Healthcare Improvement Scotland

Managing chronic venous leg ulcer

A booklet for patients, carers and family members

Area for cover image

Acknowledgments

We would like to thank everyone who contributed to this booklet.

Parts of this booklet were generated using an artificial intelligence (AI) program to summarise the clinical guideline. The draft was then reviewed and amended as necessary by guideline group members.

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Consultation draft

Who is this booklet for?

This booklet is for you if you have a chronic venous leg ulcer, or if you are at risk of getting one. It may also be useful for partners, family members, carers and anyone who supports someone with a leg ulcer.

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What is this booklet about?

This booklet explains the recommendations in the clinical guideline produced by the Scottish Intercollegiate Guidelines Network (SIGN). It gives you information about the care you are likely to get and can expect. Recommendations in the guideline are based on different types of evidence. Some of it comes from current research, some from the clinical experience and opinions of healthcare professionals, and some from people who have experience of living with leg ulcers.

There are two different types of recommendations in the booklet



Recommendation
based on the research evidence



Recommendation
based on clinical experience

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What is a chronic venous leg ulcer?

A chronic venous leg ulcer is a wound on your lower leg that has not healed after 2 weeks. It happens when blood in your legs has difficulty flowing back to your heart causing a buildup of blood which can cause swelling and pressure on the skin which can lead to the ulcer happening.





Images reproduced with permission from Wounds UK (2022). *Holistic management of venous leg ulceration* (second edition)

Living with a chronic leg ulcer can mean your life changes — from the exhaustion of struggling to sleep because of persistent pain, to the constant routine of wound care and dressing appointments that can dictate your life. Always ask for help if you need advice.

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What should I do if I think I have a leg ulcer?

If you have a sore on your lower leg that is not healing, it is important to ask for help from your practice nurse, community nurse or GP. Getting checked early can help you get the right care sooner. Things to look out for include:

- swelling in your lower leg or ankle
- itchy, dry or red skin
- brown staining on the skin
- varicose veins, which are swollen or twisted veins
- a sore below the knee that is not healing
- pain, heat, pus, a bad smell, fever, or quickly spreading redness, which may mean infection.

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What can increase my risk of a leg ulcer?

There are many reasons why someone may get a venous leg ulcer. Some things, such as your age, cannot be changed. Other things, such as activity levels, may be helped with support. People living with leg ulcers told us it is important to understand why leg ulcers happen, what can increase risk, and what they can do to help reduce the risk.

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Recommendation based on the research evidence

If the veins in your legs have difficulty moving blood back up to your heart (venous insufficiency), your healthcare professional should look at your risk of getting a venous leg ulcer.

Your risk may be higher if you have several of these things: older age, low physical activity, a higher body weight, high blood pressure, a history of blood clots, or skin changes linked to vein problems.

Recommendation based on the clinical experience

If it is right for you, you should be offered advice about early warning signs and when to ask for help.

Recommendation based on the research evidence



You should be encouraged to be physically active in a way that is safe and suitable for you.

Recommendation based on the research evidence



If you are living with obesity, you should be offered support for a healthy lifestyle and assistance with weight loss. Obesity means having an increased body weight that may affect your health.

Recommendation based on the research evidence



If you have had a blood clot, your healthcare professional may consider a compression product to help lower your risk of getting a venous leg ulcer.

Recommendation based on the clinical experience



When possible, healthcare teams should offer checks to people who may find it harder to access care, such as people who are homeless or people who inject drugs.

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How can compression help?

Compression is the main treatment for venous leg ulcers. It means using bandages, stockings, hosiery or wraps to gently squeeze your leg. This helps blood move back up your leg and can help the ulcer heal.

Before full compression is used, your leg should be checked. You may have an ABPI test. ABPI means ankle brachial pressure index. It compares blood pressure in your ankle and arm to check blood flow in your leg. People told us that compression needs to fit with their daily life, including comfort, confidence, being able to move around, and whether they need help to put it on.



Wearing compression can take time to get used to and some days it can be difficult to put on or feel uncomfortable. But finding the right type and getting help when you need it can make it easier to fit into everyday life.

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Recommendation based on the research evidence

You should have access to a choice of compression products. These may include 2-layer bandages, 4-layer bandages, 2-layer hosiery and compression wraps.

Recommendation based on the research evidence

You and your healthcare professional should decide together which compression product to use. The choice should take account of your daily life, comfort, movement, mental wellbeing, support at home, and whether you can put the product on yourself.

Recommendation based on the clinical experience

You and your carer, if you have one, should be shown how to use compression hosiery or wraps. You should also know when to ask your nurse for help.

Recommendation based on the clinical experience

Compression bandages should only be put on by staff who have had the right training.

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Could a vein treatment help?

You may be offered endovenous treatment as well as compression. Endovenous treatment treats problem veins from inside the vein. It may help some ulcers heal faster. People told us they want clear information about the possible benefits and risks, whether treatment is suitable for them, what recovery may be like, and what follow-up care is available.

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Recommendation based on the research evidence

If you have a venous leg ulcer, you should be offered endovenous ablation therapy within 6 months of the ulcer starting, if it is suitable for you. Ablation means closing or removing a problem vein. Endovenous ablation is often done through a small cut or needle hole. It may not need a general anaesthetic. A general anaesthetic is medicine that makes you sleep during treatment.



Recommendation based on the research evidence

Before treatment, you should have a check for your risk of a blood clot. If needed, you should be offered treatment to help prevent a blood clot.



Recommendation based on the clinical experience

Your healthcare professional should use the national pathway to decide whether you should be referred for endovenous ablation therapy.

How should my leg ulcer be cared for?

