



**This is a guide only and does not  
replace clinical judgment**

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# Arterial Leg Ulcers

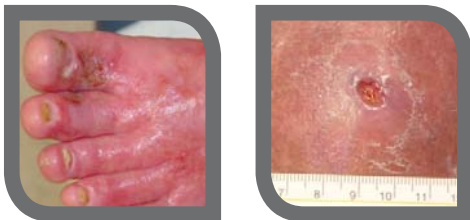
Information for health professionals



# Arterial Leg Ulcers

## Assessment

- All clients should be screened for arterial disease, including pedal pulses and Ankle Brachial Pressure Index (ABPI)
- Assessment of leg ulcers and ABPI should only be undertaken by trained practitioners
- An ABPI  $<0.9$  is indicative of arterial disease and an ABPI  $>1.2$  requires investigation
- Other signs of peripheral vascular disease:
  - loss of hair, shiny, dry or cool skin
  - mummified or black toes
  - devitalised soft tissue with dry or wet crust
  - thickened toe nails
  - purple colour of limb in dependent position
- Refer to a specialist when there is:
  - uncertainty in diagnosis or abnormal ABPI
  - symptoms limit lifestyle and quality of life
  - signs of infection, deterioration or ischaemia



## Management

- Revascularisation is the method most likely to heal and prevent arterial leg ulcers, if surgery is appropriate for the client
- Promote oxygenation of wound environment – avoid cold, dehydration, stress and pain
- Dressings should maintain a moist environment, however, dry gangrene or eschar is best left dry until revascularisation
- If dry gangrene or eschar is present, do not debride until re-establishment of arterial flow
- Debridement should be undertaken by health professionals with training or expertise
- Topical antimicrobial dressings may help if wounds are chronically or heavily colonised
- Hyperbaric oxygen therapy may be helpful for clients unable to be revascularised and whose ulcer is not healing
- Lifestyle modifications, education and medications as necessary are important

## Arterial leg ulcers typically:

- occur over toes or bony prominences
- are pale grey or yellow in colour
- have a 'punched out' appearance
- have minimal exudate
- are very painful, particularly when legs are elevated

## Prevention

- Reduce risk factors:
  - cease smoking
  - optimise blood glucose levels
  - control lipid levels and hypertension
  - anti-platelet therapy
  - control weight
- Exercise lower limbs to increase arterial flow
- Protect lower extremities, including:
  - soft, conforming, well fitting shoes, orthotics and pressure off-loading as needed
  - leg protection to avoid injury
  - protection of digits and heels
  - use of effective pressure relieving devices
  - take extreme care when cutting nails, preferably undertaken by a podiatrist
- Passive warming of legs improves perfusion and may prevent arterial ulcers (e.g. warm socks, rugs, environment)
- Address psychosocial concerns with a multi-disciplinary care team

