Leg Ulcer Management

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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+)
  
- **Aetiology**
  - 90% have underlying vascular insufficiency \(^1,3,5\)
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- **Background**
  - **Quality of life**
    - reduced significantly compared to population norms in physical and social function, general health and mental health
  - **Cost**
    - UK, Europe 100-160 million pound
    - NZ in excess 80 million dollars

References: 6, 7, 8, 9, 10, 11, 12
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- **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
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- 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
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- Evidence
  - Prevention of recurrence
    - Compression therapy\textsuperscript{16, 17}
      - application of compression hosiery post healing of VLU shown to reduce risk of re-ulceration by up to 70%
    - Surgery\textsuperscript{13}
      - some evidence to suggest reduces ulcer recurrence
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- 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
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- **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
References