Management of Patients with Leg Ulcers

Summary

- Leg ulcers cause great distress to patients and cost the NHS >£1 billion 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 current best practice.

The Challenge

- Leg ulcers are non-healing wounds on the lower leg, usually due to a problem with veins (and sometimes 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.
- Primary care data suggest that >50% of patients are not referred and do not receive the care they need.
- Chronic wound care costs between £4.5 - £5.1 billion per year; a third of these wounds are leg ulcers.

Management 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 therapy.

   **Rationale:** Appropriate compression significantly increases healing of venous ulcers.

3. All patients should be referred and have early assessment of their veins using colour duplex ultrasound.

   **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:** Early superficial venous treatment (within 2 weeks) speeds up ulcer healing and halves the risk of ulcer recurrence.

Suggested Patient Pathway

PATIENT PRESENTS WITH LEG ULCER

EARLY ASSESSMENT (INCLUDING ABPI) & APPLY COMPRESSION

EARLY REFERRAL TO VASCULAR SERVICE (prompt assessment including venous duplex)

TREATABLE VENOUS HYPERTENSION?

YES

EARLY VENOUS INTERVENTION (WITHIN 2 WEEKS)

NO

CONTINUE COMPRESSION & COMMUNITY NURSING CARE