

# Management of Patients with Leg Ulcers

## Summary

- Leg ulcers cause great distress to patients and cost the NHS >£1 billion each year.
- The prevalence of leg ulcers is increasing.
- Most patients have an underlying vascular cause for their leg ulcers.
- All patients require specialist assessment and most would benefit from compression and treatment of their veins.
- Despite evidence-based guidelines for referral and treatment, current service provision remains poor.

**Urgent action is needed to ensure that all patients with leg ulceration are offered current best practice**

## The Challenge

- Leg ulcers are non-healing wounds on the lower leg, usually due to a problem with veins (and sometimes arteries).
- Most leg ulcers are caused by chronic venous hypertension.
- Leg ulcers usually take many months to heal.
- Without appropriate care, up to two-thirds of healed ulcers will recur within a year.
- Most patients with leg ulcers are managed in community healthcare settings.
- Primary care data suggest that >50% of patients are not referred and do not receive the care they need.
- Chronic wound care costs between £4.5 - £5.1 billion per year; a third of these wounds are leg ulcers.

## Management Recommendations

1. Every patient with a leg ulcer should have an ankle brachial pressure index (ABPI) assessment ('Doppler') on initial presentation to assess the arterial circulation.

*Rationale:* Doppler assessment of ABPI is a valid and reliable way to detect arterial impairment in the lower limb.

2. All patients with an adequate arterial supply (ABPI>0.9) should be offered effective compression therapy.

*Rationale:* Appropriate compression significantly increases healing of venous ulcers

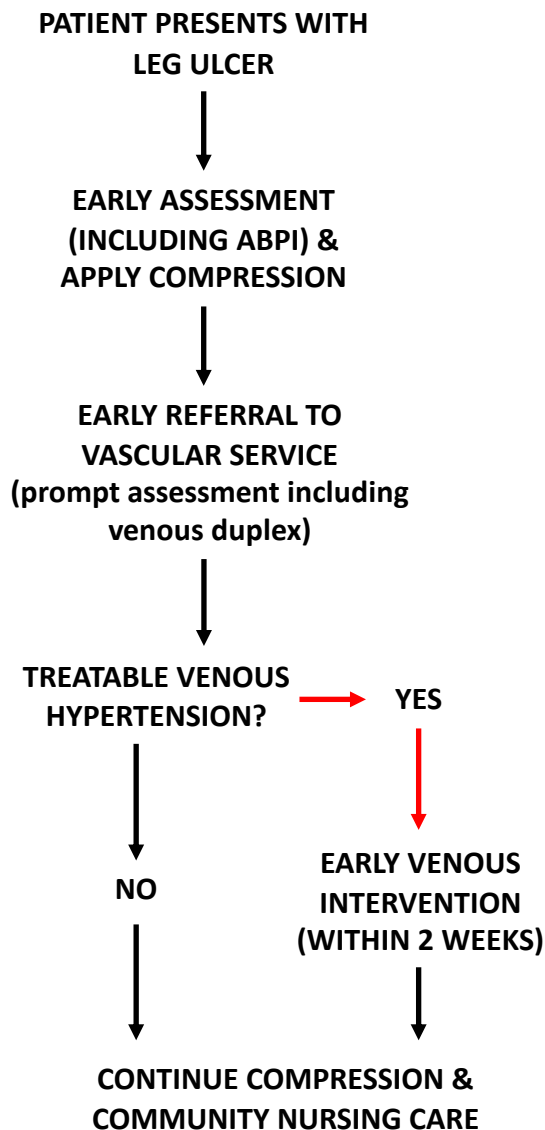
3. All patients should be referred and have early assessment of their veins using colour duplex ultrasound.

*Rationale:* Duplex examination is the gold-standard method for identifying treatable venous problems.

4. All patients with treatable venous hypertension should be offered minimally invasive endovenous interventions (such as endothermal ablation or foam sclerotherapy).

*Rationale:* Early superficial venous treatment (within 2 weeks) speeds up ulcer healing and halves the risk of ulcer recurrence

## Suggested Patient Pathway



Academic Department  
Direct Line: +44 (0) 20 7290 3918  
Direct Fax: +44 (0) 20 7290 2989  
Email: venous@rsm.ac.uk



The ROYAL  
SOCIETY of  
MEDICINE

Address: 1 Wimpole Street, London, W1G 0AE  
Website: www.rsm.ac.uk Telephone: +44 (0)20 7290 2900  
Charity no: 206216 VAT reg no: 524413671

