

## **DID YOU KNOW?**

NICE and the National Wound Care Strategy recommend that any patient with a lower limb break in the skin that hasn't healed within 2 weeks should be assessed by a Vascular Unit

Let's talk legs - get to know what's normal and what's not at

legsmatter.org





All patients with venous ulceration or suspected venous ulceration should have assessment of their veins by the means of a venous duplex\*.

The screening and interventions are provided by your local Vascular team.



Patients should expect to have an ultrasound on the leg, up to the groin. This is to look at how well the blood is flowing in their veins and arteries. It doesn't take long and the patient won't usually be required to remove their dressings.

A member of the Vascular team will then provide options for intervention and answer any queries they have.



Modern treatments are performed under local anaesthetic, take less than an hour and are walk-in walk-out. Most are performed in an Outpatients setting or Day unit.

The Practitioner uses either heat or a special foam to close the faulty vein from the inside. This reduces the pressure on the wound site and helps it heal more quickly.

United by purpose



All patients should be referred as part of their care plan.

These procedures are routinely funded across the country, especially for patients with a venous leg ulcer. It doesn't matter whether the patient has varicose veins or not.



If you have the ability to refer, please send them direct to vascular. If not, please ask a GP to do so.

Not all GPs are aware of the NICE guideline that covers this recommendation so it maybe worth mentioning in your request.



National Wound Care Strategy nationalwoundcarestrategy.net

NICE Guideline for Varicose Veins and Venous Leg Ulcers nice.org.uk/guidance/cg168

\*EVRA study

HUNTLEIGH

A Randomised Trial of Early Endovenous Ablation in Venous Ulceration, Gohel et al 2018

Medtronic 77

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