Treating your leg ulcer

Introduction

The information in this leaflet is designed to provide answers to the many questions you may well have about your leg ulcer. If you have any further questions about your condition or treatment, please feel free to ask at your next clinic appointment or the next time you see your community nurse.

Leg ulceration is an extremely common problem affecting about 1 to 2% of the general population in the United Kingdom.

Most leg ulcers are venous in origin; this means that they are caused when there is a problem with blood returning to the heart. Every time your leg muscles move they help pump the blood back towards the heart while a series of valves in your veins stop the blood from flowing backwards.

The problem starts when these valves become damaged and are unable to prevent the backflow of blood. This causes an increase in pressure in the veins in the lower leg which forces fluid and blood cells to leak through the walls of small blood vessels called capillaries into the surrounding tissue. This leakage is toxic to the skin and causes it to break down, resulting in ulceration.

Treatment

Leg ulcers can appear spontaneously or as a result of a slight injury to the leg and are defined as an ulcer if they fail to heal within 4 weeks. In recent years, there has been a lot of research into the treatment of leg ulcers and this has resulted in more ulcers healing and remaining healed than in the past. The main reason for this success is the development of new techniques in assessment.

Only after a thorough assessment of the underlying circulation in the leg can appropriate treatment be decided upon. Treatment will be aimed at treating the cause rather than just the wound itself.

Appropriate treatment for leg ulcers caused by poor circulation in the veins is aimed specifically at helping those veins to pump blood back up the leg more effectively.

If you are referred to the Gloucestershire Leg Ulcer Service you will attend one of the Vascular Laboratories in order to have a full assessment of your circulation.
During your assessment in the Vascular Laboratory you will have an ultrasound scan on your veins called a Duplex and also a test to check the condition of your arteries called a Doppler.

Your treatment will be closely monitored by the leg ulcer clinic and your community nurses. As well as the treatment you will receive in the clinic, there are many positive and important steps you can make to help your ulcer heal and stay healed.

**Elevation**

Elevation is one of the most important aspects of the treatment of your leg ulcer. Elevating your legs to above the level of your heart encourages the blood to return to the heart and reduces backflow in the veins and enhances the healing process. Elevating your legs on a stool while sitting in a chair will not help the blood to return to your heart. The most effective way to help the blood return to your heart is to lie down with your feet above the level of your heart.

We would advise you to elevate your legs in this position for at least 2 hours in the morning, afternoon and evening, a total of 6 hours a day. This will often require a change to your normal daily routine.
Compression bandages

After a full assessment at the leg ulcer clinic, your treatment will be explained to you, which will involve wearing a compression system. This will normally be provided by the use of specialised bandages which aid healing by gently squeezing the blood up the veins in your leg preventing backflow and swelling.

Multi-layer compression bandages

The multi-layer system is the 'gold standard' treatment for venous leg ulcers and has been designed for comfort and healing.

Here are some of the benefits for using the multi-layer bandage system:

1. The system allows the compression to be gradually increased, rather than wearing one very tight bandage, to reach the correct compression levels
2. The dressing will only need to be changed once a week in most cases. If your ulcer is very wet this may need to be twice a week
3. The bandages are comfortable even on the most difficult shaped limb. They are flexible should not hinder your walking
4. The layer of the bandage that comes into contact with the skin is made from natural fibres which reduces the risk of an allergic reaction.

It is now widely accepted that graduated multi-layer compression is the most effective treatment for faster healing of venous leg ulcers.

Short stretch compression bandages

The short stretch bandage system is a two layer bandage system which consists of a padding/reshaping layer and a high compression layer. However, at present there is little evidence to show that short stretch bandaging is more effective than the multi-layer compression bandages.

Whatever bandages are used, they should normally be left in place for 1 week and should feel comfortable, firm and supportive but not too tight. If you experience any of the following symptoms, you should remove the outer bandage and seek advice from your community nurse, GP or one of the specialist nurses at the leg ulcer clinic.

