

## 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](http://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](http://www.thewhiteleyclinics.co.uk)).

## Visit your nearest Leg Club

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# Venous Eczema



Leg Club Industry Partners



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## Managing dry cracked skin

Soap should be avoided as it removes the protective lipid barrier, increasing the tendency of the skin to be dry, itchy, and more permeable to allergens.

Emollient soap substitutes avoid the drying effects of soaps and are recommended when washing, bathing and showering, followed by intensive emollient therapy. Bath emollients and oils are a useful additional treatment to a lotion, cream, or ointment, as they clean and hydrate the whole body.

The emollient tends to form a greasy film, so there is a risk of slipping or falling in the bath. Use of a rubber mat/grip rail is strongly recommended.

## Eczema

Eczema tends to present as small cracks and fissures on any part of the skin's surface, and is due to scratching or tissue breakdown. This damage can provide an entry point for bacteria to cause infection. *Staphylococcus aureus* is the most common bacterial source of skin infection, causing the eczema to deteriorate and making treatment more difficult. Infected eczema is inflamed (red) and usually 'weepy' with a yellowish crust. Yellow pus-filled spots (pustules) may also be present, and small red spots around the body hairs (folliculitis).



Images courtesy of The Whiteley Clinic

## Management

When pustules are present under the skin or when the skin is cracked, broken or weeping, your clinician may prescribe combination creams containing both a topical steroid and antibiotic to help combat inflammation and infection.

Strong antiseptics should not be used because they can cause irritation. When applying steroid creams/ointments, it is advisable to ensure Latex-free gloves are used.

You may be sensitive to constituents such as preservatives, fragrances, and biologically-derived ingredients such as lanolin. There are products currently available that do not usually contain a preservative.



## Venous eczema

Most venous eczema is due to incompetence of the superficial and perforating veins that cause backflow of blood to the ankle. In others, the deep veins might be involved, or just immobility stopping normal veins from pumping. The shockwave of venous blood falling down the incompetent vein cause sudden pressure rises, causing venous hypertension and inflammation. The capillaries become engorged and dilated, eventually failing. When capillaries fail, fluid leaks into the surrounding tissues, causing a condition known as oedema. The oedema causes a 'waterlogging' effect and contains enzymes which act as irritants. Together with the presence of bacteria, oedema causes irritable venous eczema.

### CAUTION

Paraffin-containing emollients (moisturisers) are flammable. If you are using paraffin-containing skincare products, you are advised to avoid naked flames completely, smoking cigarettes and being near people who are smoking or using naked flames. It is advisable to wash clothing and bed linen regularly, preferably daily.

## Treatment of venous eczema

The irritable effect of eczema can be greatly reduced by addressing the underlying causes of incompetence of the superficial and perforating veins, and deep vein incompetence pressure in the ankle veins and the oedema.



Treatment often involves a combination of:

- Keeping active to improve your circulation
- Using emollients that do not contain lanolin to stop the skin becoming dry
- Applying topical steroid ointment or cream that does not contain lanolin to help treat eczema and relieve symptoms
- Wearing compression/support stockings, which apply varying pressure to your ankle and leg, helping improve circulation.

A Duplex Ultrasound of the veins will show which veins are involved. If superficial and/or perforating veins are incompetent, the condition can be cured with local anaesthetic endovenous surgery.



NICE Guidelines CG 168 say that anyone with venous eczema should be referred for a venous duplex ultrasound.