

## [Exclusive Q&A for The Lindsay Leg Club – with the UK’s leading venous consultant Professor Mark Whiteley](#)

A third of people in the UK will suffer from varicose veins at some point in their lives – often passed on in families - and if they aren’t treated in time, can lead to a some serious health concerns, including **leg ulcers**.

Leading UK vein expert Professor Mark Whiteley of [The Whiteley Clinic](#) is encouraging people who are concerned about their veins to seek advice and necessary treatment imminently, to prevent the onset of such issues.

To mark **Vein Health Awareness Week** (running 21-27<sup>th</sup> September), The Lindsay Leg Club spoke exclusively with Professor Whiteley to learn more about the link between varicose veins and legs ulcers.

### **What are leg ulcers?**

*“Leg ulcers can come in many forms and affect the lower areas of the leg, commonly from the ankle to the foot. They occur when the skin has broken down to reveal open sores which are unable to naturally heal and can often become infected if not treated correctly.*

*Ulcers can be big or small, painful, or not painful, smelly or not smelly, wet or dry. There are a great many different appearances of ulcers which can make the condition even more difficult to spot or understand.”*

### **Who is susceptible to getting them?**

*“As with many vein problems, the general public and media perception is that leg ulcers only affect the elderly, however this isn’t always the case. I recently had a patient, a 19-year-old boy, who came to my clinic with a non-healing sore on his ankle. When I explained this was actually a leg ulcer, he was extremely surprised having always believed the condition to be something older family members were more likely to suffer with.”*

### **How are leg ulcers linked to varicose veins?**

*“A leg ulcer is usually caused by an injury that breaks the skin. In most people, an injury will heal up without difficulty, however when there is an underlying problem the skin does not heal properly, and the area of breakdown can become an ulcer. There are two underlying problems to be aware of.*

*The most common problem leading to the development of ulcers is when there is a problem with the circulation of blood coming back from your legs in your leg veins – often referred to as hidden varicose veins or venous reflux. This increases the pressure inside the veins which gradually damages the tiny*

*blood vessels in your skin, causing inflammation and more susceptible to developing a ‘venous leg ulcer.’*

*A second, and less common, problem is caused by poor circulation of blood in the arteries, which may result in an ‘arterial leg ulcer’. Arterial ulcers are 10 times less common than venous ulcers, however they are the most important to diagnose. This is because arterial ulcers are a sign that the leg does not have enough blood supply to keep it alive and, if not restored, can lead to gangrene.”*

## **How are leg ulcers treated?**

*“In most cases leg ulcers are completely curable with the right treatment. The basic principle of curing a leg ulcer is very simple; find out the underlying cause of the leg ulcer and correct it.*

*For various reasons many health professionals will not make their patients aware of this, and instead will offer less effective temporary solutions - such as dressings and bandages. Although these temporary solutions can improve the ulcer surface and even temporarily heal the skin, the ulcer will usually break open again as the underlying cause has not been addressed.*

*For anyone suffering with a ‘venous leg ulcer’, it is important to visit a venous specialist. There are very few venous specialists in the UK and so you might need to see a vascular (arterial) specialist who has some knowledge of venous surgery. Venous specialists will use a duplex ultrasound scan to identify which veins have lost their valves and are allowing venous reflux to occur, and can close these problematic veins under local anesthetic using combination of treatments, including:*

- *Endovenous laser ablation*
- *Radiofrequency ablation*
- *Microwave ablation*
- *Foam sclerotherapy*
- *Phlebectomy*
- *Perforator vein closure (TRLOP)*
- *Sonovein (Echotherapy)*

*Once the underlying problem has been addressed, the ulcer healing usually follows within 3 to 6 months provided the patient is walking well and the ulcer is not perpetuated by constant dressing.*

*The cure for an ‘arterial leg ulcer’ is to find where the arteries are blocked and to either open the blockages using treatments such as balloon angioplasty, arterial stents, or bypass grafts. Arterial leg ulcers are well catered for by vascular specialists in the National Health Service.”*

## **Just how big of a problem is this?**

*“With between 180,000 – 210,000 in the UK suffering from recurring leg ulcers, it really is a major health problem. The yearly cost of treating the condition is between £400,000 - £900,000 here in the*

*UK. As well as affecting a person's life, the impact on the economy is astonishing. Many people chose to give up work because of the time needed each week for dressings and compression bandaging and also the embarrassment of the smell that is often associated with ulcers.*

*It is a problem that devours a huge amount of resources not only in nursing time, leg ulcer dressings and compression bandaging or stockings but also wastes resources in keeping people from work or active life.*

*However, what really shocks me is that more than half of these leg ulcers are completely curable by a simple walk-in walk-out local anesthetic surgical treatment. So why are we turning our back on the opportunity to diagnose and cure these people when there is a good economic argument that it will be cheaper in the long term?*

*It is hard to answer this question. Without doubt, the doctors and nurses providing leg ulcer services are not referring their patients for the venous duplex scans needed to highlight if patients are curable. This may be due to a lack of education or a vested interest in keeping clinics full.*

*Medical professionals throughout the UK now need to move on from the methods of old, and realise that at this time of austerity it is a waste of resources to continue to provide patients with a temporary dressing solution for their treatable ulcers."*

For more information, or to book a consultation, please visit [www.thewhiteleyclinic.co.uk](http://www.thewhiteleyclinic.co.uk)