

What should I do next?

Even if you don't have exactly the symptoms described in this leaflet, if you have any concerns about the condition of your legs or feet you should have them professionally assessed. In the first instance, speak to your doctor, nurse or local Leg Club, who will give you a thorough examination. This may include a full health check and review of the circulation in your legs.

What is a Leg Club?

Leg Clubs are a research-based initiative which provide community-based treatment, health promotion, education and ongoing care for people of all age groups who are experiencing leg-related problems.

The Leg Club nursing teams are employed by NHS local provider services, CCGs and GP consortia and the nurses incorporate the Leg Clubs into their everyday practice.

No appointment is required and the Leg Club opening hours should be available from the local surgery, community nurses' office, and adverts in the local parish magazine and village shops or from the Leg Club website www.legclub.org

Through education, ongoing advice and support from your Leg Club nurses, you will be made aware that care and prevention of recurrence of leg-related problems is for life.

The information contained within this leaflet has been adapted with permission from Professor Mark Whiteley MS FRCS(Gen) FCPleb at the Whiteley Clinics (www.thewhiteleyclinics.co.uk).

Visit your nearest Leg Club

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Leg Ulcers



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What are leg ulcers?

Leg ulcers are open, non-healing wounds of the legs, usually the lower legs or the feet.

Ulcers can be painful, big or small, wet or dry, smelly or not smelly. Ulcers can look very different on the surface, which can make it difficult for nurses and dermatologists to assess them.

Leg ulcers can develop after a minor injury if there is a problem with the underlying blood supply to the skin.

Poor blood supply results in increased pressure in the veins, damage to the blood vessels, and fragile skin that can easily break and form an ulcer. As ulcers are open wounds, there is a risk of infection.



You should seek treatment immediately if you experience worsening pain, have a high temperature (fever), the ulcer produces unpleasant discharge or the surrounding skin is red and swollen.

There are three categories of leg ulcer:

- Venous (about 80%)
- Arterial (about 15%)
- Other causes, eg diabetic or malignant ulcers (about 5%)

Who is at risk of leg ulcers?

You are more likely to develop a leg ulcer if you:

- Are overweight or obese
- Have difficulty walking
- Have had deep vein thrombosis (DVT) in the past
- Have varicose veins
- Have previously injured your leg
- Are older



How can I prevent leg ulcers?

You can help lower your risk of developing a leg ulcer by:

- Wearing compression stockings
- Losing weight if you're overweight
- Exercising regularly
- Elevating your leg when possible

It is important to do this if you have had a leg ulcer in the past because you have a higher risk of developing another one in the same leg after it has healed.



Leg ulcer treatment

People with symptomatic varicose veins, a healed leg ulcer or an active leg ulcer should be referred for treatment at a specialist vascular clinic. Healthcare professionals specially trained in leg ulcer management should undertake an assessment and clinical investigations.

Holistic assessment is important. First, a person's medical – case – history should be taken and any factors that may be affecting healing assessed. A Doppler ultrasound measurement of ankle brachial pressure index (ABPI) is required to determine the function of the veins and arteries. The presence of narrow arteries, for example, will slow healing. Second, it is important to determine the person's own perception of wound problems, particularly as this is rarely the wound itself. People often identify pain, a lot of fluid (called exudate) and bad smell (malodour) as having a greater impact on their lives than the wound itself. The assessor can then consider the type of wound and dressing options.

The ulcer needs to be cleaned and dressed with an appropriate dressing that will probably be changed once a week.

Compression therapy is the treatment of choice for venous leg ulcers as it improves venous circulation and treats swelling. There are many types of bandages or elasticated stockings available and they may contain a number of different layers. Compression bandages should be applied by trained healthcare staff, such as district or practice nurses, and changed when the dressing is changed.

