Venous Leg Ulcer Flow Chart

Assessment

Take a comprehensive assessment of:

- the individual and their history
- leg ulcer area and characteristics
- the healing environment

Diagnostic investigations:

- screen all patients with a leg ulcer for arterial disease, including Ankle Brachial Pressure Index (ABPI)*
- reassess the ABPI every three–12 months according to the individual's condition

** Compression therapy is contraindicated if the ABPI is <0.8 or >1.2*

Assessment should be undertaken by a health professional with training and expertise in leg ulcer management

Wound Bed Management

- Cleanse with a neutral, non-irritating solution, e.g. warm tap water or saline
- Clean the wound gently (avoid mechanical trauma)
- Remove necrotic or devitalised tissue (e.g. autolytic debridement)*
- EMLA® cream can reduce pain associated with debridement

** Mechanical or sharp debridement should only be done by appropriately trained practitioners*

- Select a dressing that will:
  - maintain a moist wound-healing environment
  - manage wound exudate
  - be low-adherent
  - protect the peri-ulcer skin

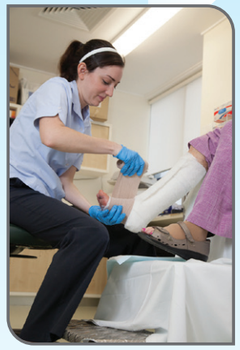
Management

- Refer for vascular assessment for venous intervention
- Multilayered compression therapy should be applied where there are no contraindications*

** Contraindications include low or high ABPI, mixed ulcer aetiology, heart disease, peripheral neuropathy*

Compression therapy should only be applied by a trained health professional

- Apply moisturiser to the lower limb
- Apply padding over bony prominences
- Apply compression from toe-to-knee
- Apply compression system as per manufacturers' guidelines



- Remove bandaging if there is:
  - slippage of bandage
  - decreased sensation of lower limb
  - toes go blue or purple, or leg swells above or below the bandage
  - increased pain, or pins and needles
  - shortness of breath or difficulty breathing
- Monitor progress by measuring the wound before starting compression therapy, then every two–four weeks, or when changes occur

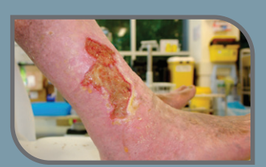
Prevention

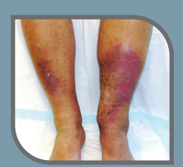
- Use of compression stockings for life reduces leg ulcer recurrence (class three if tolerated, or highest level tolerated)
- Consider practicality and application methods when choosing the type

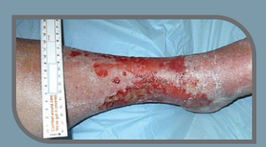
A trained practitioner should fit compression stockings

- Replace compression stockings every six months
- Provide education to clients and carers on compression stocking application and removal techniques
- Refer to vascular surgeon
- Monitor regularly, at three, six or 12 months, depending on individual's need and risk of recurrence
- Encourage daily skin care
- Elevate the affected limb above heart level daily
- Encourage ankle and calf muscle exercises
- Repeat Doppler ABPI every three–12 months according to the individual's condition

Characteristics of a venous leg ulcer







Venous leg ulcers typically:	The surrounding skin often has:
occur on the lower third of the leg	haemosiderin staining
have pain usually relieved by elevation of the legs above heart level	atrophie blanche
are shallow and have irregular, sloping wound margins	hyperkeratosis (dry, flaky skin)
produce moderate to heavy exudate	venous stasis eczema
	inverted champagne bottle leg appearance

When to refer

- Uncertainty in diagnosis
- Complex ulcers (multiple aetiology)
- ABPI <0.8 or >1.2
- Signs of spreading or systemic infection
- Deterioration of ulcer
- Failure to reduce in size by 20-30% in four to six weeks, or to improve after three months, or recurring ulceration
- Uncontrolled pain

References:

AWMA & NZWCS. Australian and New Zealand Clinical Practice Guidelines for Prevention and Management of Venous Leg Ulcers. 2011, Barton ACT: Cambridge Publishing. • Wounds Australia. Standards for Wound Prevention and Management. 3rd ed. 2016, Osborne Park, WA: Cambridge Media. • Wounds UK. Best Practice Statement: Ankle brachial pressure index (ABPI) in practice. 2019, London: Wounds UK. • Wounds UK. Best Practice Statement: Addressing complexities in the management of venous leg ulcers. 2019, London: Wounds UK. • O'Meara S et al. Compression for venous leg ulcers. Cochrane Database Syst Rev. 2012; 11:CD000265. • Nelson E, Bell-Syer SEM. Compression for preventing recurrence of venous ulcers. Cochrane Database Syst. Rev. 2014; 9:CD002303.

promoting healthy skin

Champions for Skin Integrity

QUT ihbi Institute of Health and Biomedical Innovation

woundresearch@qut.edu.au **www.qut.edu.au/ihbi**

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