Leg Ulcer Care for Nurses

Leg Ulcer Treatment Algorithm Patient with a wound on the lower limb Whilst awaiting ABPI consider Class 1 British Standard hosiery within 2 weeks including: • Past medical history if no arterial signs or symptoms Limb assessment .g. varicosities, skin jes, skin staining Refer to TV service for ABPI <0.5 Urgent referral to toe pressure doppler cular centre,no compression **ABPI >1.3** Perform ABPI ABPI 0.5-0.8 Mixed disease, refer to vascular centre/tissue foot pulses, Doppler waveflow Consider referral to vascular centre and/or tissue viability ABPI 0.8-1.3 No evidence of significant arterial disease safe to compress Is the exudate Any oedema k Consider why exudate is not controlled within controlled with topical dressings, apply Actico® is there any evidence of infection compression or increased bacterial load, is the andage system dressing size/choice appropriate for exudate amount? apply Actico® or Hero H2 Is there Apply Activa® leg ulcei a large amount of hosiery kit or Actilymph® hosiery ki

Adapted from Atkin and Tickle (2016); Wounds UK (2016)

Apply Actico®

system if deep skin

hen oedema and

trolled, change to

Washing Legs

Once leg ulceration is healed

refer to recommendations in the

Best Practice Statement:

Compression Hosiery

Consider referral to vascular

services to assess need for

venous intervention to reduce

the risk of recurrence, as per

NICE guidelines CG168 (2013)

(2nd edition) (Wounds UK, 2015).

Legs must be washed at every dressing change. Encourage patients to wash their own legs prior to their appointment if able to. Effective treatment, cleansing and dressing of leg ulcers is vital to ensure that the patient recovers as quickly as possible.

Dry skin scales and hyperkeratosis can cause irritation and infection. Thorough washing with emollients to remove dry skin is important as bacteria harbours underneath the build-up of dead skin preventing wound healing.

Best Practice Statement

After 4 weeks of treatment

if there is no reduction in

ulcer size refer to

vascular/tissue viability

service for review.

If the wound does not heal

in 12 weeks refer to vascular/tissue viability

The definition adopted by the BPS panel indicates that if the wound has been present for over 2 weeks, the patient should be assessed for suitability of compression.

Immediate treatment of a lower limb wound with compression where appropriate, particularly if venous signs are present, will prevent ulcer development and reduce burden to the patient and to healthcare delivery

Footwear and woundcare protectors Cellona® Shoe and Limbo and Sealtight.

References

Wounds UK (2016). Best Practice Statement: Holistic management of venous leg ulceration

Signs and symptoms of venous ulcers

Most common causes – venous hypertension:

- Ankle flare (distension of tiny vein medial aspect of foot)
- APBI (0.8 -1.3)
- Brown pigmentation staining
- Eczema
- Exudates
- Lipodermatosclerosis (woody appearance)
- Oedema
- Pain
- Pulses normal
- Site of ulcer
 - usually gaiter area
- Strong palpable pulses

Signs and symptoms of arterial ulcers

Most common causes:

- ABPI (below 0.6)
- Dependent rubour
- Discharge dry
- Foot pulses (weak/absent)
- Intermittent claudication
- No staining
- Often rolled edges
- Pain
- Pallor on elevation
- Site of wound usually below ankle, but any part of leg
- Skin appearance (cyanosed, hairless, shiny mottling)
- Ulcer may appear punched out

Exudate Management

Remove barriers to healing where appropriate with Debrisoft®

| Low | Moderate | High |
|----------------------------|--|--|
| Non adherants on formulary | Vliwasorb® Pro Kliniderm Super Absorbent | Vliwasorb® Pro Kliniderm Super Absorbent |

Refer to the Leg Ulcer Treatment algorithm for appropriate compression for exudate level

Choosing compression bandages or hosiery kits

Current bandages on formulary

- Actico® Short Stretch
- Hero H2 and Lite
- Aspen UBZ, TLC
- 4 Layer Bandaging

Recommended hosiery kits

- Activa® Leg Ulcer Hosiery Kits (40mmHg)
- ActiLymph® Leg Ulcer Hosiery Kits (40mmHg)
- Medi Leg Ulcer Hosiery Kits (40mmHg)

Compression bandages

Benefits:

- Application of the therapeutic compression is required to effectively treat both venous and mixed aetiology leg ulcers.
- Compression bandages provide maintenance of a therapeutic pressure level for up to 7 days.
- Clinically proven efficacy for the healing of leg ulcers
- A significant reduction in associated venous oedema.

Skin care and emollient therapy

Recommended convenient and cost – effective first line therapies are Zerobase, Zerocream, Zeroderm ointment or Zeroveen.

Any of these products can be used as a soap substitute and emollient.