Evolution of a nationally adopted **venous leg ulcer best practice treatment pathway** to reflect new evidence

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Aim:

A National Best Practice Statement for the holistic management of venous leg ulcers[1] presents a treatment pathway, originally developed by Atkin and Tickle[2].

The aim was to evaluate the effectiveness of this pathway in practice in one Trust, and update the pathway to reflect new evidence[3].

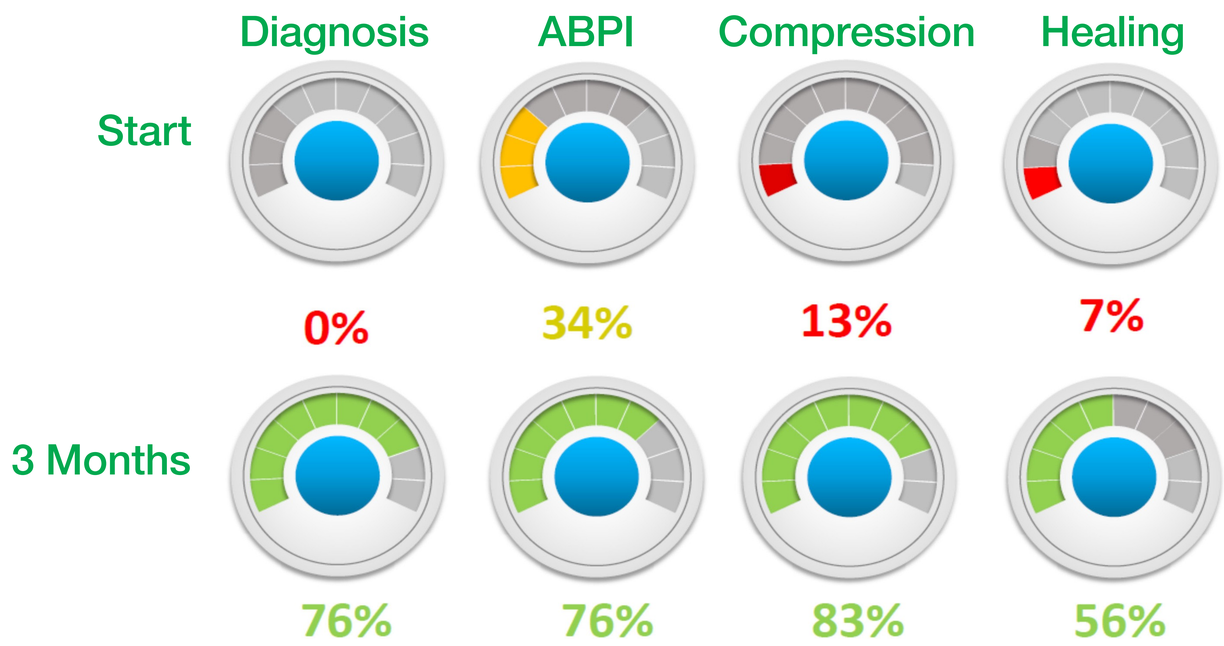
Method:

The treatment pathway was originally developed to reflect published RCT evidence that venous intervention reduces episodes of recurrence (ESCHAR trial),[4] and recommend the use of Leg Ulcer Hosiery Kits as first line, following the outcomes of the VenUS IV study[5].

The treatment pathway has been used since 2016 and needed further updating to reflect the recent evidence investigating the impact of early venous ablation in patients with venous leg ulcers (EVRA)[6].

Results / Discussion:

In a group of 34 patients with leg ulceration the implementation of this pathway into everyday clinical practice has been shown after 3 months to deliver a number of benefits. These include increased healing rates (one in three patients went on to heal), improved documentation and a reduction of nursing visits[7];



