

Understanding your leg ulcer treatment.

INCLUDING WOUND CARE DISCLAIMER



Information booklet for patients receiving wound care and ulcer treatment.

WE PRIDE OURSELVES ON DELIVERING INDIVIDUALISED, EVIDENCE BASED WOUND CARE TREATMENT. WE USE A VARIETY OF COMPRESSION THERAPY TO PROMOTE POSITIVE OUTCOMES.

Wound Care

1

You will have an initial 15 minute appointment.

2

Then a further 1 hour appointment for a full holistic assessment carried out by a trained nurse in wound care management.

A plan of care will be written with you and changed accordingly on a regular basis by the nurse if required. Most wounds should heal within a four week period. Your part as a patient is crucial to the wound healing process. We strive to achieve wound healing by week 12, however chronic wounds may take longer.

There have been times where patients refuse to comply with the treatment of their wounds, which leads to poor healing rates. We encourage you to ask as many questions as you wish, about your wound care management.

We look forward to working with all of our patients who encounter a wound. We have agreed with our GPs that if for any reason you do not wish to have the recommended treatment the nurse advises, we will ask you to sign a disclaimer form.

Leg Ulcers

Your nurse has diagnosed that you have a leg ulcer. This booklet is a guide to understanding your leg ulcer, the recommended treatment and what you can do to aid your recovery.

Symptoms may include:

- 1 Swollen ankles.
- 2 Discolouration and darkening of the skin around the lower leg.
- 3 Dry, itchy, flaky skin.
- 4 Hard, dry skin with a woody appearance.
- 5 Pain and/or a 'heavy' feeling in the affected leg.
- 6 Chronic swelling (oedema).

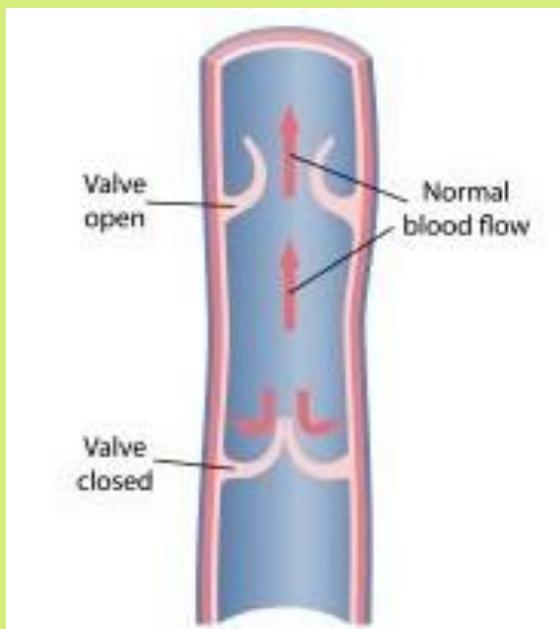
What causes a leg ulcer?

A leg ulcer can develop after a minor injury if there is a problem with the blood circulation in your leg's veins. Any non-healing wound that is present for longer than two weeks is classed and treated as a leg ulcer.

Some ulcers called ARTERIAL ULCERS cannot be treated with compression therapy –NEVER TRY TO APPLY ANY KIND OF COMPRESSION THERAPY if you have been diagnosed with this type of ulcer.

Most leg ulcers are caused by a problem with the veins in your leg which return the blood back to your body - this is the type you have been diagnosed with. (Some ulcers are due to a problem with the blood getting down the leg - these arterial ulcers are treated differently, and this leaflet does not apply to patients with those type of ulcers.)

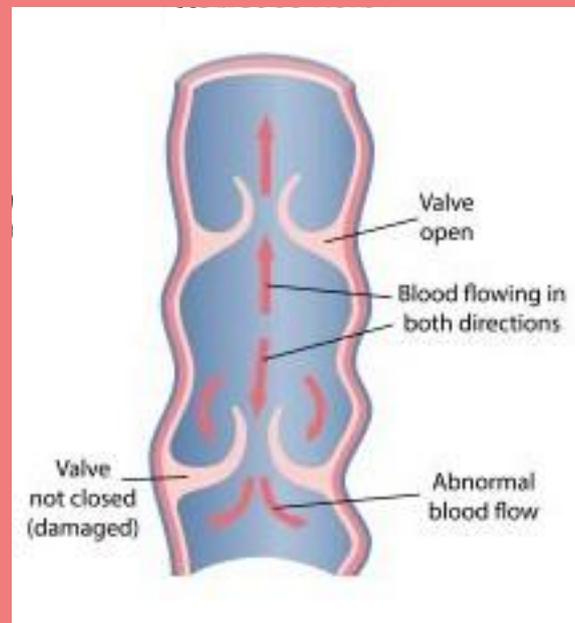
Healthy Veins



Normal healthy veins in the legs take blood back to the heart.