If you experience these symptoms out of normal surgery hours, you should contact your on call district nurse or NHS 111.
Patients and needles in your feet or toes
• Blue or white coloured skin on your toes
• Swelling in your toes
• Unusual pain in your leg, foot or toes
• Excessive itching, burning or irritation.

Exercise
Keeping active is another important function to healing your ulcer. The action of walking causes the calf muscle to squeeze the veins and pump the blood back towards the heart. Without this pumping action, all the blood will continue to collect in your legs due to gravity.

Try to avoid standing for long periods of time, for example when ironing, cooking and washing-up. If you do find yourself in a situation where you need to stand, try walking briskly on the spot or lifting your heels as this will help to keep the blood circulating.

Diet
It is important for general health to eat a well-balanced diet. This becomes more important when you are trying to heal your leg ulcer. Try to eat a diet which is high in protein, vitamins and minerals as these are the ingredients necessary for your body to heal.

If you are overweight, it is advisable to try and lose weight as this will help to reduce the stress on your circulation and help your ulcer to heal and remain healed. Try to cut down on sugary and fatty foods such as cakes, biscuits, crisps and chocolate and replace them with fresh fruit, vegetables and carbohydrates such as potatoes and pasta.

Clothing
It is important to wear clothing that does not restrict the return flow of blood through the veins. We would advise you to avoid wearing any kind of tight fitting under or over garments.

Your footwear needs to be well fitting, comfortable and safe. Be prepared to have to wear larger sized shoes while being treated with multilayer compression but it will be all worthwhile when your ulcer is healed and you can treat yourself to a new pair! The majority of normal footwear can be worn with bandages. Lace ups or trainers that can expand easily to accommodate them are often better than slip on shoes.
It is normally a good idea to bring these shoes with you when you attend for an assessment.

**Infection**

All leg ulcers have bacteria in them. In the majority of cases they will not require treatment with antibiotics, as they do not affect the healing process. We would only recommend the use of antibiotics when there are clinical signs of infection.

These include a painful, red, hot, swollen leg. If you suffer these symptoms at any time, you should contact your GP or community nurse or, if out of hours, your oncall district nurse or NHS 111.

**Skin care**

There are several skin problems associated with venous disease. The most troublesome of these is eczema. It is important to remember that compression therapy is also a treatment for this complaint and creams alone will not cure venous eczema. High elevation of the limb will also relieve symptoms. Once your ulcer has healed daily application of a non-perfumed moisturising cream and continuous wearing of your compression stockings will prevent venous eczema in most cases.

Another common skin condition is staining. The brown stain is caused by the blood cells leaking into the skin due to the damaged veins. This is unfortunately permanent but can sometimes fade with time. It will however not get any worse if you continue to wear compression.

Hyperkeratosis is the over-formation of skin causing the leg to appear scaly. In most cases regular washing and application of moisturising cream can resolve this. Hyperkeratosis often appears to become worse when being treated in multi-layer compression bandages but be assured that it will resolve once the treatment for your leg ulcer is completed and you are able to wash the limb more regularly.

**When your ulcer has healed**

You will need to continue to control any problems with your veins and, for this reason; it is advisable that you wear elastic support stockings. Your specialist or community nurse will be able to advise you regarding stockings and will measure your leg(s) to ensure the correct fit.
Further information concerning how best to look after your legs and reduce the risk of further recurrence of your ulcer can be found in a separate patient information leaflet GHPI0698 ‘Leg ulcer prevention’ which will be provided for you by your specialist or community nurse and is available on request.

**Contact information**

Gloucestershire Leg Ulcer Service run clinics across the county. You can contact the team in the following ways:

**Gloucestershire Leg Ulcer Service**
Tel: 0300 422 3480
Fax: 0300 422 3643
Mobile: 07500 881793
Email: colin.davies@glos.nhs.uk

**NHS 111**
Tel: 111

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