Early signs of venous insufficiency

- Bulging veins around the ankle.
- Varicose veins.
- Achy tired legs after standing for long periods.
- Slight discolouration and dry itchy areas.
- Wounds that show little or no sign of healing.

How to self-care for your skin at home

- Wash your legs and feet daily using a non-perfumed soap or emollient substitute.
- Take care to wash between your toes, to reduce the risk of bacterial or fungal infection.
- Dry your legs, feet/toes well, then apply an emollient to moisturise and improve dry skin.
- Examine your legs regularly and note any changes, such as wounds, soreness or redness and report them to a healthcare professional.
- Exercise regularly.
- Keep a well-balanced diet, stay well hydrated and keep a close watch on your weight.

Treatment that may be prescribed

- Ointment or creams may be beneficial for sensitive skin or outbreaks of eczema.
- Topical steroids may be issued for a short period if you have repeated skin inflammation.
- Compression therapy following assessment, will aid the blood to be pumped back into the veins and stop spillage into the skin.

If you have any concerns please contact

Hospital .....

Outpatients .....

Clinical nurse specialist .....

GP Surgery .....

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Discolouration of skin on the legs

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Why does the skin change in colour?

Your skin naturally changes as you get older. It may lose its softness, elasticity, and smoothness after a while. However, you may notice more unusual changes such as your legs becoming dry, flaky, and discoloured brown or red staining over time. Venous insufficiency can cause pigmentation changes due to products in the blood spilling out into the skin or small blood vessels becoming damaged. This could be venous disease. If the early signs are identified, these symptoms can be prevented or reduced. You can speak to your healthcare professionals for assessment and the appropriate treatments.

Hemosiderin or brown staining

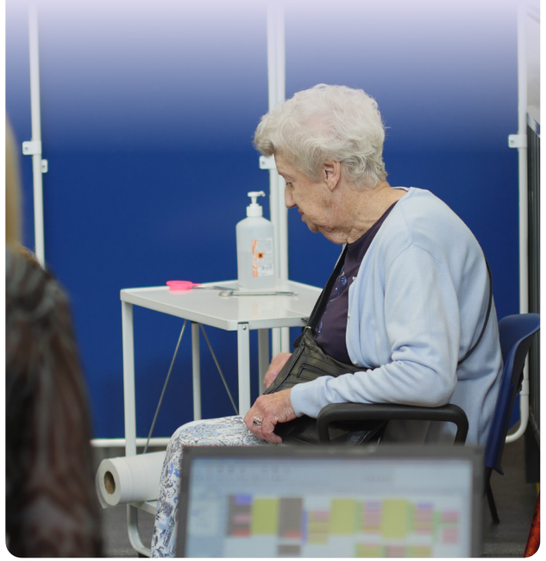
Hemosiderin staining occurs when red blood cells leak through the veins. Iron and other by-products are released and show up as a brown or reddish stain on the skin. This happens when blood in the veins is not returned to the heart efficiently via the valves inside the veins, and the pressure in the vein lower down the limb goes up. The stained skin can be fragile and break easily if knocked. When leg swelling and oedema are combined with venous insufficiency and left untreated, the leg may become hard, woody in appearance and misshapen. This is know as lipodermatosclerosis.

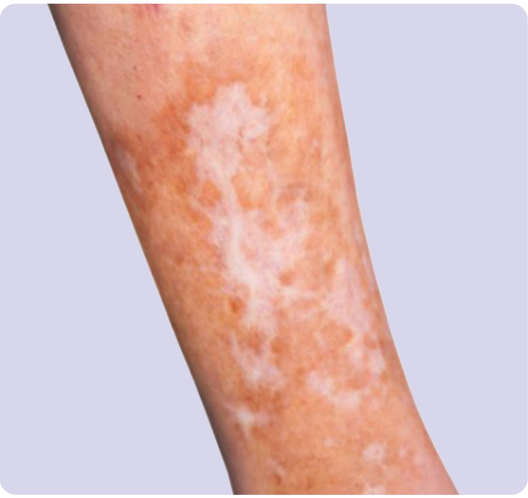
Damaged venous valve allowing blood flow towards the heart, but reflux as well.

A healthy venous valve which allows blood flow towards the heart but prevents reflux of blood down the limb and the pressure in the vein remains normal.

Red-leg syndrome

Red-leg syndrome is a chronic inflammatory condition associated with venous disease. It often affects both legs at the same time. They appear red and warm and may be tender, but it is not infection related. It is an inflammation of the skin and tissues and may result in eczema or dermatitis. Antibiotics are not needed for red leg syndrome, but you may need some topical treatment if your skin becomes sore and inflamed. It is important for healthcare professionals to recognise the difference between red-leg syndrome and cellulitis. Cellulitis is an infection of the skin and does need treatment, but red legs are often mistaken for this, and antibiotics prescribed unnecessarily.





Atrophie blanche

Atrophie blanche is a loss of pigmentation in an area where the small blood vessels (capillaries) have been damaged, it may also follow leg ulceration. It is a white porcelain scar which can be star shaped and is often associated with pain to the area.

Can I prevent or manage these skin changes?

Yes, if early signs of venous insufficiency are recognised then assessment and treatment can be put into place to prevent or reduce these common skin changes.