



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

#### References:

Royal College of Nursing (RCN), Clinical practice guidelines: The management of patients with venous leg ulcers 2006, London: RCN Institute, Centre for Evidence based Nursing, University of York.

Registered Nurses' Association of Ontario (RNAO), Assessment and Management of Venous Leg Ulcers. March 2004 ed. RNAO 2004. Toronto, Ontario: RNAO.

Australian Wound Management Association (AWMA), Australian and New Zealand Clinical Practice Guidelines for Prevention and Management of Venous Leg Ulcers, 2011, AWMA: Barton. ACT.

Scottish Intercollegiate Guidelines Network (SIGN), Management of chronic venous leg ulcers. A national clinical guideline 2010, SIGN: Edinburgh.



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This Project is funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care (EBPAC) program.





# **Venous Leg Ulcers**

### **Assessment**

- Measure an Ankle Brachial Pressure Index (ABPI) on all clients with a leg ulcer
- An ABPI should only be undertaken by health practitioners with training
- ABPIs should be repeated:
- whenever starting compression therapy
- whenever changing type of compression
- if an ulcer deteriorates or fails to progress
- every 3 months
- Regularly measure the ulcer, every 4 weeks or as clinically indicated to monitor progress
- Refer to a specialist if:
- there is uncertainty in diagnosis
- there is a low or high ABPI (<0.9 or >1.2)
- ulcers of complex aetiology
- signs of infection or deterioration
- failure to improve after three months





### Management

- Multilayer compression bandaging is the first line of treatment for uncomplicated venous ulcers
- Compression therapy should be applied by a trained practitioner
- Protective padding should be used over bony prominences when applying compression
- Dressings should be simple, low-adherent, cost effective and acceptable to the individual
- Avoid products that commonly cause skin sensitivity (e.g. lanolin, phenol alcohol)
- Specialist leg ulcer clinics are recommended as the optimal community health service

## Venous leg ulcers typically:

- occur on the lower third of the leg
- are usually shallow
- have irregular, sloping wound margins
- produce moderate to heavy exudate
- pain is relieved by elevation of the legs



#### **Prevention**

- Use of compression stockings for life reduces leg ulcer recurrence
- Compression stockings should be measured and fitted by a trained practitioner
- Replace compression stockings every six months
- Teaching people how to apply their stockings is essential
- A variety of stocking applicators are available
- Strategies to prevent recurrence also include:
- venous investigation and surgery
- regular follow-up and skin checks
- lower limb exercises
- elevation of lower limbs above heart level
- ensuring optimal nutrition and hydration

Venous ulcers are the most common type of leg ulcer and account for 60-70% of all leg ulcers