Urgent referrals

Urgent specialist referral may be necessary to prevent limb or life-threatening conditions. Some urgent conditions are listed below and we have dedicated leaflets with specific information that you can find on the Leg Club website.

If you have diabetes and develop leg/foot skin breakdown, it is important to see your GP or specialist podiatrist within 24 hours and being urgently referred to a multidisciplinary foot clinic, if necessary.

If you experience any of the below mentioned signs or symptoms, you should immediately seek medical attention (out-of-hours, call 111 or attend the Emergency Department) and remove any compression bandages or garments:

- Acute infection of leg or foot (e.g., spreading redness - flaring up of the skin, painful swelling, purulent wound discharge).
- Symptoms of sepsis (i.e. fever, shivering, general unwellness)
- Acute deep vein thrombosis (DVT)
- Acute ischaemia (excruciating leg/foot pain, pallor, power and sensory impairment)

Surgical treatment of varicose veins

If you have venous insufficiency or venous leg ulcers you may be suitable for further investigations (Duplex scan) and treatment (Endovenous Ablation). Ask your healthcare professional about a referral to a Vascular Specialist.

Endovenous thermal ablation is a key-hole procedure to close off varicose veins, aiming to treat the damaged veins (truncal reflux) and to reduce the venous hypertension in your legs.

Thermal ablation is a minimally invasive, “walking in - walking out” treatment, performed with local anaesthetic: a laser or high-frequency radio waves catheter is inserted, under ultrasound guidance, in the Great or Short Saphenous Vein to create intense local heat, ablating the incompetent vein.

In selected cases, additional surgical avulsions of larger varicosities (bulging veins) can be performed either under local or general anaesthesia.

How to be involved in your care

Follow our supported self-care advice to help prevent and effectively manage your legs and feet in skin care, exercise, nutrition, and hydration.

Ask your health care professional or specialists about how you can be involved in leg ulcer wound care too - to be at the centre of your care and actively involved is important for physical and emotional health and well-being.

If you have any concerns about your care plan and feel you would benefit from a specialist referral, discuss with those involved in your care.

To find out whether you have a Leg Club near you, or for any further information about Leg Clubs or the Leg Club model, email **lynn.bullock@legclubfoundation.com** or visit **www.legclub.org**

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Specialist Referral for Lower Limb Issues and Leg Ulcers

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Specialist referral for lower limb issues and leg ulcers

If you have concerns or are experiencing problems relating to your lower legs or feet, you should seek advice and support from a health care professional. This may be, in the first instance, your GP, practice or district nurses, podiatrist or other primary care professional. If you have previously been under the care of a leg ulcer clinic or Leg Club, you could contact those services directly. You should be reviewed in your primary care centre, at least weekly for the first two weeks if you have an uncomplicated ulcer.

Family and past/recent medical history, physical examination, wound inspection and ABPI (Ankle Brachial Pressure Index) Doppler measurements, are paramount prior to commencing basic wound care management. If the ABPI is normal (>0.8), compression therapy should be considered as gold standard treatment of venous leg ulcerations.

There are various options of compression therapy, bandages (multilayer elasticated or short-stretch systems), wraps and fitted hosiery (stockings) aimed to provide graduated 40mmHg compression at the ankle.

When is a specialist referral required?

Chronic leg ulcers, non-healing within 2 weeks from onset, and/or ulcerations complicated by pain, localised infection (fluid discharge, malodour, flaring up of the surrounding skin - i.e. cellulitis, erysipelas) should be promptly referred to a specialist Vascular Service and antibiotic therapy considered.

The Vascular Surgeon will assess your circulation with the view of identifying the underlying circulatory condition that may affect the wound-healing. Differential diagnosis includes venous insufficiency and/or arterial impairment.

Venous Ulcers are the result of increased pressure in the veins (venous hypertension) exerting pressure on the skin, mainly around the ankle and the shin. This is often associated to the presence of varicose veins. Varicose veins are chronically dilated and tortuous superficial veins with reversed blood flow due to incompetent damaged valves and diseased vessel walls.

Early signs of venous hypertension are:

- leg swelling (oedema), especially at the end of the day
- skin colour changes and staining (i.e. hemosiderin pigmentation, venous eczema), frequently around the inner ankle (perimalleolar) and shin (pre-tibial)

Risks factors of venous hypertension are:

- previous injuries, long-bones fractures, orthopaedic procedures
- deep vein thrombosis – DVT (ie. post-thrombotic syndrome)
- family history of varicose veins
- sedentary life-style/profession
- being overweight for your height
- reduced ankle joint mobility or calf muscle waist
- being pregnant or having had multiple pregnancies

The combination of early varicose vein thermal ablation together with effective compression therapy has proven to be the most effective treatment strategy to promote faster wound healing and reduce recurrences (EVRA Trial).

Arterial Ulcers are the consequence of reduced circulation and tissue oxygenation (peripheral arterial disease - PAD) in the lower limbs. Rest pain and tissue loss are symptoms and signs of Critical Limb Threatening Ischaemia (CLTI); CLTI must be diagnosed and treated promptly.

ABPI <0.8 may be suggestive of PAD

Your vascular surgeon will arrange an Arterial Duplex as first line diagnostic investigation, and a cross-sectional imaging (CTA or MRA) as a pre-operative assessment, if necessary.

Restoration of the circulation ("revascularisation") may be achieved either by key-hole endovascular treatment (i.e. angioplasty, stenting) or bypass surgery.

Mixed aetiology Ulcers have both venous and arterial components. Mixed ulcers are often painful and complex to treat. Arterial revascularisation must be prioritised.

Compression therapy is strictly contraindicated in the treatment of Arterial and Mixed ulcers, until successful and durable revascularisation is achieved.

Other health conditions such as heart failure, skin cancer, rheumatology and autoimmune disorders, sensory impairment in the legs and feet (e.g. neuropathy, diabetes, multiple sclerosis) may require specialist input (e.g. cardiologist, dermatologist, rheumatologist, diabetes specialist). Compression therapy can be considered but the degree of compression may need to be carefully adjusted and closely monitored to prevent complications.

Lymphoedema and lipoedema

Lymphoedema is a chronic swelling of the limbs due to damage of lymphatic drainage.

Primary lymphoedema is a genetic impairment of the lymphatic system;

Secondary lymphoedema is the result of traumatic damage to the otherwise normal lymphatics (i.e. surgery, trauma, infections, cancer and cancer treatment, obesity).

Your GP and Vascular Consultant will help to reach a differential diagnosis by ruling out central causes of bilateral leg oedema (i.e. heart failure; thyroid, liver, kidney impairment; medications), and venous insufficiency.

If left untreated the condition can deteriorate overtime leading to significant skin changes (i.e. lipodermatosclerosis), risk of recurrent cellulitis and leg ulcerations. No effective surgical treatment is available to correct lymphoedema; however, it is important to get an accurate diagnosis. Conservative management may comprise of

- lifestyle changes and regular exercise
- body weight control
- skin care
- fitted compression therapy
- specialist manual lymphatic drainage

If you have suspected or diagnosed Lymphoedema or Lipoedema, healthcare professionals will advise and support your management and treatment, according to national guidelines. Specialist services are available in the UK, but not in every area.