Leg Ulcer Recommendations Summary*

National Wound Care Strategy Programme

Identification & Immediate and Necessary Care

Immediately escalate to the relevant clinical specialist, those with the following 'red flag' symptoms/ conditions:

- Acute infection.
- Symptoms of sepsis.
- Acute or suspected chronic limb threatening ischaemia.
- Suspected acute deep vein thrombosis (DVT).
- Suspected skin cancer.
- Bleeding varicose veins.

Arrange for a comprehensive assessment to be undertaken within 14 days

- Treat any wound infection.
- Clean wound and surrounding skin and apply emollient.
- Record digital image(s).
- Apply a simple, low adherent dressing with sufficient absorbency.
- For those **without** red flag symptoms, offer mild graduated compression.
- Signpost to relevant, high-quality information.

***For full guidance, see the NWCSP Leg Ulcer Recommendations.**

Assessment, Diagnosis and Treatment

Within 14 days, assess and identify contributing causes for non-healing and formulate a treatment plan to address those causes.

- Optimise management of contributing disease.
- Treat any wound infection.
- Offer analgesia if required.
- Clean wound and surrounding skin and consider debridement, if required.
- If needed, treat skin conditions and apply emollient.
- Apply a simple, low adherent dressing with sufficient absorbency.
- Offer appropriate nutritional and lifestyle advice.
- Provide verbal and written advice about care.

For suspected venous disease with an adequate arterial supply:

- Refer to vascular services for diagnosis and intervention.
- Apply strong compression therapy.

For suspected venous disease and peripheral arterial disease ("mixed" disease or suspected peripheral arterial disease only:

- ABPI < 0.5 Refer urgently to vascular services.
- ABPI > 0.5 Refer to vascular services.

For other or uncertain aetiologies:

- Refer to appropriate service.
- If ABPI > 0.8 consider use of strong compression.

For lymphoedema:

Care should be delivered by a clinician with capabilities to manage lymphoedema.

Ongoing Care of Leg Ulceration

At each dressing change:

- Review for red flags.
- Treat any wound infection.
- Offer analgesia if required.
- Clean wound and surrounding skin and consider debridement, if required.
- If needed, treat skin conditions and apply emolient.
- Apply a simple, low adherent dressing with sufficient absorbency.
- Offer appropriate nutritional and lifestyle advice.
- Provide verbal and written advice about care.
- Discuss and incorporate opportunities for supported self-management.
- If being treated with compression, review ankle circumference and adapt as appropriate.

Review effectiveness of treatment plan and escalate if there is deterioration.

Review of Healing

At 4-weekly intervals (or more frequently, if concerned):

Monitor healing by:

- Completing ulcer assessment.
- Recording digital image(s) and comparing with previous images.
- Measuring ankle circumference for reduction in limb swelling.

Review effectiveness of treatment plan and escalate if deteriorating or no progress towards healing.

At 12 weeks:

Monitor healing by:

- Completing comprehensive reassessment.
- Recording a digital image and comparing with previous images.
- Measuring ankle circumference for reduction in limb swelling.

Leg ulcers that remain unhealed should be escalated for advice in line with local care pathways.

Care following Healing

Following healing:

- Offer advice on how to reduce the risk of re-ulceration.
- Provide contact details should any future issues arise.

For healed **venous leg ulcers** with an adequate arterial supply:

- If venous hypertension has been resolved through venous interventions, compression therapy may no longer be required.
- If there is ongoing venous hypertension, encourage ongoing compression therapy and review 6 monthly.

For healed ulcers with venous disease and peripheral arterial disease:

- If the level of peripheral arterial disease permits, encourage the use of an appropriate level of compression therapy and review 6 monthly.

For healed leg ulcers with peripheral arterial disease:

- No further clinical care required but advise to seek immediate clinical advice if there is recurrence of symptoms or ulceration.

For healed leg ulcers of other or uncertain aetiology:

- No further clinical care required but advise to seek immediate clinical advice if there is recurrence of symptoms or ulceration.