	 Deep vein thrombosis
	 Post-thrombotic syndrome
	 Aseptic superficial thrombophlebitis
	 After the healing of venous ulcers in patients with chronic venous insufficiency
	 Severe varicose veins during pregnancy

CCL 3	Active venous leg ulcers
34 – 46 mmHg	 Recurrent venous leg ulcers
	 Forms of advanced CVI such as lipodermatosclerosis
	Reversible lymphoedema, lipoedema
	 Post – traumatic syndrome
	 Angiodysplasia

CCL 4	Irreversible lymphoedema
Min 49 mmHg	Severe post –thrombotic syndrome

Stockings with the indicators for class 3 and 4 should only be prescribed by medical specialist.

Recommendation

One size does fit all does not apply for compression stockings – each diagnosis is individual and requires individual assessment. The stage of the venous disorder must also be taken into consideration. By far the most commonly prescribed stockings are those with compression class 2.

Patient compliance also has an influence on the choice of the compression class. Where a patient has difficulty handling a class 2 stocking, they may want to consider reliably wearing a class 1 stocking. The primary goal of treatment is the improvement of the clinical findings.



Indications and duration of compression treatment

Indications

Duration of compression treatment

(based on practical experiences)

Leg Symptoms Functional disorders such as the feeling At all times during prolonged sitting of heaviness and muscle fatigue or standing also recommended for associated occupations. in the legs with a tendency to swelling in the legs Varicosis Superficial varicose veins with As long as symptoms persist and, where subjective manifestations (minor appropriate, as prevention in familiar stress varicose dilatation of the cutaneous situations veins, reticular veins) (C1, C2)* Advanced primary varicose veins with With temporary or permanent contraindications oedema (trunk or branch varices) for sclerotherapy or surgery, or where these (C2, C3)* treatments, compared to compression, are not yet indicated or rejected by the patient To optimise treatment success after: Depending on findings and treatment from weeks to several months a) selective surgical removal of varicose veins (outpatient procedure) b) vein stripping c) after sclerotherapy d) after endoluminal ablation Following Varicose vein treatment May prevent recurrence (this is suspected, has not yet been confirmed by studies)

Skin lesions caused by chronic venous insufficiency

Eczema, erythema, hyodermitis (C4)*	After basic treatment, usually lifelong compression
Dermatosclerosis, purpura, atrophie blanche (C4)*	Usually lifelong compression
Healed venous ulcer (C5)*	From several months to lifelong compression, depending on the initial cause
Active venous leg ulcer ** (C6)*	From several months to lifelong compression, depending on the initial cause