When walking around or exercising, the calf muscle squeezes the veins to pump the blood in the right direction. As a result, valves in the veins stop the blood flowing backwards due to gravity.

Damaged Veins



Damaged veins and valves in the legs cause the blood to flow the wrong way, back down your legs.

This makes the pressure in the veins increase, causing fluid to leak into the tissues underneath the skin, starving the skin of necessary nutrients. This can cause the skin to become fragile and increase the likelihood of a leg ulcer developing.

What factors increase the risk of developing a leg ulcer?

Age - the older you get, the greater the risk.

A history of varicose veins.

Obesity - excess weight contributes to high blood pressure.

A leg injury in the past - e.g. a broken bone.

If you have had a Deep Vein Thrombosis (DVT).

Immobility or long periods of standing and not using the calf muscle 'pump' can increase the pressure in the veins.

Leg ulcers can also develop spontaneously.

Why are compression bandages recommended for healing?

The recommended treatment for leg ulcers is compression bandaging.

These bandages are specifically designed to apply the correct external pressure that helps your leg ulcer to heal. They gently but firmly squeeze the leg to help the valves work properly, improving the blood flow back towards the heart and reducing the fluid (oedema) in the tissues.

Other options include:

- Compression therapy treatments
- Hosiery treatment kits

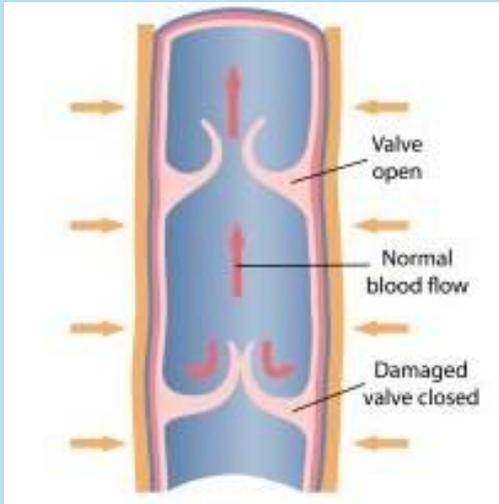


Evidence suggests that first line compression treatment should be compression hosiery treatment kits, for those who have good leg shape, limb oedema and low to moderate exudate level. Treat hosiery as you would bandages. Patients can remove the outer stocking at night and reapply in the morning if able. Alternatively, the stockings can remain in place and be changed at the dressing change.



How does compression work?

With compression:



Compression squeezes the limb. Pressure from the bandage encourages the correct blood flow and helps the valves work properly in the leg veins.

- Aims to correct the long term complications of chronic venous insufficiency.
- Assists blood flow to run more efficiently.
- Reduces oedema by reducing the pressure difference between the capillaries and the skin.
- Transfers tissue fluid back to the appropriate system.

How can I help my leg ulcer to heal?

It is important not to remove or change the way in which your bandages have been applied. It is very important to wear your bandages at all times as not wearing them continuously will impact the healing time.

IMPORTANT - only remove your bandages if you are advised to by your nurse.

Regular daily exercise:

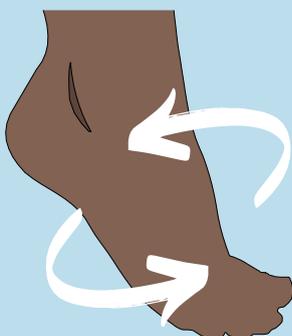
The best way to exercise the calf muscle and help blood to pump is by walking. However this may not be possible for everyone. If this is not possible, here are some daily exercises to help.



Wiggle or curl your toes while sitting.



