

Lymphology





About Lipoedema

Lipoedema is a chronic and progressive disease that almost exclusively affects women, and is a fat distribution disorder characterized by a marked disproportion between the torso and the extremities. It arises as a result of a circumscribed, symmetrically distributed accumulation of subcutaneous adipose tissue in the lower and/or upper extremities (Herpertz 1997). This enlargement is accentuated by orthostatic oedema, and a tendency to bruise even after minor trauma (Allen 1940, Wienert 1991, Herpertz 2014). It is further characterized by increased tenderness and, in most cases, the presence of spontaneous pain.

(AWMF Guideline 037/012 Current as at: 10/2015)

Synonyms:

Lipomatosis dolorosa, Lipohypertrophia dolorosa, Adipositas dolorosa, Lipalgia, Adiposalgia, Painful column leg, Painful fat syndrome, Lipohyperplasia dolorosa

Targeted treatment of lipoedema

About lipoedema

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About lipoedema

Presentations and defining characteristics

Presentations of lipoedema

Lipoedema always develops symmetrically in both legs and/or arms. The hands and feet remain unaffected by this swelling. Typical characteristics include a disproportionate accumulation of adipose tissue in the torso and extremities, and a so-called circumferential step-off to adjacent healthy body regions. When the lipoedema affects only the thighs and hip area, it is also referred to as "riding breeches syndrome". When it extends to the lower leg, it normally ends above the ankle. The fat may droop down over the ankle. This is referred to as cuffing.

Symptoms

- · abnormal distribution of adipose tissue
- · swollen legs (orthostatic oedema)
- · pain on pressure or touch
- · tendency to bruise easily (haematomas)

Who does it affect

Lipoedema almost exclusively affects women. Their adipose tissue is structured differently than in men. The most likely cause of this disorder is a congenital abnormality in adipose tissue distribution. In 60 % of cases there is a genetic component to the disorder with an increased incidence of lipoedema within the family. The most common trigger for the onset and/or worsening of the condition is hormonal changes in the body. For many female patients, the lipoedema first develops during puberty or during the course of pregnancy, as well as during menopause. In the case of those very few men who are affected, the lipoedema always occurs as a result of hormonal disturbances, hormonally active treatments, or as a consequence of liver cirrhosis.

Patients can be classified into the following types

Legs	Arms
Thigh type	Upper arm type
Whole-leg type	Whole-arm type
Lower leg type	Lower arm type

Clinical criteria for lipoedema

Substantial pain in the legs; painful to touch

The pain arises from the oedematization of the adipose tissue and resultant tautness of the affected extremities. The continued development (chronification) of the lymph blockage leads to a hardening of the tissue (induration), which can be extremely sensitive to touch and very painful.

Feeling of heaviness in the legs

The weight of the increased adipose tissue, and the amount of accumulated fluid in the tissue result in a feeling of tired, heavy legs.

Swollen legs (orthostatic oedema)

Increased fluid accumulates in the legs mostly during long periods of standing and/or sitting. This results in swelling, and frequently, in the otherwise unaffected feet. Affected persons may have difficulty putting on their shoes in the afternoon due to this accumulation of fluid.

Increased susceptibility to bruises (haematomas) in the affected parts of the body (even after minor trauma)

The reasons for hematoma formation are the pressure exerted by the fat cells on the vessels, and the lack of anchoring of the small capillaries in the connective tissue.

Difficulties when walking

In particular when the lipoedema is concentrated in the thighs, rubbing of the inner sides of the thighs and chafing may occur. This can also lead to inflammation.

Early onset of degenerative joint changes and arthrosis

The accumulation of fat in the thighs forces the knee joints into a knock knee position. When left untreated, this misalignment can lead to premature arthrosis.



