Venous leg Ulcers and Compression Bandaging Therapy
A guide for patients

What is a leg ulcer?
A leg ulcer is simply a break in the skin of the leg. It is often caused through injury, often a minor one such as a scratch or a knock. In most people this injury heals up without difficulty within a week or two. Sometimes however, there may be an underlying problem which prevents the skin from healing and the area of break down may even increase.

What causes leg ulcers?
There are many types of ulcers; however it has been found that your ulcer is a venous ulcer. Venous ulcers make up 70% of all ulcers. Every time your leg muscles move they help to pump blood up to the heart through a network of veins. A series of one way valves in the veins stop the blood from flowing backwards. If these valves become damaged due to injury such as deep vein thrombosis (DVT) or multiple pregnancies or even the type of job you do, the blood will flow back down your leg and cause increased pressure inside all of the veins, especially the very small veins that are close to the skin. After time these veins will become stretched and fluid will leak out causing swelling of the legs, thickening of the skin and damage.

What are the symptoms?
They are often located above the ankle. The leg may be swollen and tender to touch, and the skin may feel dry and itchy (Varicose eczema) and there may be a mottled red/brown staining.

How are leg ulcers diagnosed?
Diagnosis is usually made on the basis of the appearance and location of the ulcer, and the Nurse specialist that you will see will carry out a thorough examination and assessment of you condition. To rule out any problems with your circulation, (the blood travelling down your leg providing oxygen and nutrients to the leg) the Nurse Specialist or doctor will check your blood pressure in your arm and compare it with the blood pressure in your leg. This measurement is called an Ankle Brachial Pressure Index (ABPI). This measurement alone does not indicate what treatment you will receive, as your leg and ulcer will be assessed by highly trained and specialised nurse specialists who will ultimately decide on your care following careful discussions with you as too your lifestyle and needs (Moffatt 2007)

How will I be treated?
The treatment of your type of leg ulcer is firstly aimed at reducing the high pressure in the veins of your leg, and also within the ulcer itself. It is widely researched and recognised that the mainstay of treatment is compression bandaging or compression stockings and elevation of the limb.

Limb elevation – the higher the leg, the lower the pressure in the leg veins. If the foot is elevated above the heart, then pressure drops to within a normal level. You should put your legs up whenever you can and as high as you can when you are able. It would be best if you can lift your feet up on a pillow when you are in bed so that your feet are higher than your head.
Compression bandaging or stockings - In order to keep the pressure in the leg veins at the ankle low when you are standing up, it is necessary to treat your leg with many layers of bandages. Numerous layers (usually 4) are required to reach the correct pressure which is necessary to control the veins. Once the ulcer is healed, you will be fitted with a compression stocking which aid in preventing the ulcer from returning. You will be fitted for these stockings either by the Nurse specialist, or by a technician it the Orthotics department if you require made to measure stockings. These stocking are stronger than normal support tights.

Dressings – There may be many different types of dressing that will be placed over the ulcer but under the bandage. The nurse who is planning your care will decide on the best dressing for your ulcer, and will discuss the choice with you.

Surgery – Very occasionally a skin graft may be required to close the ulcer. Also if your ulcer has be caused by varicose veins, you may be referred to a consultant surgeon for his opinion with regards to removing the varicose vein.

How long will it take to heal?
It has usually taken many years for the venous disease to cause the ulcers, so it is not surprising that the ulcers may take a long time to heal. Although most venous ulcers will heal up in 3-4 months, a proportion may take considerably longer. You must remember to follow all of the advice that the nurse specialist / doctor give you, as not to will delay healing. Sometimes your ulcer may become infected; you will be given antibiotics from your doctor to fight the infection.

Can the bandage get wet?
The bandage that has been applied to your leg can stay in place for up to 7 days. The longer it is left on, the more chance it will have to do its work. Your management will be discussed with you, and aids to allow you to go in the bath / shower will be available for you to get on prescription

Is there a risk of losing my leg?
It is very very rare that venous ulceration leads to the amputation of a leg. Even very large ulcers that may cover a lot of the leg can usually be treated successfully.

How can I help myself?
- Stop smoking – this is one of the biggest risk factors for developing circulation problems. By having circulation problems, the blood supply to your ulcer will be reduced and that means that the nutrients needed to heal your ulcer will not be delivered to where they are needed.
- Take regular exercise – using your foot and leg muscles encourage the blood flow and helps you to control your weight. Avoid standing or sitting in one position for a long period of time. Walk as much as possible or move your feet round and round and up and down.
- Eat a healthy diet – try to include protein, oily fish and fresh fruit and vegetables into your daily diet. Try to reduce your fat and salt intake as this will improve your circulation.
- Leg elevation – if you are advised to elevate your legs, please try to have your ankles above waist height. Do not cross your legs while sitting.
- Wear your support stockings or bandages as instructed. If you have a problem with either your bandage or stocking, contact the nurse straight away. If at a weekend, contact the number your nurse has given you (the district nursing service).
• Protect your skin and legs – keep your feet and legs warm, but do not expose them to extremes of temperature, i.e., hot baths or sitting too close to the fire. When washing your legs try to avoid perfumed soap and apply a bland moisturiser to keep the skin supple. The nurse specialist will advise on which ones to use.

• Overweight - being over weight is a risk factor to developing leg ulcers. It is important that you try to lose weight. Your nurse will discuss this with you and may refer you to a dietician, or give you information about government initiatives to help you lose weight.

• Pain Killers – these ulcers can be very painful, if you have been given some pain killers by your doctor, or some have been suggested by the nurse, it will be advisable to take them.

Where can I get more information?
1. The vascular nurses Sister Thompson and Sister Dufour can be contacted on 0191 4452828 (answer machine). Leave a message and they will get back to you.

2. NHS Direct on 0845 46 47


Reference


Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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