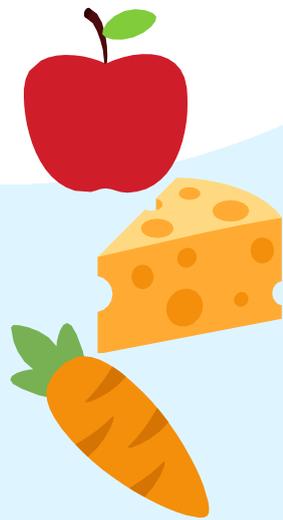
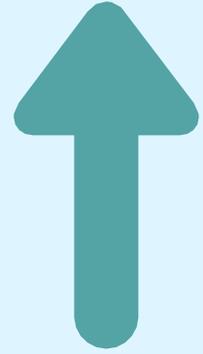
Point your toes up and down while sitting.



Rotate your ankle in both directions.

Elevate your legs:

Put your feet up! This will help reduce the swelling if you raise your feet above the level of your hips - try putting a cushion on the coffee table to raise your feet when sitting, or under your feet when resting on the bed.



Eat a healthy balanced diet:

Eating the right food will give your body the nutrients it needs to help your leg ulcer heal. Meat, fish, eggs and cheese are high in protein - fruit and vegetables are good for vitamins and minerals. It is also important to drink plenty of fluids, especially water.

Wear sensible footwear:

It is not easy to find shoes which fit over bandages but it is important that they are comfortable, supportive and don't rub.



Skin care (nurse care):

- Weekly leg wash where appropriate.
- If you are a smoker we recommend that you stop. Support is available at your request.
- Use emollients and a soap substitute.
- Consider topical steroids.

How can I prevent another leg ulcer from reoccurring?

The underlying condition that causes leg ulcers cannot be cured so you will need to work with your nurse to help prevent another ulcer from occurring.

IMPORTANT - If you notice any further changes in your skin on your lower leg or if your skin is broken (e.g. fall/injury/insect bite) please seek advice from your healthcare professional as soon as possible.

Once your leg ulcer has healed, your nurse will prescribe you compression stockings/socks to prevent reoccurrence. Your skin will still be very fragile so it is important to wear these every day. The stockings will apply the compression needed to help maintain the blood flow in your legs. Your nurse will give you advice on how to put them on, wear them and care for them.

How often should my stockings be replaced?

Compression stockings should be replaced every 3-6 months. Ideally, each time a stocking is replaced, the leg should be re-measured. The size of the leg can change over time. Measuring the leg each time a new stocking is dispensed ensures your stockings continue to fit properly.

How frequently should I be re-assessed by my healthcare professional?

All patients should be reviewed every 3-6 months to:

- Reassess the condition for which the stocking is being prescribed.
- Ensure that the person is continuing to wear the stocking successfully and is replacing them regularly.
- Repeat leg measurements to ensure that the stocking continues to be the correct size.

Ideally, Doppler studies should be repeated every 6-12 months or earlier if clinically indicated.



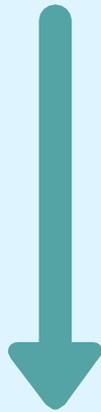
Exercise and wear comfortable, well fitting shoes.



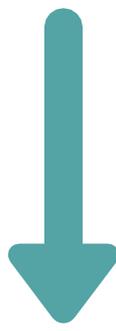
Keeps the calf muscle 'pump' active to help blood flow back to the heart properly.



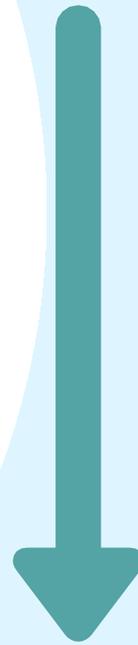
Give up smoking.



Smoking will damage your veins and arteries and increase the risk of reoccurrence.



Eat a healthy, balanced diet and drink plenty of fluids.



Use plenty of moisturiser.



This stops the skin from becoming dry.



Lose weight (if you need to).



This will help your blood pressure and benefit your overall health.



If you would like help and advice on how to lose weight or get more active, we can refer you to our lifestyle advisor for further support.

Caution!

Please contact your nurse straight away if you notice any changes listed below as it may be necessary to remove the compression bandage.

- Numbness or tingling of your toes.
- Cramp.
- Blueish discolouration of your toes.
- Excessive coldness of your toes.
- Pain more severe than usual.
- A bandage that has slipped down or moved.
- Unusual swelling of your toes/knees.
- Itching of your leg that is worse than usual.
- Redness of the skin and an unpleasant odour.

