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

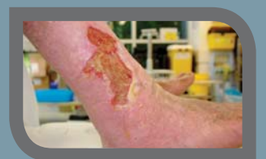
Prevention

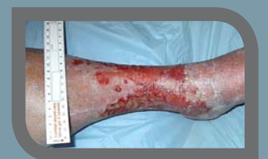
- Use of compression stockings for life reduces leg ulcer recurrence (Class 3 (40mm Hg) if tolerated, or highest level tolerated)

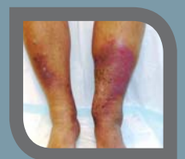
* *A trained practitioner should fit compression stockings*

- 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	The surrounding skin often has:
Occur on the lower third of the leg	Haemosiderin (brown) staining
Have pain usually relieved by elevation of the legs above heart level	Hyperkeratosis (dry, flaky skin)
Are shallow and have irregular, sloping wound margins	Venous stasis eczema
Produce moderate to heavy exudate	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

promoting healthy skin

Champions for Skin Integrity

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