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 increased healing of venous ulcers

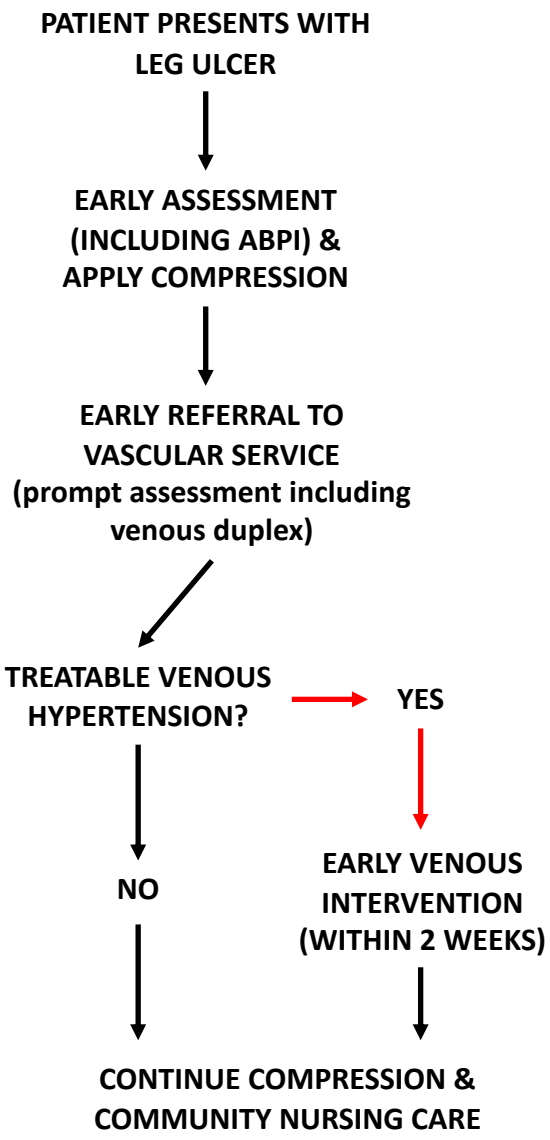
3. All patients should be referred and have early assessment of their veins using colour duplex ultrasound.

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



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