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

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Healthy Skin Champions for Skin Integrity

60 Musk Ave
Kelvin Grove Qld 4059
Brisbane, Australia

Phone: + 61 7 3138 6000 or
Fax: +61 7 3138 6030 or
Email: ihbi@qut.edu.au
Email (Wound Healing): woundservice@qut.edu.au

CRICOS No. 00213J

www.ihbi.qut.edu.au

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Venous Leg Ulcers

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

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 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

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