Stages of lipoedema

Stage	Characteristics
1	Smooth skin surface with an evenly thickened subcutis of homogeneous appearance
2	Uneven, predominantly wavy skin surface, knotty structures in the thickened subcutaneous region
3	Pronounced circumferential enlargement with overhanging tissue portions (formation of fat folds)

Typical clinical signs for distinguishing lipoedema, lipohypertrophy, adiposity and lymphoedema

	Lipoedema	Lipohypertrophy	Adiposity	Lymphoedema	
Accumulation of fat	+++	+++	+++	(+)	
Disproportion	+++	+++	(+)	+	
Oedema*	+++	Ø	(+)	+++	
Tenderness	+++	Ø	Ø	Ø	
Tendency to bruise	+++	(+)	Ø	Ø	
Explanation of symbols: + to +++ present; (+) possibly present; Ø not present * The severity of the oedema varies and depends in each case on the extent of prior treatment and the stage of the disorder.					

(AWMF Guideline 037/012 · Current as at: 10/2015)

Clinical criteria for lipo-lymphoedema

Secondary lymphoedema

Lipo-lymphoedema is a combined form of lipoedema and lymphoedema. Generally lipoedema develops first, then in the later stages lymphoedema as well.

The causes

This disorder is caused by the high level of stress on the lymphatic system as fluid accumulates in the tissue due to the lipoedema. The proliferation of adipose tissue also leads to increasing constriction of the lymphatic vessels. This results in impaired lymph drainage, where the substances conveyed by the lymphatic system can no longer be fully transported away. Protein-rich fluid accumulates, the tissue gets harder over time, and a secondary lymphoedema develops.

Feeling of heaviness in the legs

A characteristic of lipo-lymphoedema that sets it apart from pure lipoedema is the presence of swelling in the forefoot, toes, and the ankle region. In contrast to pure lymphoedema, which generally varies in appearance on both sides, lymphoedema associated with lipoedema always develops symmetrically. A common long-term complication is degenerative joint disorders, e.g. arthrosis.







The building blocks of the combined physical decongestive therapy

Conservative therapy

Manual lymphatic drainage (MLD)

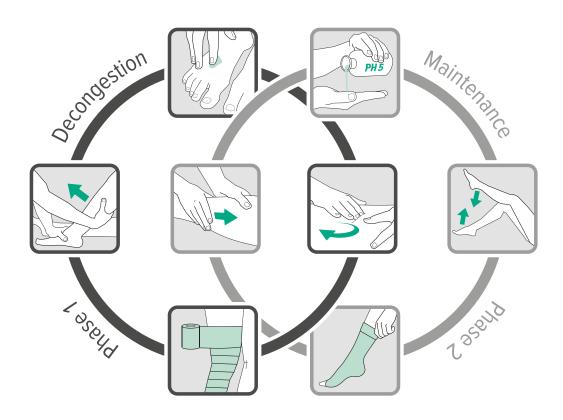
In the case of pure lipoedema, where lymph transport still functions well, manual lymphatic drainage is primarily used for pain reduction. The gentle stimulation of the mechanoreceptors in the tissue triggers a stimulus response from the central nervous system. This has a dampening effect on pain sensation. Reducing the pain sensation is very important for lipoedema therapy as pain can make it difficult or even impossible to apply bandaging or wear compression stockings. Consistent application of compression is essential, however, to the success of conservative lipoedema treatment. Stimulation by manual lymphatic drainage also promotes the drainage of lymph fluid out of the adipose tissue.

Phase 1: Decongestion phase

An efficient treatment, with a rapid and visible reduction in the oedema, can be achieved with the following two components: regular, ideally daily, MLD and consistent compression therapy. For bandaging Juzo Soft Compress can be used. To intensify the compressive effect, the patient should be encouraged to engage in additional physical activity, e.g. through exercise or sport.

Phase 2: Maintenance phase

During the second phase, the number of MLD sessions are reduced and the compression dressings or bandages are replaced by flat knitted compression garments (e.g. Juzo Expert / Expert Strong) in order to optimize the therapeutic results and maintain them over the long-term. Consistent skin care during this phase protects against drying and minimizes the risk of infections. Physical activity and decongestive exercises aid in stimulating lymphatic function.



