

A STEP-DOWN APPROACH TO LEG ULCER MANAGEMENT: FACILITATING BEST PRACTICE, COST IMPROVEMENTS AND QUALITY OF LIFE

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The patient:

Raymond, 84 years old, is very active and loves playing tennis. He had received weekly leg ulcer bandaging in the community for 5 years. However, the wound had failed to heal and use of an inappropriate bandage system led to increased toe oedema and lymphorrhoea. The condition of his leg and the treatment regime was impacting on Raymond's ability to play tennis.

The approach:

Cohesive inelastic bandaging incorporating toes

Monofilament debridement padt for hyperkeratosis removal (preparing limb for compression)

Reduce exudate



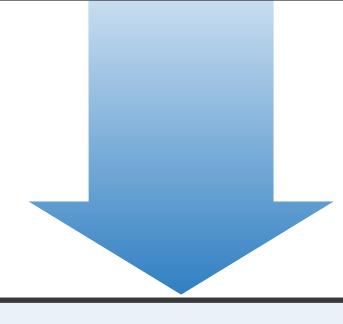
at initial assessment

Reduce oedema

Use of 2-component hosiery* to manage ongoing wound objectives



ready for management with hosiery



Long-term in hosiery

> 4-layer compression may not be the most appropriate for those with oedema (Williams 2014)

At this stage, this

approach could

facilitate shared

care with the

community

maintenance

The venus IV trial identified lower recurrence rates in those that were healed in hosiery (Ashby et al. 2014)

Conclusion:

- The management of Raymond's leg ulcer and associated problems has been lengthy and at times complex, due to complications exacerbated by previous treatment
- A bandage system that does not cause exacerbation of foot and toe oedema is the most suitable for those with lymphovenous oedema
- Cohesive inelastic bandaging, with toe bandaging, effectively reduced oedema and exudate
- Stepping down to hosiery to continue healing is a viable option, which can improve quality of life

References

Ashby RL, Ghabe R, Ali S, et al (2014) Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV, VenUS IV): a randomised controlled trial. Lancet 383(9920):871–9

Williams (2014) Prevention and management of wounds using compression therapy. British Journal of Nursing 23 (15): s24-26