Good wound care means checking the ulcer, looking for signs of infection, and choosing dressings that meet your needs. Not every ulcer needs a swab or antibiotics. Your healthcare professional should explain why a dressing is being used, how it may help, and when you should ask for more help.

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Recommendation based on the research evidence

Your ulcer should not be swabbed for bacteria unless there are signs of infection.

A swab is when a small sample is taken from the wound. Bacteria are tiny germs. Some bacteria can live on a wound without causing infection.

Signs of infection can include spreading redness, heat, swelling, pus, a bad smell, fever, more pain, or the ulcer getting bigger quickly. Antibiotics should only be used when there are signs of infection.

Recommendation based on the research evidence

If you need an antimicrobial dressing, your healthcare professional should talk with you about your needs and preferences.

What questions can I ask?

People told us they value the chance to talk things through with a healthcare professional. It is okay to ask questions, check you understand, and ask for written information to take away. This can help you and your healthcare professional make decisions together.

It's OK to Ask

When you go to your healthcare appointment(s), we encourage you to ask four key questions that will help you and your healthcare professionals make decisions together. This will make sure that the care is right for you.

1. What are the benefits of my treatment?
2. What are the risks of my treatment?
3. What alternative treatments can I try?
4. What if I do nothing?

Learn more about "It's OK to ask"

Learn more about realistic medicine

Where can I get more information and support?

The organisations below may be able to answer questions and offer support. People told us that clear information and signposting to support groups can make a difference. You can ask your healthcare professional where to find trusted information and local support. SIGN is not responsible for the information provided by these organisations.

National organisations relating to leg ulcers

Legs Matter
www.legsmatter.org

The Lindsay Leg Club Foundation
www.legclub.org
Phone: 07855 616354

The Leg Ulcer Forum
www.legulcerforum.org

Other organisations

NHS inform
www.nhsinform.scot
Phone: 111
NHS inform is Scotland's national health information service. It provides trusted health information, including information about venous leg ulcers, symptoms, treatment and self care.

NHS 24
www.nhs24.scot
Phone: 111

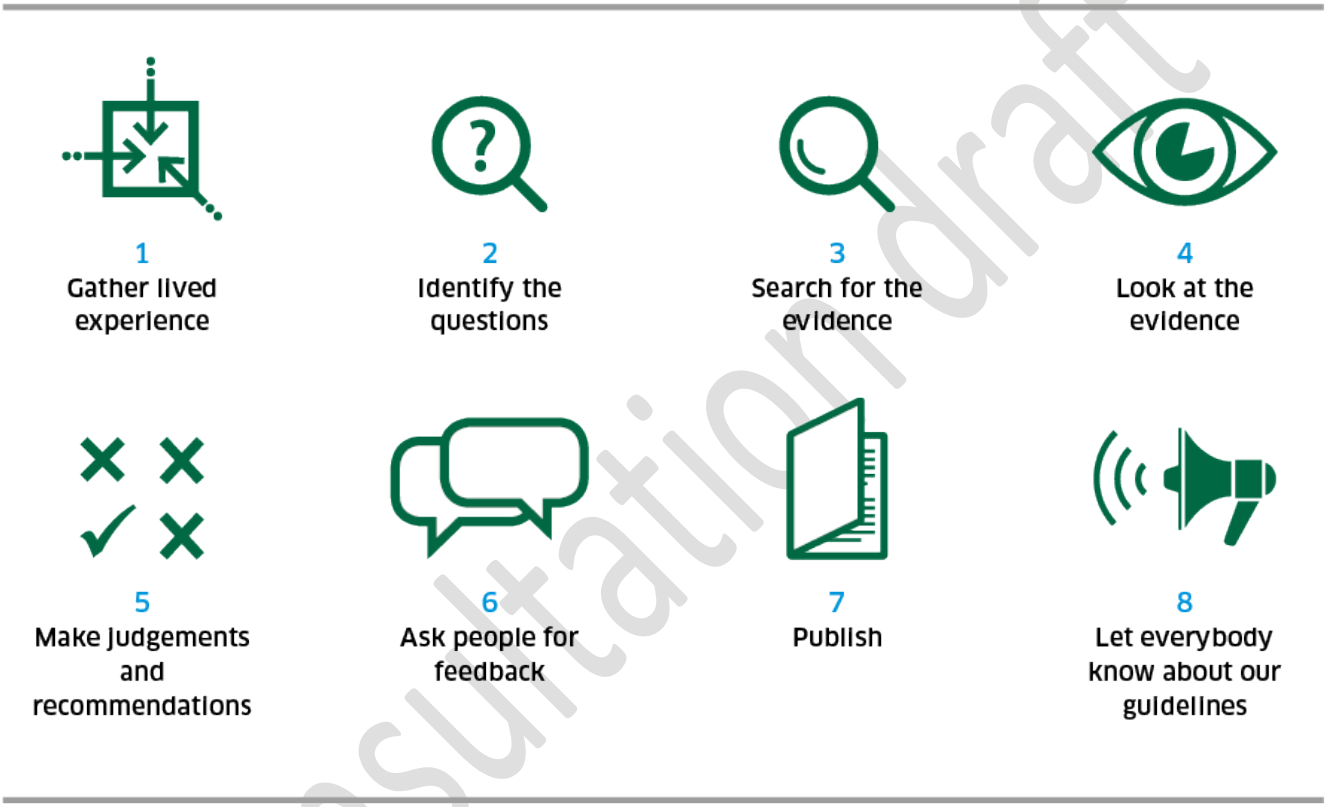
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This is a 24-hour helpline for people in Scotland. It’s led by nurses who provide confidential healthcare advice and information 24 hours, 365 days a year.

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How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



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You can read more about us by visiting www.sign.ac.uk or you can phone 0131 623 4720 and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone 0131 623 4720 or email sign@sign.ac.uk

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