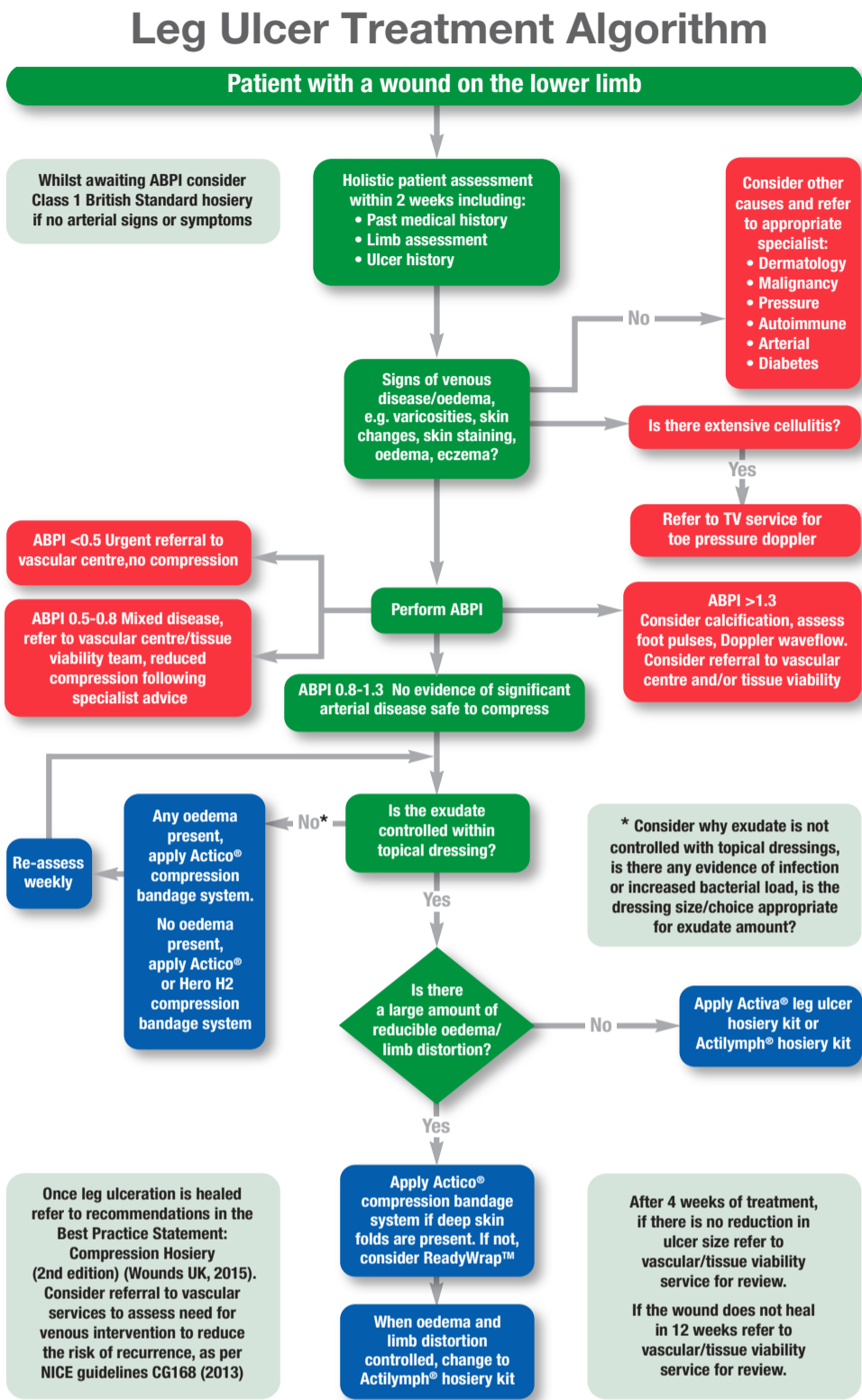


Leg Ulcer Care for Nurses



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

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

Washing Legs

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

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.

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.

References

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