Venous Leg Ulcer Flow Chart

Assessment

History

- Medical
- Medications
- Wound
- Psychosocial / activities of daily living

Characteristics of the wound (see table below)

Diagnostic investigations:

- All patients with a leg ulcer should be screened for arterial disease, including an Ankle Brachial Pressure Index (ABPI)*
- Reassess the ABPI every 3 months or if clinically indicated

* Compression therapy is contraindicated if the ABPI is <0.8 or >1.2

* *Assessment should only be undertaken by a trained health practitioner*

Wound Bed Management

- Irrigate with warm water or normal saline. Pat dry
- Clean the wound gently (avoid mechanical trauma)
- Remove necrotic or devitalised tissue (e.g. autolytic debridement)*
- EMLA® cream can reduce pain associated with debridement

* *Mechanical or sharp debridement should only be done by a trained practitioner*

- **Select a dressing that will:**
  - maintain a moist wound bed
  - manage wound exudate
  - protect the surrounding skin

Management

- **Multilayered high compression therapy** should be applied following diagnosis of an uncomplicated venous leg ulcer

* *Compression therapy should only be applied by a trained practitioner*

- Check ankle circumference measures more than 18cm
- Apply moisturiser to the lower limb
- Apply padding over bony prominences
- Apply compression system as per manufacturers' guidelines
- **Remove bandaging if there is:**
  - slippage of bandage
  - decreased sensation of lower limb
  - toes go blue or purple, or leg swells above or below the bandage
  - increased pain in the foot or calf muscle that is unrelieved by leg elevation for 30 minutes above heart level
  - increased shortness of breath or difficulty breathing
- **Monitor Progress:** Trace wound before starting compression therapy, then every 2–4 weeks, or when rapid changes occur

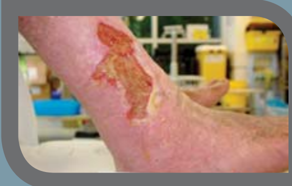
Prevention

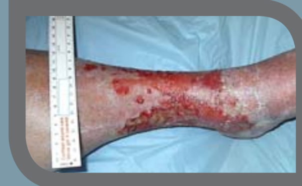
- Use of compression stockings for life reduces leg ulcer recurrence (Class 3 (40mm Hg) if tolerated, or highest level tolerated)

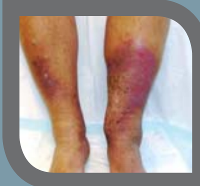
* *A trained practitioner should fit compression stockings*

- Replace compression stockings every 6 months
- Provide education to clients and carers on compression stocking application and removal techniques
- Refer to vascular surgeon if appropriate
- Monitor regularly, every 3 months
- Apply moisturiser twice daily
- Elevate the affected limb above heart level daily
- Encourage ankle and calf muscle exercises
- Repeat Doppler ABPI every 3 months, or whenever changing the type of compression therapy

Characteristics of a Venous Leg Ulcer







Venous leg ulcers typically

- Occur on the lower third of the leg
- Have pain usually relieved by elevation of the legs above heart level
- Are shallow and have irregular, sloping wound margins
- Produce moderate to heavy exudate

The surrounding skin often has:

- Haemosiderin (brown) staining
- Hyperkeratosis (dry, flaky skin)
- Venous stasis eczema
- Inverted champagne bottle leg appearance

When to Refer

- Uncertainty in diagnosis
- Complex ulcers (multiple aetiology)
- ABPI <0.8 or >1.2
- No reduction in wound size within 4 weeks after starting compression
- Deterioration of ulcer
- Signs of infection
- Failure to improve after 3 months

References:

AWMA, *Australian and New Zealand Clinical Practice Guidelines for Prevention and Management of Venous Leg Ulcers*, 2011, AWMA: Barton.ACT • RCN, *The management of patients with venous leg ulcers*, 2006, RCN: London • RNAO, *Assessment and Management of Venous Leg Ulcers*, 2004,RNAO: Toronto • SIGN, *Management of chronic leg ulcers*, 2010, SIGN: Edinburgh

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