

Choice of Product



Choosing compression bandages or hosiery kits

Recommended hosiery kits

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

Current bandages on formulary

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

Compression

Benefits:

- Application of therapeutic compression is required to effectively treat both venous and mixed aetiology leg ulcers.
- Compression provides therapeutic pressure for up to 7 days.
- Clinically proven efficacy for the healing of leg ulcers.
- A significant reduction in associated venous oedema.
- Hosiery kits can promote self care.

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.



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

Washing Legs

Legs must be washed at every dressing change. Encourage patients to wash their own legs prior to their appointment if they are 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

Within 24 hours of presenting with wound, commence the following:

- Wound and skin cleansing
- Simple low adherent dressing with sufficient absorbency
- Advise patient reasons for compression
- Apply <20mmHg of compression to the lower limb if no signs of arterial insufficiency are present (e.g. Activa® Class 1 British Standard Hosiery)

For more support visit squeezin.life

Motivation, knowledge and guidance to help you make the small changes to improve yours/your patient's leg health

Register today for access to the free Healthy Living Booklet.



Leg ulcer care for nurses

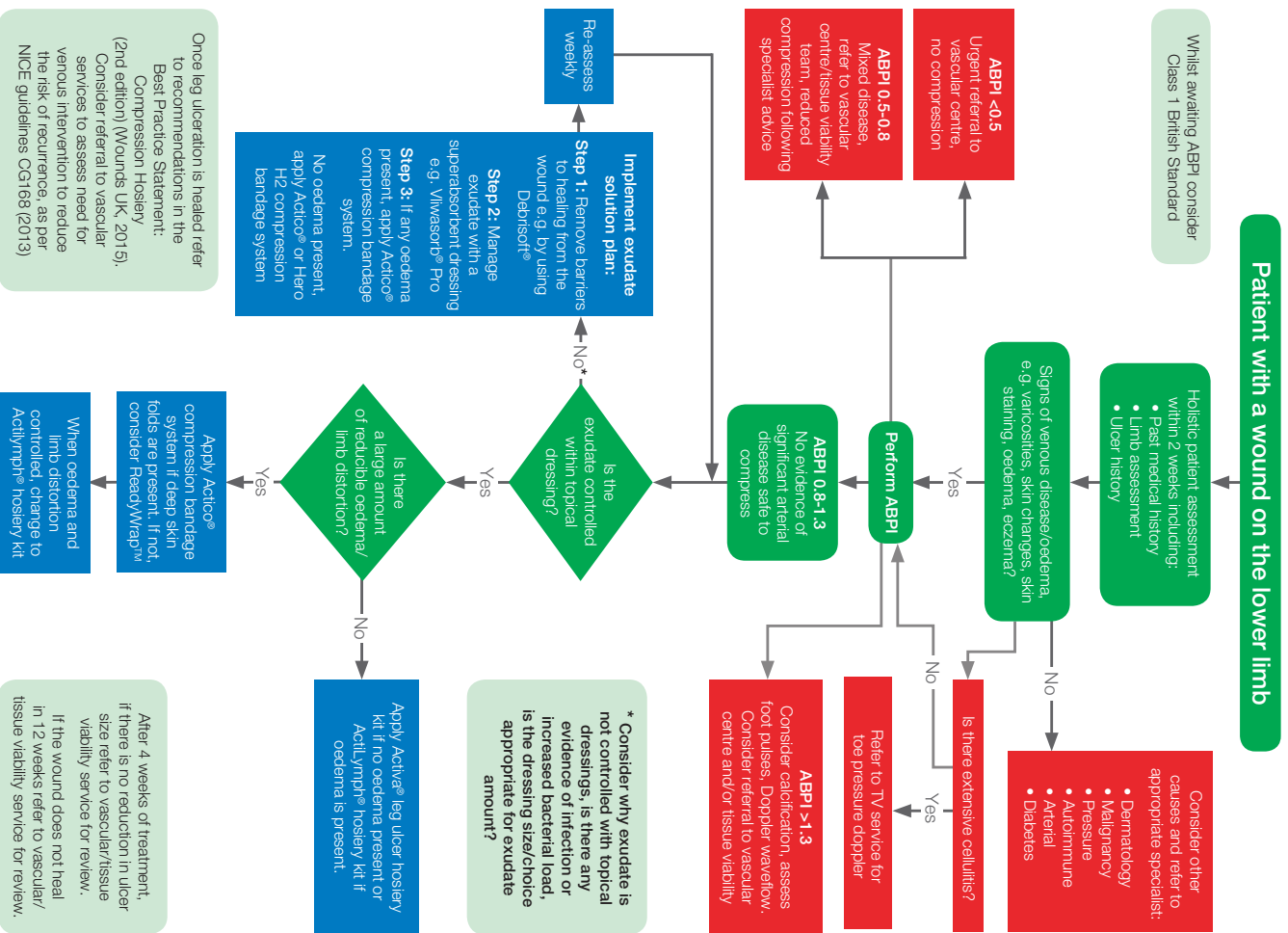


Treatment Pathway
 Quick Guide



Leg Ulcer Treatment Pathway

Please make product choice based upon clinical need using leg ulcer pathway first



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



Signs and symptoms

Arterial ulcers

Most common causes:

- ABPI (below 0.6)
- Dependent rubour (redness)
- Discharge – dry
- Foot pulses (weak/absent)
- Intermittent claudication
- Round well defined margins
- Hairless legs
- 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

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



Exudate Management

Remove barriers to healing where appropriate with **Debrisoft®**

Low	Moderate	High
Suprasorb® P Sensitive	Vliwasorb® Pro Suprasorb® P Sensitive	Vliwasorb® Pro

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