Ooedema therapy aims to bring about:

- + pain relief
- + oedema reduction
- + reduction in bruising tendency
- + reduction in the pathologically increased subcutaneous adipose tissue
- + prevention of dermatological, lymphatic and orthopaedic complications

Compression therapy

To ensure lasting results after MLD, it is necessary to apply compression to the affected tissue. During the decongestion phase (phase 1) of the Combined Physical Decongestive Therapy (CPDT), the compression therapy is carried out by means of short-stretch compression bandages or supports (e.g. Juzo SoftCompress). These need to be reapplied each day, and can be tailored to the specific circumference of the oedema. Once no further reduction in oedema can be expected by manual lymphatic drainage, custom-made flat knitted compression garments (e.g. Juzo Expert/Juzo Expert Strong) are then employed in the maintenance phase (phase 2). These compression garments, which are also made from a short-stretch fabric, have very similar material characteristics to the previously used compression bandages.

Exercise therapy

Exercise therapy is used to support the treatment results obtained by MLD and compression therapy. Targeted movement exercises activate the muscle and joint pumps and promote lymphatic fluid drainage, thereby leading to a further reduction in the oedema. Suitable forms of exercise include swimming, walking and cycling. Compression garments should continue to be worn during sporting activities. Due to the compressive effect exerted by natural water pressure, sports such as swimming or aqua fitness are an ideal complement to the patient's physical activity program.

Skin care

Daily skin care is particularly important for oedema patients as the barrier function of the skin is frequently impaired. The treatment with compression bandages and stockings can also lead to very dry, itchy skin. This allows bacteria to easily enter the tissue. To prevent this, appropriate skin care is essential. A suitable product for daily cleaning of the skin is a soap with an acid pH value, which will maintain the protective acid mantle (hyprolipid film). Moisturizing lotion (e.g. Juzo Lymph Lotion) should also be applied to the skin, preferably in the evenings.

Intermittent pneumatic compression (IPC)

Intermittent pneumatic compression can be a further useful supplement to manual lymphatic drainage. These devices consist of a series of sleeves with overlapping air chambers. A controller inflates these chambers in alternation, beginning at the foot or the hand. When all the chambers have filled with air, they are deflated again. This process is repeated at short intervals. It is also possible to perform this treatment independently in the home using special home devices.

Surgical treatment



Liposuction

Liposuction can be considered as a treatment option, but only if the lipoedema develops further or the symptoms / pain persist despite consistently adhering to the conservative therapy, and only after consulting a specialist. Liposuction can permanently reduce the subcutaneous adipose tissue in the legs and arms. Ideally, it is performed using a special form of local anesthesia called tumescent anesthesia. Additional techniques, such as a water jet or vibration, are sometimes employed to protect the tissue. Depending on severity, the liposuction may be performed as an inpatient or outpatient procedure. The reduction in adipose tissue in the inner thigh and knee areas reduces skin damage from mechanical trauma. It is also frequently possible to correct leg misalignment problems, thereby improving the gait and mobility of the patient. Consistent compression therapy may also be indicated after successful liposuction to ensure lasting treatment success.

Plastic surgery procedures

In particular in the case of lipoedema, the patient may be left with large skin folds after liposuction or decongestive therapy due to the associated weight loss. This excess skin can most effectively be removed using plastic surgery procedures. In doing so, special care must be taken to avoid damage to the lymph vessels.

For the decongestive phase

Juzo SoftCompress

Juzo SoftCompress can significantly increase the success of decongestive therapy. The bandages and additional products feature a particularly skin-friendly cotton surface, as opposed to frequently used synthetic materials. This provides the patient with pleasant wearing comfort. Vertical foam channels form a unique surface structure that supports lymphatic drainage. In addition, Juzo SoftCompress bandages make use easy for patients, therefore ensuring the long-term success of the treatment. All Juzo SoftCompress Bandages and Accessories are manufactured in Germany.



Characteristics

- + especially skin-friendly surface made of cotton
- + core made from high-quality foam (5 9 mm)
 - · optimum pressure transfer
 - $\cdot \ \ \text{ideal pressure distribution}$
- + vertically-stitched foam channels
 - · promoting lymph drainage
 - · preventing soft tissue fibrosis

- + avoid constriction by the edges
- + protects the bends of the joints
- + saves time when applying bandaging
- + makes self-bandaging easier
- + washable up to 60 °C
- + can be disinfected and treated leading to long-term cost savings



Juzo SoftCompress Bandages can be worn under short-stretch bandages and, in some cases, also under medical compression garments. These characteristics make Juzo SoftCompress an ideal aid in the treatment of lipoedema, in particular in patients experiencing increased tenderness in the affected areas.

