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.

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.

Visit your nearest Leg Club
The Lindsay Leg Club Foundation
Ipswich, PO Box 689, IP1 9BN

Telephone
01473 749565

Email: lynn.bullock@legclubfoundation.com
www.legclub.org

The information contained within this leaflet has been adapted with permission from Professor Mark Whiteley MS FRCS(Gen) FCPhleb at the Whiteley Clinics (www.thewhiteleyclinics.co.uk).
This backward flow increases the amount of blood in the leg veins and, after a few years, some of the vein walls weaken and start dilating. If these dilated veins are seen on the surface, they are called ‘varicose veins’. Even if they are too deep to be seen, they will act like any visible varicose veins.

When blood clots within a vein, it is called a ‘thrombosis’. When a thrombosis occurs within a vein, it irritates the wall, setting into action a chain of events resulting in inflammation of the vein wall and surrounding tissue. This inflammation is nature’s way of trying to heal the clot or thrombosis. Inflammation increases the local blood supply and brings white blood cells to the area, which will eat away the clot.

Phlebitis is usually a more annoying than serious condition. The blood clot and inflammation generally disappear within a few weeks. It may be painful but should not prevent you from walking around, cause an abscess or produce unpleasant discharge.

Who is at risk?

You are more likely to develop phlebitis if you:

- Have varicose veins
- Smoke
- Are very overweight
- Are pregnant
- Are taking the contraceptive pill or HRT (there is a small increase in the risk of blood clots)
- Have a condition causing the blood to clot easily, e.g. thrombophilia
- Have cancer
- Have previously had a blood clot

There is a small chance the blood clot will grow bigger (propagate) and extend into a deeper vein, resulting in deep vein thrombosis (DVT). In 1% of these cases, the clot can break off and go to the lung (pulmonary embolism).

This is more likely if the clot is behind the knee or in the upper thigh or groin. You should see your GP immediately if you get pain, swelling and a heavy ache in your leg and by the 2012 guidelines, they should send you for a duplex ultrasound scan of the clot.

Images used courtesy of The Whiteley Clinic