

Venous Leg Ulcers

An information guide



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What are the aims of the leaflet?

This leaflet has been written to help you understand more about venous leg ulcers, their causes, treatment and prevention. It is not a substitute for the advice your healthcare professional may give you, but can act as a starting point for discussion.

What causes a venous leg ulcer?

Venous leg ulcers usually develop when the circulation in your veins is poor. Veins are blood vessels that carry blood back to your heart. To prevent blood flowing back to your feet the veins have one way valves. If these valves become damaged blood can flow the wrong way, which causes the veins to become over stretched and congested.

A leg with damaged veins may be swollen, tender to the touch, have brown staining, feel itchy or dry and may be painful. Ulcers can develop very quickly if your leg is knocked.

There are certain other conditions which may make you more prone to developing a venous leg ulcer, such as:

- High blood pressure
- Cellulitis/phlebitis
- Varicose veins
- Surgery
- Deep vein thrombosis (DVT)
- Multiple pregnancies
- Fractures or injuries of the lower limbs
- Being overweight
- Sitting or standing for long periods
- Varicose eczema

How is the venous leg ulcer diagnosed?

Your healthcare professional will undertake a full holistic assessment of your condition, including a test to assess your circulation. This is called a Doppler ultrasound procedure (see separate leaflet). The Doppler will examine the blood supply to your legs, allowing the healthcare professional to decide on the most appropriate treatment. Your healthcare professional may refer you to secondary care services if required.

Treatment of venous leg ulcers

Your ulcer will be dressed in a similar way to any other wound. In addition to the dressing most venous leg ulcers can be treated with compression therapies. This may include a combination of bandages, stocking therapies/kits or wraps from toe to knee, until the ulcer is healed.

It may not always be possible to continue your compression therapy whilst in hospital. A suitable dressing will be applied until the compression can be recommenced. During your time in hospital please try to rest and elevate your legs to help with the healing process.

Compression bandaging

This is the most important part of treatment. The aim is to reverse the congestion caused by the damaged veins and to aid healing of the ulcer. The most common method is the application of between 2, 3 and 4 layers of bandaging over the dressings. When the bandages are applied the pressure is highest at the ankle and gradually becomes lower at the knee. The bandages are usually applied weekly unless the wound requires more regular dressing changes (see separate leaflet compression bandaging).

Compression hosiery

Compression stockings over the dressing are sometimes used as an alternative to bandaging.

Compression hosiery kits

Compression hosiery kits can be a viable alternative for healing leg ulcers as compression bandages. These systems deliver high compression and are a two layer compression stocking.

Compression garment wraps

Compression garment wraps can be used in long term management of chronic oedema and venous leg ulcer healing. They are an option if compression hosiery or bandages are not tolerated, dexterity and mobility are limited, there are donning and doffing hosiery problems, or thigh compression is required.

What can I do to help my ulcers?

A combination of the following is needed:

- **1** - Elevate your legs for at least 30 minutes 3-4 times a day, for example on a reclining chair, lying on the bed or using a foot stool. Try to raise your legs higher than your hips, to help gravity pull the blood and fluid in the right direction, towards your heart, reducing any swelling.
- **2** - When not resting try to keep as active as you can, within your own limitations, to improve your circulation. Do not stand in one position for long periods of time. Discuss your exercises with your healthcare professional.
- **3** - Healthy eating includes plenty of proteins such as fish, and eggs, plus fresh fruit and vegetables. Some ulcers may need additional vitamins and minerals to help them heal. Try to maintain your ideal weight, as being overweight puts extra strain on your veins.
- **4** - Drink plenty of fluids during the day, unless advised otherwise by your doctor.
- **5** - Take care of your feet – look out for any new changes in colour or new ulcers. Your toe nails should be cut on a regular basis. Seek help from a podiatrist/chiroprapist if necessary.
- **6** - Take care not to bang your legs, as many ulcers start following an injury.
- **7** - Make sure you do regular foot and ankle exercises (see leaflet).
- **8** - Be aware of your skin temperature – too much heat can damage your skin. Avoid hot baths, hot water bottles or sitting too close to the fire. Wear thick socks or slippers instead.
- **9** - Stop smoking – try to give up as this will try to help to heal your ulcer. There are a number of support groups, so please ask your doctor or healthcare professional for advice.

Do not:

- **1** - Wear tight socks, shoes or corsets as they may restrict your circulation.
- **2** - Sit with your legs crossed as this can slow or stop the circulation in your legs.

How long will it take to heal?

This is a difficult question. Ulcers take a long time to heal; it may be weeks for some people and months for others. The key to success is following your healthcare professional's advice or instructions. Do not be tempted to change your treatment.

Keeping your ulcer healed

Venous leg ulcers commonly reoccur after being healed. To prevent this from happening:

- **1** - You will be fitted with a pair of compression stockings/kits or garment wraps by your healthcare professional.
- **2** - Wear your stockings. They must be worn during the day time and maybe taken off at night (if you have been experiencing complications during the day).
- **3** - Continue with foot and ankle exercises and leg elevation.
- **4** - Try to avoid any injuries to your legs because a slight knock can cause a new ulcer.
- **5** - Look out for signs which may indicate you are developing a new ulcer.
- **6** - Attend your outpatient clinic appointments regularly, as it is important to be monitored.

Telephone Numbers for each service:

Telephone:-.....

Single point of access number:-.....

Locality:-

The Northern Care Alliance NHS Group

Oldham Care Organisations

Vascular Service Clinic:

Telephone:

Salford Leg Ulcer Services

Salford Royal Foundation Trust

Stott Lane Salford,

Manchester, M6 8HD

email cvt.team@nhs.net or tissue.viability@srft.nhs.uk

Tel: 0161 206 1700 community

Tel : 0161 206 2113 Acute

Fax : 0161 206 2654

Further Advice

If you have any concerns or question about the information in this leaflet, please feel free to contact the team that is seeing you and they can answer any query you may have.

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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