Management of Patients with Leg Ulcers

**Summary**
- Leg ulcers cause great distress to patients and cost the NHS millions of pounds each year. The prevalence of leg ulcers is increasing.
- Most patients have an underlying vascular cause for their leg ulcers.
- All patients require specialist assessment and most would benefit from compression and treatment of their veins.
- Despite evidence-based guidelines for referral and treatment, current service provision remains poor.

**Urgent action is needed to ensure that all patients with leg ulceration are offered the most appropriate care.**

**The Challenge**
- Leg ulcers are non-healing wounds on the lower leg usually due to an underlying problem with veins (and sometimes the arteries).
- Most leg ulcers are caused by chronic venous hypertension.
- Leg ulcers usually take many months to heal.
- Without appropriate care, up to two-thirds of healed ulcers will recur within a year.
- Most patients with leg ulcers are managed in community healthcare settings.
- Data from GP records suggest that at least half these patients do not receive the care they need.
- Chronic wound care is estimated to cost between £4.5-£5.1 billion per year; a third of these wounds are leg ulcers.

**Managements Recommendations**

1. Every patient with a leg ulcer should have an ankle brachial pressure index (ABPI) assessment (‘Doppler’) on initial presentation to assess the arterial circulation.

   **Rationale:** Doppler assessment of ABPI is a valid and reliable way to detect arterial impairment in the lower limb.

2. All patients with an adequate arterial supply (ABPI > 0.9) should be offered effective compression.

   **Rationale:** Good compression doubles the chance of healing venous leg ulcers.

3. All patients should be referred to a vascular service for assessment of their veins.

   **Rationale:** Duplex examination is the gold-standard method for identifying treatable venous problems.

4. All patients with treatable venous hypertension should be offered minimally invasive endovenous interventions (such as endothermal ablation or foam sclerotherapy).

   **Rationale:** Superficial venous treatment halves the risk of ulcer recurrence.

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**Suggested Patient Pathway**

**PATIENT PRESENTS WITH LEG ULCER**

1. **EARLY ASSESSMENT** (INCLUDING ABPI & APPLY COMPRESSION)
   - **Rationale:** Good compression doubles the chance of healing venous leg ulcers.

2. **REFER TO VASCULAR SERVICE** (Assessment including Venous Duplex)
   - **Rationale:** Duplex examination is the gold-standard method for identifying treatable venous problems.

3. **TREATABLE VENOUS HYPERTENSION**
   - **YES**
     - **CONTINUE COMPRESSION & NURSING CARE**
   - **NO**
     - **VENOUS TREATMENT**

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