



**This is a guide only and does not
replace clinical judgment**

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Venous Leg Ulcers

Information for health professionals



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Venous Leg Ulcers

Assessment

- Undertake comprehensive, ongoing assessment of client
- Screen all clients with a leg ulcer for arterial disease, via history, clinical assessment, and an Ankle Brachial Pressure Index (ABPI)
- An ABPI should only be undertaken by health practitioners with training
- ABPIs should be undertaken regularly, e.g. every three–12 months according to the individual's condition
- Measure and document the ulcer area and characteristics regularly to monitor progress
- Refer to a specialist if:
 - there is uncertainty in diagnosis
 - there is a low or high ABPI (<0.8 or >1.2)
 - ulcers of complex aetiology
 - signs of infection or deterioration
 - failure to reduce in size by 20–30% in four to six weeks, or improve after three months
 - there is uncontrolled pain



Management

- Cleanse ulcer with a non-irritating solution and debride any devitalised tissue if present
- Dressings should be simple, low-adherent, cost effective and acceptable to the client
- Compression therapy is recommended, where there are no contraindications (e.g. *arterial disease, neuropathy, ABPI <0.8 or >1.2*)
- Compression therapy should be applied by a trained and proficient practitioner
- Protective padding should be used over bony prominences when applying compression
- Refer for vascular assessment
- Recommend leg elevation and progressive leg exercises

Venous leg ulcers typically:

- occur on the lower third of the leg
- are usually shallow
- have irregular, sloping wound margins
- produce moderate to heavy exudate
- pain is relieved by elevation of the legs



Prevention

- Use of compression therapy reduces leg ulcer recurrence
- Compression stockings should be measured and fitted by a trained health professional
- Replace compression garments every six months
- Teaching people how to apply their garments is essential
- A variety of stocking donners and doffers are available
- Strategies to prevent recurrence also include:
 - venous investigation and intervention
 - regular follow-up (three–12 months) depending on need and risk of recurrence
 - skin care
 - lower limb exercises
 - elevation of lower limbs above heart level

Venous ulcers are the most common type of leg ulcer and account for 60–70% of all leg ulcers