Further information is available in the brochure "Juzo Compression Systems for Decongestion".

Particularly suitable for treating lipoedema

Juzo SoftCompress LymphAid and BandageAid (usage in CPDT phase 1)

Juzo SoftCompress LymphAid and BandageAid offer a complete solution for lymphological compression bandaging for leg and arm. LymphAid comes with a ready-to-use bandage which is also suitable for self bandaging.

The more economical BandageAid contains compression rolls beside short-stretch bandages.







Juzo SoftCompress LymphAid Arm



Juzo SoftCompress BandageAid Leg large



Juzo SoftCompress BandageAid Arm

Juzo SoftCompress Bandages (usage in CPDT phase 1 and 2)

The Juzo SoftCompress Bandages are used for fast and effective bandaging. They also make self-bandaging easy for the patient. The bandages are available in uni sizes (phase 1), standard sizes (phase 2) and as custom-made items (phase 2). Custom-made bandages are also ideal for night time treatment.



Juzo SoftCompress Bandage Lower Leg and Thigh (uni size) CPDT phase 1



Juzo SoftCompress Bandage Arm (uni size) CPDT phase 1



Juzo SoftCompress Bandage Lower Leg and Thigh (custom-made) CPDT phase 2



Juzo SoftCompress Bandage Arm (custom-made) CPDT phase 2

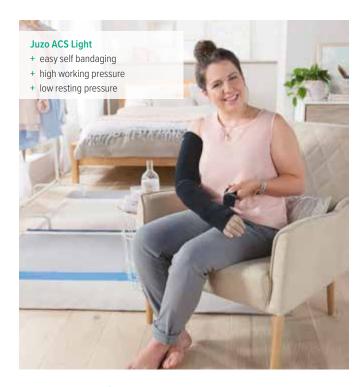
Juzo SoftCompress Compression Sheet (usage in CPDT phase 1 and 2)

Juzo SoftCompress Compression Sheets (available in two standard sizes) can be cut to size for targeted use as lymph pads in various body regions.



Adjustable compression system

Adjustable compression systems can be used in decongestive therapy as an efficient alternative to conventional compression rolls. These innovative products enable health care professionals to promote treatment success whilst saving time and money. They can be adapted to the individual patient – even if circumferences change during treatment. Easy handling of the hook and loop fasteners means that patients can take care of the adjustment themselves to





Juzo ACS LightCompression systems for the decongestion

Owing to its short-stretch properties, the ACS Light exerts a low resting pressure and a high working pressure. The individual segments are easy to put on thanks to the integrated lining (fixing aid). Incorporated adhesive borders on the inside top edge of each segment guarantee a secure hold at all times. Last but not least, the comfortable material increases patient compliance and supports self-therapy.



You can find more information about this treatment in the Juzo brochures "Compression Systems for Decongestion" and "Ulcus cruris venosum".

ensure the compressive effect is perfectly maintained, even with increased decongestion. If there are open wounds in the area to be treated, the affected area must be covered with appropriate wound dressing before the compression system can be applied. To protect and secure wound dressings, we recommend wearing a liner stocking (e.g. Juzo Liner).



Juzo Compression Wrap

Compression systems for the decongestion

Thanks to its exceptionally short-stretch properties, the Juzo Compression Wrap exerts a very high working pressure and low resting pressure. To protect and secure wound dressings, we recommend wearing a liner stocking (e.g. Juzo Liner). Special indentations on the tabs ensure complete closure, preventing the formation of "window oedemas". Special feature: the product is reversible, with black on one side and beige on the other, to suit the individual patient's preference.



You can find more information about this treatment in the Juzo brochures "Compression Systems for Decongestion" and "Ulcus cruris venosum".

For the maintenance phase

Versatile fabrics for compression therapy

Medical compression garments from Juzo guarantee correct pressure values and a well-defined pressure gradient. The thick, short-stretch seamed fabrics do not yield to the oedema, and also offer additional benefits, for example a tissue-loosening massage effect. Movement, and the associated muscular contractions, produce a high therapeutic pressure that ensures an optimum compression of the decongested tissue. Juzo garments are made from a combination of materials, for example cotton and silver, thereby making them suitable for a wide variety of requirements.

