Venous Leg Ulcer Workshop

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Objectives

- Overview ANZ Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers (VLU) & NZWCS assessment form
- Understand the pathophysiology of VLU
- Discuss indicators and risk factors towards venous disease
- To recognise importance of clinical assessment and doppler ultrasound in assisting diagnosis
- To understand the importance of compression therapy (bandages and hosiery); and the associated risks
- To understand supplemental pressure and how to use it!
- Importance of education in prevention of VLU’s
Guidelines: VLU full-thickness defect of the skin persists due to venous disease of the lower leg.

- Identify those at risk of VLU
- Assess and accurately diagnose VLU
- Optimise management plan
- Promote self care
- Prevent complications
- Optimise QoL (e.g. pain)
- Reduce VLU recurrence
- NZWCS Leg Ulcer Assessment form based on guidelines
Leg Ulcer Assessment Form

- HISTORY – Clinical, Pain & Leg Ulcer
- EXAMINATION of the Leg & Ulcer
- Wound assessment
- INVESTIGATIONS to Support Diagnosis
- Diagnosis
- Planning, Implementation & Evaluation
Venous Insufficiency

Oedema: blood has left the highway (veins) and gone to the hills! (skin).
Accurate Diagnosis of Leg Ulceration:

Comprehensive history
Physical examination &
Diagnostic reasoning
Venous Risk Factors

- Family history varicose veins/ulcers
- Previous vein surgery / leg ulcer
- DVT / PE / chest pain, haemoptysis
- Hx phlebitis
- Lower leg fracture, trauma or surgery
- Reduced calf pump function
- Advancing age
- Prolonged standing/sitting occupations
- Multiple pregnancies
- Overweight
Venous Clinical Signs & Symptoms

- Limb pain present (aching, tired, night cramps)
- Pain relieved - limb elevated
- Prominent, superficial veins
- Ankle Flare
- Lipodermatosclerosis
- Haemosiderin Staining
- Eczema dry or wet
- Atrophie Blanche
- Oedema: pedal / ankle / leg
- Inverted champagne-bottle shaped leg
Some Venous Indicators

- Varicose veins
- Eczema
- Haemosiderin Staining
- Atrophie Blanche
- Lipodermatosclerosis
- Ankle flare
- Inverted Champagne bottle shaped leg
Ulcer Characteristics

**Venous**

- Partial thickness ulcer
- Can be painful
- Irregular wound edges
- Slow progress
- Gaiter or medial/lateral malleolus

**Arterial**

- Full thickness ulcer
- Painful, sharp, intense
- Punched out appearance
- Rapid progression / prone infection
- Ulcers located on toes, heels, and bony prominences of the foot
Ankle Brachial Pressure Index

ABPI - measures fall in BP in the arteries supplying the legs; used to detect evidence of arterial blockages of the lower leg.
Compression Therapy

- Promotes venous return, reduces venous pressure and prevent venous stasis.
- Trained application only
- Healing rates up to 70% at 12 wks
- Combined with a program to prevent ulcer recurrence can improve patients’ quality of life & reduce the burden of venous ulcer disease on the healthcare system
Risks of Compression - Safety First!
Localised Supplemental Pressure

- Achieved by filling the affected area with extra pressure over primary dressing (Southland Snail, gauze or foam) before compression is applied, increases pressure, softens fibrosed skin and can help advance healing.
Tubigrip Application: Toe-to-Knee

- Tubigrip straight on limb can cause pressure marking.
- Stockinette (optional)
- Soffban: create normal shaped leg
- Crepe: supportive
- Tubigrip: start one layer first; assess tolerance (can increase to 2-3 layers during day).
Patient Education

- Remove compression – numbness, tingling, toes discoloured, pain
- Patient Information Leaflets Free from: www.nzwcs.org
- **What is a Venous leg ulcer?**
- **Treating Venous leg Ulcers and Maintaining Leg Health**
- **Preventing Venous leg Ulcers**

Photos: healing achieved under 2-months with compression bandaging.
Compression Hosiery & Skin Care

- Skin care, when to use steroid creams.
- High recurrence rates
- Compression hosiery reduces rates – when to replace
- Donning devices
Any Questions?
References