Treatment of venous leg ulcers

Why have I been referred to the vascular unit for my leg ulcer?

The most common underlying problem causing chronic leg ulcers is disease of the veins of the leg. Venous disease is the main reason for over two thirds of all leg ulcers.

- Venous Disease (caused by veins not working) causes about 80% of leg ulcers.
- Arterial Disease (caused by the arteries not working) about 15% of leg ulcers.

Other causes (includes diabetes and rheumatoid arthritis as well as some rare conditions) - about 5% of leg ulcers.

In some cases, two or more conditions may be causing damage at the same time.

In the vascular unit your consultant or specialist nurse will examine you and might recommend some tests to see what sort of ulcer you have.

The veins in your leg are tubes that carry the blood back from the foot towards your heart. The veins in your legs have one-way valves that make sure the blood flows up the leg and not back down. In some people, these valves are not very effective or can be damaged by thrombosis (clots) in the veins, prolonged standing, or pregnancy. If the valves are damaged, blood can flow the wrong way down the veins, which results in a very high pressure in the veins when standing up. This abnormally high pressure in the veins damages the skin causing it to break down easily causing a leg ulcer.

If you are thought to have a leg ulcer caused by venous disease you will be offered a venous duplex scan. A venous duplex scan will be able to look at the function of the deep and surface veins. If the surface veins are not working properly (allowing blood flow in the wrong direction down the leg) then there is evidence to show that treating these veins can help with ulcer healing and can prevent ulcer recurrence.

The venous duplex scan will usually be performed at the Norfolk and Norwich hospital in the vascular studies lab, West outpatients' level 3.

It is an ultrasound scan performed with you standing up against a tilted bed.

How will I be treated?

Treatment of a venous leg ulcer happens in two ways:

- Controlling the high pressure in the leg veins.
- Treatment of the ulcer.

The mainstays of treatment are elevation of the leg, compression bandaging, or stockings and if appropriate vein interventions called Radiofrequency Ablation (RFA).

Elevation of the leg

The higher the leg, the lower the pressure in the leg veins. If the foot is elevated above the heart, then the pressure in the foot drops to a normal level. Put your legs up whenever you can and as high as you are able-the arm of the sofa is good. If able elevate the lower end of your bed (6 inches or so) so that when in bed your feet are a little higher than your head.

Ensure you moisturise your leg daily to prevent the skin from drying and cracking and try to avoid any knocks or scrapes.

Compression bandaging, stockings or wraps

To keep the pressure in the leg veins at the ankle low when you are standing up, you will be treated with compression. This can take the form of bandaging, stockings or wraps depending on your individual circumstances. Several layers of bandages may be required to get the necessary pressure to control the veins. Once the ulcer is healed, compression stockings are usually necessary to prevent the ulcer from returning. Please be aware that multi layered compression bandages might be applied at your appointment, please bring or wear shoes to accommodate this. Sometimes this will be the only treatment possible and will need to be lifelong.

Intervention to the Veins

If your veins are assessed as incompetent, you will be offered Radio frequency Ablation (RFA). This is performed as a day procedure to help reduce the increased pressure caused by damaged veins to help with ulcer healing and prevent recurrence.

How long will it take the ulcer to heal?

It has usually taken many years for the venous disease to cause ulcers, so it's not surprising that the ulcers may take a long time to heal. Although most venous ulcers will heal up in 3-4 months, a small proportion will take considerably longer. Don't despair! Even in these resistant cases, treatment is usually successful if stuck at.

How can I stop the ulcer coming back?

Once your ulcer is healed, you still might have an underlying problem with the veins, and you must take precautions to prevent the ulcer recurring.

- Wear compression stockings wraps or bandages as directed.
- Elevation of your legs, whenever possible.
- Keep the skin in good condition by using plenty of moisturising cream to prevent dryness.
- Weight loss, fresh fruit, exercise and stopping smoking are also vital to help heal your ulcers as well as for your general health.
- Increasing the amount of protein in your diet, protein deficiency may delay wound healing in patients with leg ulcers.

Research

We are constantly trying to improve patients experiences of having a leg ulcer and the treatment options available. You might be asked if you would be interested in participating in a research project at your appointment. The aim of all of our leg ulcer research is to improve

the future care and treatments for patients suffering with leg ulceration. If you decide not to participate in research your care will not be affected in anyway.

Points of contact:

Vascular Specialist Nurses

Norfolk & Norwich University Hospitals NHS Foundation Trust

Tel: 01603 287844 or 01603 647972 (Monday to Friday 9am-5pm)

Further information and support:

Patient Information Leaflet for: Chronic Venous Leg Ulcers

Vascular Surgeons (Secretaries):

Miss F J Meyer	01603287136
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Mr DR Morrow	01603 286442
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NHS 111 service out of hour's advice

Vascular Surgical Society of Great Britain and Ireland

Tel: 020 72057150

Web address: www.vascularsociety.org.uk

Circulation Foundation

Tel: 020 72057151

Web address: www.circulationfoundation.org.uk

For help giving up smoking

Contact your local NHS Stop Smoking Service Smoke free Norfolk on 08000854113

The NHS National Stop Smoking Helpline and website are always there to give free advice, help and support. Call 0800 169 0 169 or visit www.smokefree.nhs.uk. You can contact you GP surgery or pharmacy for local support.







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