43% reduction in nursing visits

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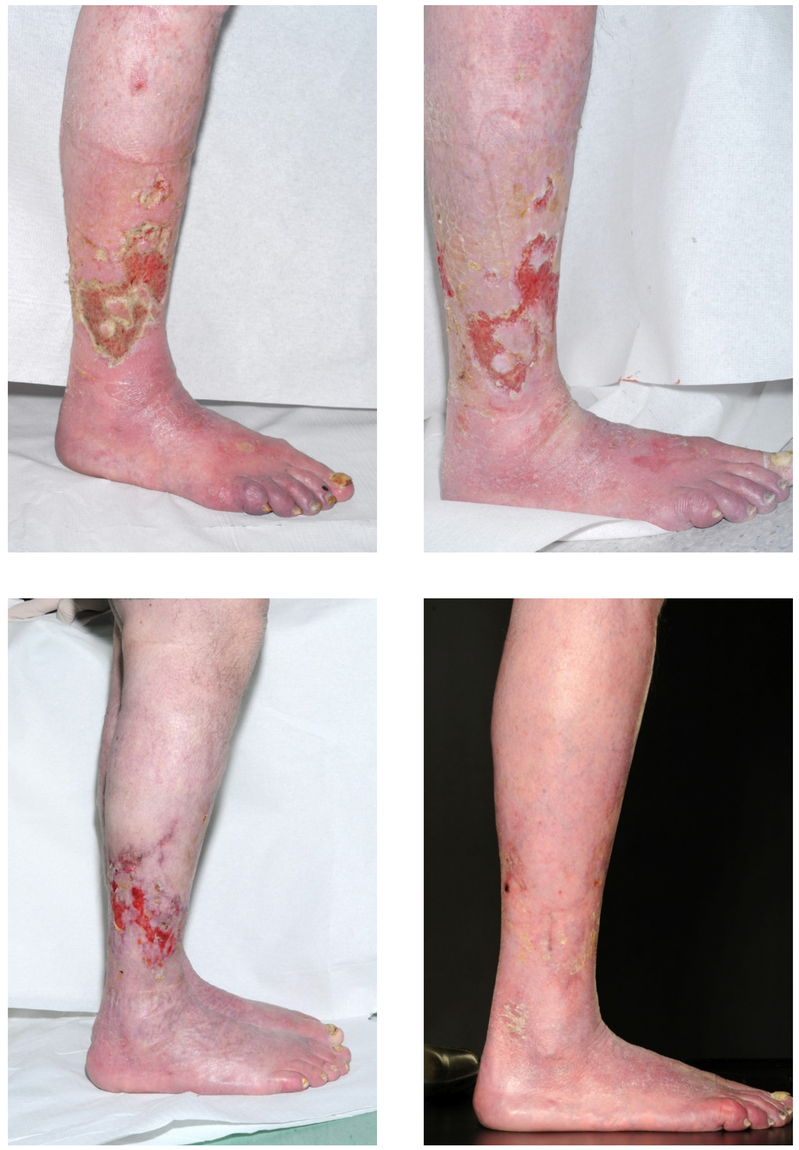
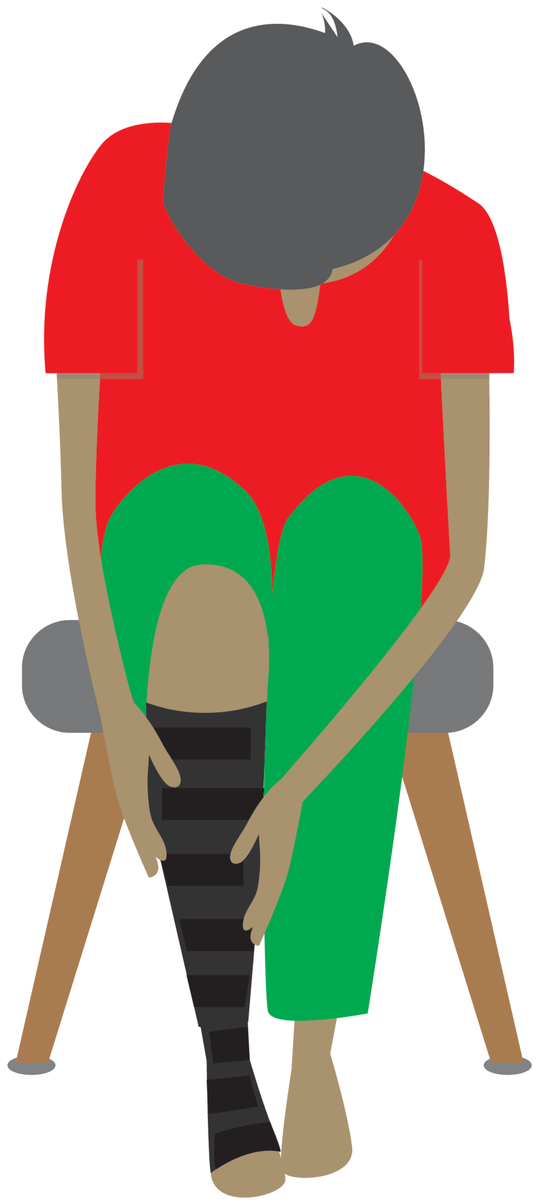
Case study of a patient with a venous leg ulcer which healed in 8 weeks following the treatment pathway



Conclusion:

It is vital to ensure that current research evidence is adopted within frontline services as soon as possible.

Formalised evidence-based pathways provide a practical treatment guide and can help reduce unwanted variations, as standardising clinical processes through the use of a pathway is known to optimise the quality of treatments and improve patient satisfaction.



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7. Atkin L and Tickle J (2017) The leg ulceration pathway: impact of implementation. Wounds UK 13(4) 107-112.