Juzo Expert

For individual oedema treatment

Juzo Expert offers maximum freedom of movement and is particularly pleasant to wear. The knitted fabric is perfect for flat-knit beginners.

- + initial treatment
- + patients with severe tissue pain
- + oedema compression garment for flat-knit beginners
- + optimum treatment of the upper extremities (thanks to the soft material and its smoothness)

Juzo Expert Strong

Strong for pronounced oedema

Juzo Expert Strong is characterised by its high working pressure and activating massage effect that stimulates lymphatic drainage. The firm and strong fabric provides effective support in the treatment of pronounced oedema.

- optimally supports the treatment of pronounced oedema with / or hardened tissue (stage 2 and 3), also those conditions with an additional lymphoedema component.
- + enables even unusual body shapes and sizes to be treated
- textured meshed fabric creates improved air circulation and micro massage

Compression garments with silver thread

The silver content, which is attuned to the skin flora, restores the balance of inflamed or irritated skin and protects against further infections. The antibacterial effect is caused by released silver ions that are effective in combating a broad range of bacteria such as Staphylococcus aureus. Wearing the compression garments containing silver reduces the bacteria on the skin and itching – preventing the onset of skin infections. The bactericidal effect also reduces the formation of substances that produce body odour. The silver knitted fabric also helps to provide exceptional wearing comfort through the cooling or warming properties of the material.

Please visit www.juzo.com/silver for more information on the Juzo compression garments with silver thread.

Compression garments with cotton

Juzo Expert Cotton and Juzo Expert Strong Cotton are particularly soft and smooth thanks to their rich cotton content. The garments are particularly suited to sensitive skin as the skin only comes into contact with the pure natural fibre. The knitted fabrics are effective thanks to their high wearing comfort and pleasant skin climate. The soft material also makes it easy to put on and take off the garment. The high-quality cotton fibres lend the garments a particularly glossy look, which really appeals to fashion-conscious wearers.

Please visit www.juzo.com/cotton for more information.



Product characteristics that will impress you

Perfect fit: The flat knitted Juzo Expert and Juzo Expert Strong products are manufactured row by row, stitch by stitch to precisely match the measured body dimensions of the patient.

- + optimum wearing comfort for the patient thanks to the especially flat and elastic seams
- + patient mobility is maintained thanks to the homogeneous, soft and smooth material
- + a double-layered covering of the compression fibres with textile yarns ensures a high level of skin compatibility
- + the compression garment is suitable for everyday wearing thanks to the use of latex-free, sunfast and ointment proof, durable and breathable materials
- + easy donning and doffing thanks to the fine-meshed surface structure of the fabric

Colours

Available for Juzo Expert and Juzo Expert Strong (CCL 1-3)*



Available for Juzo Expert



All standard colours (except Sugar and Almond) and Trend Colours can be batiked in black or white.



Available in colour Poppy seed and Blueberry in CCL 1–2 as AD, AF, AG and sleeves in custom-made

Flat knitted garments for the lower extremities

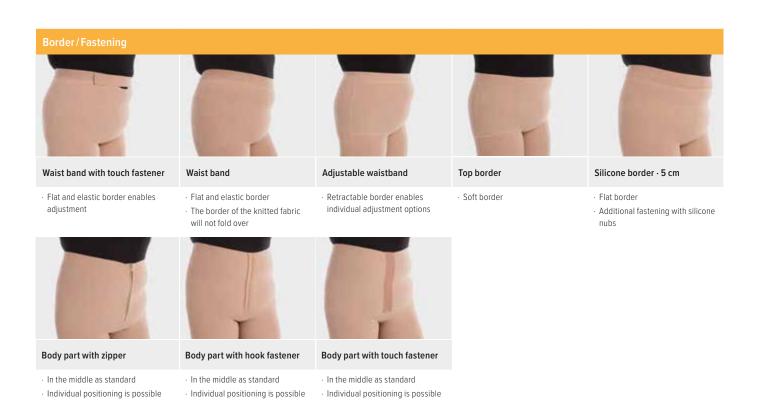
Compression garment options for the legs depending on individual fit requirements



AT body parts in general Standard combinations:

ntanuaru combinations.				
AT	Leg parts	Body part		
CCL	CCL	CCL		
1	1	1		
2	2	2		
3	3	2		
4	4	2		

Every other combination available.



