Venous Leg Ulcers
Information for patients and carers

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What is a venous leg ulcer?

An ulcer is an area of skin that has broken down to expose the underlying tissues. Leg ulcers are more common in older people and are usually situated on the lower part of the leg and/or foot. About 1 in 50 people will develop a venous ulcer at some stage. It is important that venous leg ulcers are treated to help prevent them getting larger or causing other problems in the leg.

What causes a venous leg ulcer?

Veins normally carry blood up the leg in one direction towards the heart. Normally valves in the veins stop the blood flowing backwards. When these veins become damaged maybe due to a previous blood clot in the vein, or varicose veins, blood is allowed to flow back down the leg causing the blood to pool (collect in one area). This causes increased pressure in the veins and fluid leaks into the tissues beneath the skin - swelling, thickening and damage to the skin can then occur and an ulcer can develop.
How is a leg ulcer diagnosed?

Venous leg ulcers often look very different from ulcers caused by other problems such as poor circulation or nerve problems. In order to determine what is causing the ulcer, you may have to have an ultrasound scan of your leg called a duplex. A doctor or nurse may also have to calculate your ankle brachial pressure index (ABPI). This will be done by checking the blood pressure in your ankle and arm with a device called a doppler. The ABPI measures the ratio between the two readings. If the ratio is low this indicates that the cause of the ulcer is likely to be due to poor blood supply rather than venous problems. This is important to know as the treatment is very different.

An ABPI should be repeated every 3-12 months depending on your condition and the progress of the ulcer. If regular duplex scans are performed ABPIs may not be required. Routine blood and urine tests may also be done to rule out other conditions which may cause or worsen certain types of skin ulcer.

How will my venous leg ulcer be treated?

Venous leg ulcers are dressed in a similar way to any other wound. However it is unlikely to heal as quickly, if at all, with simple dressings alone. In addition to dressings the following treatments may also help:

Compression bandaging

Compression bandages are considered to be the best treatment for venous ulcers. They are bandages that are applied in 2, 3 or 4 layers to give compression to the leg and to aid the blood flow back to the heart. When the bandages are in place the pressure is higher at the ankle and gradually decreases towards the thigh. This prevents the pooling of blood in the leg.
Your bandages will be changed regularly and will feel fairly tight. However, you should still be able to move your ankle around. If too tight the circulation to the foot can be affected. If your foot changes colour or temperature, or if you have increasing pain, it is important that your bandages be removed and to let your doctor or nurse know as soon as possible.

This is what your bandage may look like.

![Bandage Image]

**Exercise and elevation**

Exercising your legs regularly helps to keep the calf and foot muscles working so it is good to be as active as possible. This will help to keep blood flowing in the right direction. Some exercise is better than none at all. Short, regular bursts of exercise may help but remember - know your limits and don’t over do it!

Ankle and foot exercises may also be helpful in your recovery. Try pointing the toes towards the floor and then up at the ceiling and/or rotating the ankle to improve circulation.

Avoid long periods of standing and when resting try to raise the legs so that they are higher than the hips. You could do this using foot stools or with extra pillows if in bed. This may not be possible if you have certain other medical conditions or disabilities.

Please ensure the backs of your legs are supported rather than your heels.
Other treatments and lifestyle changes.

In some people other health problems or certain lifestyle choices may mean that the skin has less chance of healing well. Other treatments or strategies may be needed to help your ulcer to heal.

Lifestyle changes

**Smoking:** If you smoke, try to stop smoking. Chemicals in cigarettes can interfere with the skin’s ability to heal. This is partly due to some of these chemicals preventing oxygen from reaching the wound. Smoking can also adversely affect circulation. Talk to your doctor or nurse for advice.

**Diet:** A healthy diet is very important to promote wound healing. A diet high in fruits and vegetables, meat and fish can be helpful. You may be referred to a dietician particularly if you are under or overweight. Both of these conditions can have a detrimental affect on healing.

**Footwear:** Wear sensible footwear to accommodate any bandages or dressings so that the feet aren’t restricted. You may be referred to a podiatrist /chiropodist to help take good care of your feet and nails.

Treatments

**Skincare:** The skin on the leg and foot can be more prone to inflammation, dryness and flaking. If left untreated the skin can crack and further ulcers may appear. Dry skin can also cause itching, please try not to scratch as this can also cause ulcers to develop. Your doctor or nurse will advise you on an appropriate treatment plan, including the use of an appropriate moisturiser.

**Painkillers:** Everyone experiences pain differently. Painkillers can be prescribed should you need them.
**Antibiotics**: These are sometimes needed for short periods if the skin and tissues around the ulcer become infected.

**Iron Tablets**: These or other treatments may be needed if you are anaemic.

**Specialist referral**: Occasionally other specialists may be asked to look at your ulcer if it is felt that this could be beneficial. In some cases surgery may be advised, aimed at improving the circulation or closing the wound with a skin graft.

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**How to prevent ulcers reoccurring**

Venous ulcers can return once healed. There are some things that you can do to help prevent this.

Moisturising the legs at least once a day can help to prevent the ulcer reoccurring. Use a downwards action to apply to keep the hairs in one direction. This will help to prevent infection at the base of the hairs.

Wear compression hosiery. These are available in various classes (strengths) and different sizes or can be made to measure. They work in a similar way to compression bandages but are less bulky. You should receive advice from your doctor or nurse about compression hosiery as your ulcer heals. Please note that these are very different to the support hosiery available in ordinary high street shops.

Compression hosiery will also need replacing at regular intervals to remain effective, please refer to manufactures advice.

Check your legs regularly for any changes or if wounds appear. If you are at all worried contact your doctor or GP.
Frequently asked questions

1) How long will the ulcer take to heal?
The majority of ulcers will heal within 3 months if treated with compression bandaging. However dependant upon the treatment used and any complicating factors such as infection or other health problems healing can take a lot longer.

2) Is it alright if I wash my leg?
It is important to keep the leg clean and washing the leg with ordinary tap water, unless otherwise advised, is fine. When bandages are in place they need to be kept dry but the leg can be washed when the bandages are due to be changed. If a district nurse is dressing your leg, find out what time they will be visiting so that your leg can be washed beforehand without being exposed for too long. It is not advisable to soak, scrub or use highly perfumed soaps. Plain warm water should be sufficient.

3) Is it OK to remove the bandages?
Once in place the bandages should be left until the next bandage change. Pressure in the veins can build up quite quickly once the bandages are removed and swelling can occur, which may adversely affect healing. If the bandages are causing pain, slip down or there are changes in the foot as mentioned earlier then they can be removed. Inform your nurse/doctor as soon as possible if this happens.

4) Is a leg ulcer painful?
Leg ulcers can be painful. It is important to discuss your pain with your doctor or nurse. A pain diary can be helpful to note down at what times of the day the ulcer is more painful and if certain things cause more pain than others. Painkillers can be prescribed if needed.
If you have any queries or concerns speak to:

- The nurse caring for your ulcer, who can assess and seek further advice from a wound care specialist if required.

- Your G.P or district nurse

- The Vascular Out-patient department at Queen Elizabeth Hospital Birmingham if you are a patient known to them on: extension 15481

**PALS**

The Patient Advice and Liaison Service can offer support and advice to patients, relatives or carers. They can be contacted on: 0121 371 3280 or via email: PALS@uhb.nhs.uk.

The following websites will provide information and clinical evidence:

www.legulcerforum.org

www.rcn.org.uk

www.legclub.org

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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