

A partnership approach: helping patients with leg ulcers and varicose veins



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During the past 10 years, there has been an abundance of literature written about the incidence rate of leg ulcers and the high cost of their management. Medical and nursing skills have had to keep pace with the rapid development of wound technology and products. With an ageing population, increasing incidence of long-term conditions and a very challenging financial environment, healthcare services will have a significant challenge; therefore, attendance at conferences is essential to ensure our skills and practice are current.

PHLEBOLOGY, NOT PHLEBOTOMY

In March this year, the College of Phlebology (COP) held its second international veins meeting in London. In today's NHS culture, commissioners are increasingly looking to the Third Sector for innovative healthcare delivery, and there are growing opportunities for research and patient-centred organisations to form partnerships. This partnership was evident at the COP meeting and as the founder of the Lindsay Leg Club® model and third-sector charity, I was invited to give the inaugural speech, which certainly was daunting in front of an audience of international phlebologists and expert clinicians in the field of vascular surgery and wound management. The main subject of the first of the three-day conference was leg ulcers, the latest ways to investigate and treat them.

The theme throughout the conference highlighted the importance of a multidisciplinary approach in order to find better ways to prevent leg ulcers and empower patients who are living with them. The COP as an international organisation, founded in the UK in 2011, achieved this by bringing together doctors, nurses, vascular technologists and scientists, along with anyone else interested in venous disease and its consequences. In most areas of the world, there are vein specialists called 'phlebologists'. Unfortunately, in the UK, most people hearing the word 'phlebologist' and think it refers to someone who takes blood on a ward— a 'phlebotomist'. The reason is that in the UK, there are only a handful of specialists who only treat venous disease.

Prof Mark Whiteley is one of those few phlebologists in the UK and it was he who set up the COP. Both Mark and I share a passion about bringing the best and most cost-effective treatments to patients with problems relating to the lower limb and venous leg ulcers. Unfortunately, in the UK presently, it is clear that patients with venous leg ulcers are generally not being treated optimally. My response to this was to set up the psychosocial Leg Club® model and Mark's was to set up the Leg Ulcer Charity, and now they both work closely together.

TREATING PATIENTS HOLISTICALLY

Several different factors compound a person's risk of developing chronic venous leg ulcers; and older people are at an increased risk of developing arterial and venous incompetence. With improved life expectancy, this means the number of people with ulcers are likely to rise. Research identifies chronic leg ulcers affecting 0.6–3% of those aged over 60, increasing to over 5% of those aged over 80 (Agale, 2013). Leg ulcers are often an indication of a long-term condition such as diabetes or rheumatoid arthritis. As part of the assessment process, the underlying ulcer aetiology is identified to make rational, safe and effective treatment decisions. Somewhere in the region of 50% of patients with leg ulcers have them because of varicose veins or 'hidden' varicose veins. According to Prof Mark Whiteley, many of these patients could be cured by local anaesthetic endovenous surgery. The other 50% are made up of complex patients, including those who have arterial ulcers that are not reconstructable, stasis ulcers because they are unable to move adequately, mixed ulcers with arterial venous and lymphatic elements as well as a whole host of other chronic problems. These patients need to be looked at holistically, with the management of their ulcers forming only a part of their treatment, and nutrition, exercise, state of mind and general wellbeing being considered too.

The COP meeting was split into three streams: live operating under local anaesthetic broadcast directly from The Whiteley Clinic; a leg ulcer room

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and a general science room. On the first day this year, the Lindsay Leg Club® Foundation gave an excellent address and handed over the podium to two patients.

PATIENT VOICES & A LIVE OPERATION

The first speaker was Martin, a professional man with young children. He explained what it was like to have a chronic leg ulcer and the impositions it had on his life and how it affected his children. He described what it was like to find out using his own internet research that his venous leg ulcer was actually due to 'hidden' varicose veins. He then went on to state how he tracked down treatment at the Whiteley Clinic and had been cured by endovenous laser ablation and TRLOP closure of perforators. He gave a moving account of how he had been able to return to a full, active professional life and how his children felt that they were getting their father back.

The second speaker, Mary-Rose, is a delightful older lady who had a venous leg ulcer that for many years did not heal. She attended one of the Lindsay Leg Clubs® and, through understanding her condition, and looking at her life holistically, she was able to heal her leg ulcer. She is now a Patron of the Foundation and an advocate for the Lindsay Leg Clubs® attending many meetings as an ambassador explaining the social model.

In these days of austerity, when we know it costs somewhere in the region of £4,000 per year to dress a leg ulcer, and approximately the same amount to cure a leg ulcer with endovenous techniques, surely it is time to cure those that are easily curable, and then to have aggressive strategies through structures such as the Lindsay Leg Clubs® to heal the remainder as quickly as possible in the most cost-effective way.

The morning session was then rounded off with a live endovenous laser operation performed on a young gentleman under local anaesthetic. Delegates were able to see the patient being scanned with a duplex ultrasound, showing hidden varicose veins and perforators, followed by ablation of all of these as a 'walk in, walk out' local anaesthetic procedure.

Other highlights during the conference included study sessions where professionals talked about leg ulceration, the importance of a full vascular

assessment of patients with leg ulcers, lymphoedema. Dr Kathleen Finlayson, a Research Fellow at the Institute of Health and Biomedical Innovation at Queensland University of Technology, spoke about her experiences down under and how leg ulcer practice differed there. Workshops were performed not only showing Doppler technique to measure arteries, but how venous duplex ultrasound scanning can be used to check for venous reflux as well as air plethysmography to look for obstructed veins.

The COP meeting is held each year in London over three days, and one-third of it is dedicated to leg ulcers. It is ideal for nurses who want to learn more about leg ulcers, understanding that a leg ulcer is not just a wound that can be assessed by looking at it, but also has an underlying cause that can be investigated and in at least half of the patients can be successfully treated, resulting in a permanently cured leg ulcer. Identifying these would release considerable resources to treat those that are not easily curable.

Medical technology in wound management is continually advancing and there are currently new and advancing ways in which leg ulcers can be managed and although the mainstay of leg ulcer management has been dressing and bandaging, there is increasing evidence that surgical intervention can cure a certain proportion of these leg ulcers. Leg ulcer management is now on the health agenda with NHS providers having to provide effective care.

A SUCCESSFUL PARTNERSHIP

The 2018 COP conference demonstrated how working in partnership with another like-minded organisation, willing to cooperate and support each other, provides an opportunity to share best practice. Communication between the Leg Club and the COP quickly established synergies in their core aims associated with education, prevention and treatment of leg ulcers and the wellbeing of their client group. Both organisations share a dedication and determination to improve treatment and quality of life for those affected by chronic leg problems — let's celebrate the fact that we are both working towards that same purpose.



REFERENCES

Agale SV (2013) Chronic Leg Ulcers: Epidemiology, Aetiopathogenesis and Management. *Ulcers* Article ID 413604