Toes



Ball stub with open toes

- · For oedema on the top of the foot
- · Distal diagonal border



Ball stub with closed toes

- · For oedema on the top of the foot
- · Distal diagonal border



Open toes



Closed toes

- · Very elastic
- · High degree of wearing comfort

Extra options



Gusset

- · Knitted
- Compressive gusset also possible



Small gusset

- Beneficial in the case of large thigh circumferences
- Compressive gusset also possible



Mesh gusset

· Better air circulation



Small mesh gusset

- Beneficial in the case of large thigh circumferences
- · Better air circulation



Additional instep stitching

 Less creasing in the stretched/instep area, thanks to the anatomically shaped heel



Anatomically flexed form

- · 30° or 50° angulation
- possible
 In the case of a predominately angled knee position



Silicone stopper

 Placement options on thigh: lateral at the outer side, lengthwise at the front



Sewn-in 3/4 silicone border on the inside

- On the thigh
- · Increased stability and adhesion
- Only possible for body part in the oblique version



Tricot lining at "cY"

- · For sensitive skin in the stretched/instep area
- · Also possible with silver in case of skin irritation



Tricot lining at "cE"

- · For sensitive skin at the back of the knee
- Also possible with silver in case of skin irritation



Integrated pressure pad (Dr. Rotter)

- · Improvement of compression level in the retromalleolar area
- Also possible with silver in case of skin irritation
- Malleoli pads made of silicone also available as an alternative



Seams on the outside

- Particularly flat seam touches the skin
- Suitable for sensitive skin



Zipper

- · Standard in the seam
- · Individual positioning is possible



Bilateral dual spiral stays and/or patella ring

· Integrated knee support



Silicone coating on the sole of the foot

· Anti-slip coating

Diverse combination options

Multiple-part garments

Multiple-part garments are required in order for patients with comorbidities such as rheumatism, back complaints or incontinence to put on and take off the garments easier.

Common combination options

- AD + Capri (BT, B¹T, CT)
- · AG + Bermuda (ET, FT)
- · Sleeve (CG) with glove

Benefits

- + easy to put on and take off
- + well-fitting garment for "changes in diameter"



Double coverage

If an increase in local pressure is required, you can use two layers of stockings. For example, the combination of below-knee compression stockings and leggins is recommended for distally pronounced lymphoedema of the lower extremities. Conversely, using two layers of stockings with thigh-high stockings and bermuda pants may be necessary if, for example, there is a more proximal emphasis in lipoedema or secondary lymphoedema. It should be noted that, when using two layers of garments in this way, the pressure values add up, but the compression class does not double. For example, two 23 mmHg (CCL 2) garments combined produce a total of 46 mmHg, which corresponds to CCL 3.

Common combination options

- · AD + Capri (BT, B¹T, CT)
- · AG + Bermuda (ET, FT)
- · AG + Capri (BT, B¹T, CT)
- · Sleeve (CG) + forearm sleeve with hand piece

Benefits

- + targeted increase in pressure in the overlapping areas
- + combination of different flat-knit products possible
- + combination of different compression classes possible

Individual oedema treatment

Body part options

To even better cater to the individual requirements of lipoedema patients, Juzo offers different abdominal area options. Besides the diagonal version and box type, patients can now choose from a new slip form, and a mat fit for pregnant women.

