

Leg Ulcer Management

Julie Betts

Nurse Practitioner™ wound care

WDHB

Leg Ulcer Management

- Background

- Prevalence

- increases 3 - 4x over 65

- UK, Europe, Australia 3-4/1000^{1,2,3}

- NZ 0.76/1000(60-69), 2.38/1000(70-79), 5.64/1000(80+)⁴

- Aetiology

- 90% have underlying vascular insufficiency ^{1,3,5}

Leg Ulcer Management

- Background

- Quality of life

- reduced significantly compared to population norms in physical and social function, general health and mental health ^{6, 7, 8, 9}

- Cost

- UK, Europe 100-160 million pound ^{10,11}
- NZ in excess 80 million dollars ¹²



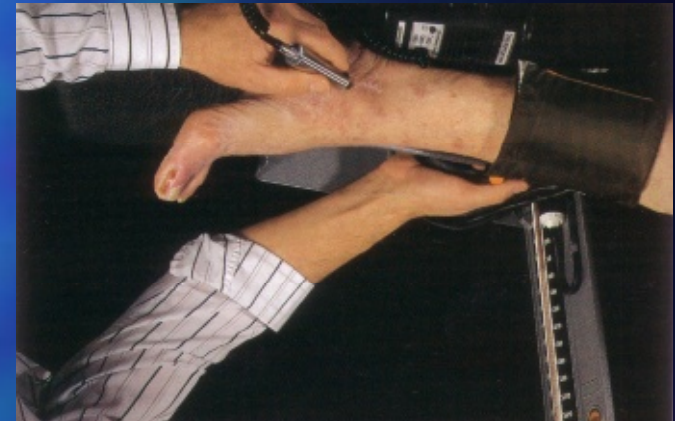
Leg Ulcer Management

■ Evidence

– treatment guidelines ^{13,14}

■ assessment

- differential diagnosis critical to determining appropriate treatment
- should happen at 6 weeks or as close to as possible
- includes detailed history, physical exam and Ankle Brachial Pressure Index (ABPI)
 - palpation of pedal pulses alone inadequate
 - training and experience increases accuracy of assessment/ABPI



Leg Ulcer Management

■ Evidence

– treatment guidelines ^{13, 14, 15}

■ compression therapy

- venous leg ulcers (VLU) heal more rapidly with compression therapy than without
- high compression (40mm Hg pressure at the ankle) more effective than low compression
- type of compression therapy not critical as long as its high compression

■ surgery

- insufficient evidence to determine effectiveness in healing VLU

Leg Ulcer Management

■ Evidence

– Prevention of recurrence

■ Compression therapy^{16, 17}

- application of compression hosiery post healing of VLU shown to reduce risk of re-ulceration by up to 70%

■ Surgery¹³

- some evidence to suggest reduces ulcer recurrence



Leg Ulcer Management

- Evidence

- Dressings ^{18,19}

- no benefits of one type of dressing over another

- includes topical anti-microbials and antiseptics

- clinical choice should initially be simple, inexpensive and acceptable to patient

Leg Ulcer Management

- Take home messages
 - leg ulcers are a significant problem
 - differential diagnosis including ABPI critical
 - High compression therapy first line treatment for VLU - bandaging recommended
 - Dressings not critical in healing VLU
 - use of compression hosiery significantly reduces re-ulceration

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