Mobility and leg ulceration: a case study

This article describes the case of a 66-year-old gentleman who was assessed and treated in his local Leg Club. He had Legg-Calve-Perthes disease, which is a rare childhood condition that affects the hip and occurs when the blood supply to the rounded head of the femur is temporarily disrupted. Without an adequate blood supply, the bone cells die, which is a process called avascular necrosis. The weakened bone gradually breaks apart and can lose its round shape. Eventually, blood supply is restored to the ball, and the bone heals. But if the ball is no longer round after it heals, it can cause pain and stiffness and, consequently, limits mobility, which can be a causative factor for venous ulceration.

The patient in the present case was a butcher, and this meant that a great deal of his time was spent standing in one spot or with limited mobility. As he aged, the irregular shape of the ball caused difficulty with movement and his work limited movement; these ultimately led to static venous hypertension in the legs. The lymph and vein valves began to lose their ability to support the blood on its return to the heart, and bilateral oedema was a likely result. All of this would increase the risk of bilateral venous ulceration (*Figure 1*).

The problem of venous return was compounded following two episodes of deep vein thrombosis. One of these episodes resulted in a pulmonary embolus, which affected breathing and reduced the negative thoracic pressure that is so important for venous return.

The patient developed the almost anticipated venous ulceration and, unfortunately, the wounds became infected. The wounds had persisted for many years, and even at the times that healing did occur, the wounds recurred almost immediately.

He was referred to the Lindsay Leg Club in his local area. The staff at the Leg Club were able to appropriately assess and treat his wounds, which healed by November 2017 and have since remained healed.

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Supplied by author

Figure 1. Venous leg ulcer due to static venous hypertension

The gentleman retired from his role as a butcher, and now spends more time with his wife and three grown children and, as he had enjoyed the Leg Club's atmosphere, he wished to continue with the Club and became a volunteer.

The local Leg Club runs efficiently due to the excellent work that the volunteers do—ensuring that Club members are recorded on entry and on leaving; coffee, tea and biscuits are readily available; and entertainment is available to the members.

The gentleman felt that waiting in a medical centre would be a waste of time, both for him and for others, as well as the staff, whereas waiting in the Leg Club was fun and certainly not a waste of time. He very much enjoys interacting with other Club members, the nurses and volunteers. He said that the nurses had excellent knowledge and intercommunication skills, and he offered his thanks to the Leg Club system.

Because of his involvement in the Leg Club, which means he has to mobilise more, and, due to the education he received at the Club, the gentleman recognises the importance of mobilising as much as possible to keep the blood returning to the heart and to prevent static hypertension. He also recognises the need for good compression systems that will need to be a lifetime commitment and feels that his life has been enriched as he no longer has to deal with his odorous and sometimes painful wounds.

Conclusion

Mobility is a vital part of preventing leg ulceration, but equally important is the education and experience that is provided by the nurses in Lindsay Leg Clubs.

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