Body part options The state of the state of



Oblique version

- · Standard
- · In case of frontal oedema development
- · In case of a flat inguinal orientation
- · Infinite seam

Box type

- · For large circumference dimensions
- · In case of lateral oedema development
- · In case of pronounced hip and buttock shapes
- · Exceptional wearing comfort when sitting down



Mat fit (pregnancy fastening)

- · In case of a steep inguinal orientation
- · In case of a flat abdominal area
- \cdot Abdominal circumference: max. 120 cm
- \cdot Preferred for lipoedema stages 1 and 2 $\,$

- · Body part in the back area CCL 1
- · Body part without compression (grows with the body)
- \cdot Touch fastener can be on the right or left
- \cdot Minimum body part length: 34 cm

Flat knitted garments for the upper extremities

Compression garment options for the arms depending on individual fit requirements

Sleeve (CG) Sleeve (CH) with bolero connection



- · Lateral diagonal border
- Optimised pressure discharge to
- · Additional fastening necessary (e.g. adhesive lotion)
- Alternative to silicone border



- Fastening option in the case of bilateral arm support

With long and/or short sleeves Back portion without compression Balance silicone border pattern Elastic border · 3.5 cm Silicone border · 5 cm Silicone border pattern · 5 cm Balance silicone border \cdot 5 cm 3.5 cm also possible Silicone nubs ensure a high de-· 3.5 cm also possible Especially high breathability Stable border gree of stability and breathability · Especially high breathability · Low shear forces Silicone-free

- Silicone nubs ensure a high degree of stability and breathability

- · Low shear forces

Extra options



Anatomically flexed form at "cE"

- · 30° or 50° angulation possible
- · In the case of a predominately angled elbow position



Seam at the outside of the arm with "CG"

- · In the case of sensitivity in the crook of the elbow
- · Only possible with anatomically angled shape 30°



Adhesive borders

- · Additional adhesion on the upper arm
- · Possible positioning: lateral at the outer side, across



Sewn-in silicone border on the inside

- $\cdot \ \, \text{Only with overheight}$
- Increased stability and adhesion
- · 3/4 sewn-in on the inside also possible
- Can be combined with silicone border at the top



Bra fastening with silicone support

· Additional hold support in the shoulder area



Bolero connection with silicone support

 Additional hold support in the shoulder area



Tricot lining at "cE"

- · In the case of sensitive skin in the crook of the elbow
- · Also possible with silver in case of skin irritation



Incorporated pockets for pads

- Customisation based on markings
- · Also possible with silver in case of skin irritation



Seams on the outside

- Particularly flat seam touches the skin
- · Suitable for sensitive skin



Zipper

· Individual positioning

Accessories for compression therapy

Lymphpads Lymphpad Line Lymphpad Square

- · Stimulates micro circulation
- Synthetic latex, reverse side made of polyamide non-woven material
- Size 20 x 29.5 cm
- Stimulates micro circulation
- Synthetic latex, reverse side made of polyamide non-woven material
- Size 20 x 29.5 cm

SoftCompress Genital pad for women Compression sheet Knee pad Ellbow pad

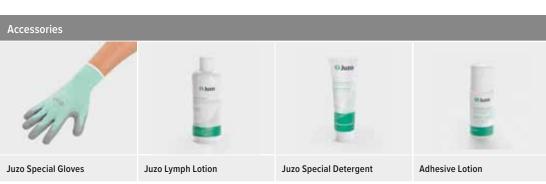
- Optimisation of the compression ratio at the back of the knee
- Optimisation of the compression ratio at the back of the ellbow
- · For insertion into a compression pantyhose \cdot Targeted pressure optimisation in the case of genital oedema; ideal pressure distribution
- · For producing individual, custom-made lymph pads

Donning and doffing aids

Juzo Easy Fit XL

- Donning and doffing aid for stockings with open as well as closed toes
- Arion Easy-Slide Leg
- Donning aid for compression stockings / pantyhose with open
- Arion Magnide 2in1
- Donning and doffing aid for compression stockings / pantyhose with closed toes
- Arion Easy-Slide Arm
- $\cdot \ \mathsf{Smooth, double-layered\ material}$
- Donning aid for gloves with open

Arion Dactyna



- · Textile glove for gentle
- · donning and better spreading of the knitted fabric
- Moisturising lotion with 4 % Urea for targeted skincare in cases of lymphoedema and lipoedema
- Particularly mild and economical concentrated detergent for gentle cleaning of compression
- Special roll-on for securely holding stockings and sleeves

For further donning and doffing aids please see the "Juzo product range" brochure.



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