

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.

Suggested Patient Pathway

PATIENT PRESENTS WITH LEG ULCER

EARLY ASSESSMENT (INCLUDING ABPI) & APPLY COMPRESSION

REFER TO VASCULAR SERVICE (Assessment including Venous Duplex)

TREATABLE VENOUS HYPERTENSION → **YES**

VENOUS TREATMENT

CONTINUE COMPRESSION & NURSING CARE

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