

What causes venous leg ulcers?

In damaged veins, the valves can become stretched and do not close as tightly. Blood can then flow backwards leading to pooling of blood and increased pressure in the veins. The constant high blood pressure in the legs causes fluid to leak out of the veins. The fluid causes swelling and damages the skin, which becomes hard and inflamed, leading to an ulcer.

What are the symptoms of a venous leg ulcer?

- Swelling
- Tender to touch
- Brown or black skin staining
- Dry and itchy
- Pain
- Leakage of fluid

How are venous leg ulcers treated?

Various types of dressings are used to treat leg ulcers. The best way of providing the necessary support of the calf muscle and damaged valves is by using a compression bandage.

Before starting compression treatment, a Doppler ultrasound test is used to measure the ankle and arm blood pressures to make sure that the arteries are working normally in the leg.

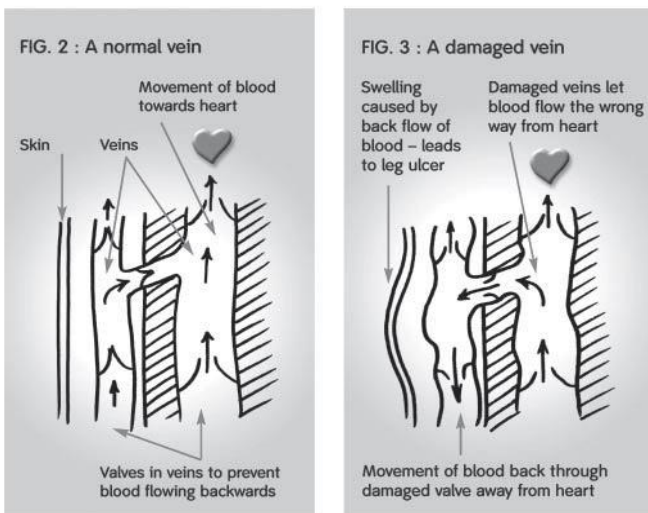
In addition to a Doppler test, you may also be referred to a vascular specialist.

Compression bandaging will assist with the following:

- Improve the circulation by returning blood flow back to the heart
- Encourage healing by reducing the swelling of the leg
- Can reduce the pain and itchiness

Management of compression Bandaging

- It is important that the bandage is worn from the base of the toes to just below the knee. This will help prevent swelling of the foot and toes
- Keep the compression bandages dry by covering them with a plastic bag while in the shower. If bandages become wet,



What are the risk factors?

There are certain conditions which are associated with the development of a venous leg ulcer. These include:

- High blood pressure
- Phlebitis - Inflamed veins
- Fractures, trauma or injury – especially to the lower legs
- Varicose Veins
- Multiple pregnancies
- Immobility
- History of deep vein thrombosis (blood clot in your leg)
- Occupations which involve sitting or standing for long periods of time.
- Increasing age

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remove the compression bandage and notify the District nurses

- If your toes or legs are white in colour, numb or tingling then your bandages may be on too tightly. Remove the compression bandage and contact the District Nurses to let them know you have done so

Complications of a venous leg ulcer

Infection – antibiotics are sometimes advised for short periods if the skin and tissues around the ulcer become infected. Signs of infection include swelling, redness and increased pain.

Loss of quality of life- Living with a venous ulcer can be difficult. Ulcers can be painful and take a long time to heal, and may require you to take some time off work.

What can I do?

- Walk or exercise regularly to get the calf muscle pump working. If you are unable to walk, performing foot and ankle exercises will also help.
- When resting, if possible, try to keep your legs raised higher than your hip. The aim is to let gravity help to pull fluid and blood towards your heart, reducing swelling in the legs.
- Eat a healthy balanced diet. Try to include plenty of fresh fruit and vegetables. This will encourage healing of your ulcer
- Try to lose weight if you are overweight. Increased weight puts more strain on your veins
- Avoid standing for long periods. This will increase the pressure within your veins.
- Wear correct fitting shoes.
- Look after your skin. If you have dry skin, apply a non-scented moisturiser
- Take any painkillers your doctor or nurse has prescribed
- Attend your outpatients or doctor's appointments. It is important to be monitored regularly

- Try to stop smoking. The chemicals in cigarettes will delay ulcer healing

What happens when my leg ulcer is healed?

You will be fitted with compression stockings which will improve the chances of your leg ulcer remaining healed. You will need to renew your compression stockings every 6 months as they will lose their elasticity. You will need to wear compression stockings for life.

Take care not to bang your legs and feet. Be alert for sharp objects and corners. If you do cause trauma to your leg, see your GP immediately.

Stay active and continue with a healthy diet.

If underlying risk factors such as immobility, obesity and varicose veins are not addressed, there is a high risk of a venous ulcer recurring.

Contact us

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