



HAEMOSIDERIN: A REDDISH BROWN STAINING ABOVE THE ANKLE

SKIN CHANGES AS WE GET OLDER

Haemosiderin staining occurs when red blood cells pass through the smallest blood vessels (capillaries). And when the red blood cells die, iron released from the haemoglobin is converted into haemosiderin and stored in the tissue beneath the skin. This shows up as a brown stain on the skin.

Our skin naturally changes as we get older. It may lose its softness, elasticity and smoothness over time. However, you may notice more unusual changes such as brown staining on your lower legs above your ankles.

CONSIDER AND OBSERVE

Does your occupation involve you having to stand for long periods, are you tall or do you have a family history of varicose veins or leg ulcers.

Do you have heavy aching legs after a long day's work or notice swelling that is increasing or skin changes which may include brown reddish staining and dry itchy skin patches.

Seek advice from your local pharmacy, practice

nurse or GP as this could be the early signs of venous hypertension or insufficiency in the leg veins.

WHAT IS REDDISH BROWN STAINING?

Reddish brown staining on our lower legs is often caused by problems with the veins on our lower legs.

This can happen when we have high pressure in the veins in the legs. This is known as venous hypertension / insufficiency.

This happens when high pressure in our veins pushes blood into the skin tissue causing staining in the skin tissue.

When skin is stained like this, it is very fragile and may break down or, if knocked, fail to heal as usual.

VENOUS HYPERTENSION / INSUFFICIENCY

Reddish brown staining on our lower legs is often caused by problems with the veins on our lower legs. Blood is pumped from our heart to the rest of our body through our arteries. It returns to our heart through our veins.

Blood is propelled back to the heart by our heart pumping, movement of the diaphragm (muscle just below the chest) from breathing and by being pushed out from the leg and foot muscles as we walk or move our ankles.

Our veins contain one-way valves to stop the blood falling back towards our toes. These valves can become weak or damaged. When this happens,

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blood can backflow and our veins become swollen and bulbous (these are known as varicose veins). Due to the high abnormal pressure, blood/fluid can then be forced into the tissue of our skin from the high pressure in the veins.

You may notice that your ankles are swollen, brown staining appears on your legs and wounds may occur which often start to leak fluid and are unable to heal as normal.

GETTING DIAGNOSED

If your legs have reddish brown stains on them, make an appointment at your GP practice to see a healthcare practitioner, this may be a doctor or a nurse.

Alternatively, there might be a Leg Club or specialist leg clinic in your area – you should be able to get information on this from your doctors surgery. You can attend one of these without having to be referred by your GP.

Remember to remove any nail polish from your toenails before your appointment.

When you see the nurse or doctor, they should:

- Ask about your symptoms and how long you have had problems
- Examine your lower legs

You may be offered a simple test called a Doppler Ultrasound. This test measures the blood pressure in your ankle and compares it to the pressure in your arm to see if you have problems with the blood supply to your lower leg. You might have to come back to have your Doppler test on a different day or at another clinic but you should have this test within a few weeks of your first appointment.

You might also be offered further tests to check for other health problems that can affect your legs such as diabetes and anemia.

If your GP or nurse thinks you have problems with your veins or arteries, they might refer you for further vascular tests at your local hospital or specialist clinic.

When you see the nurse or doctor ensure they take your height and weight and calculate your BMI (Body Mass Index). Being overweight can predispose you to

problems in the legs such as swelling, varicose veins and skin changes. Speak to your nurse and/or doctor about ways to support your exercise and diet regime as this is an important part of keeping legs and feet healthy. You can also access support from your local pharmacy.

TREATMENT

Moisturising your skin - It is important to keep your skin clean and well moisturised. Avoid soap as this can be very drying. Instead, use a moisturising soap substitute when washing, bathing and showering.

When washing ensure the water is not too hot as this can dry the skin and cause irritation. After washing gently dry the skin avoiding excessive rubbing to reduce friction and irritation. Ensure the skin is fully dry before applying a moisturiser paying particular attention to in between the toes. Applying the moisturiser in a downward motion not against the hair growth can help prevent irritation of the hair follicle from the moisturiser.

Always moisturise your skin after washing, bathing and showering. You might want to use a bath emollient or oil as well as a moisturising lotion, cream or ointment, as these clean and hydrate the whole body. If you're using bath oils, remember to also use a rubber mat or grip rail as the bathtub can become very slippery.

Compression therapy - You might be offered compression therapy. Compression therapy improves blood flow through the veins by applying pressure to the leg by bandaging the lower leg or by wearing supportive socks, stockings or tights. It's very effective at reducing swelling and healing or preventing sores or ulcers. There are lots of different types of compression therapy so ask your nurse to find something that is right for you. Compression can be a little uncomfortable when you first start treatment but any discomfort should reduce as the swelling goes down. You might find it helpful to take pain killers when you start compression therapy.

Exercise - Try and take regular exercise, such as a brisk 30 minute walk, at least three times a week.

You could also try this gentle exercise while sitting down: move your feet around in circles, then up and down. This helps get blood back to your heart.

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