

Leg ulcer - venous

Treatment

Treatment for venous leg ulcers should always be carried out by a healthcare professional trained in leg ulcer management. You may need to be referred to a trained practice, or district nurse.

The way that your leg ulcer is treated by the healthcare professional will depend on whether or not it is infected.

Treatment for an uninfected venous leg ulcer

Cleaning the ulcer

Your healthcare professional will clean your ulcer and the surrounding area with warm water, or saline (salt solution). They will then gently dry it, taking care to remove any dead tissue. If there is a large amount of dead tissue, they may need to remove it using a surgical technique called debridement. If this is the case, you will have an anaesthetic applied to your leg to reduce any pain.

Dressing the ulcer

A simple, non-sticky dressing will be used to dress your ulcer, which will aid healing, improve comfort, and control any pus.

Your healthcare professional will then put on a compression bandage, which applies constant pressure to your leg to improve your circulation and help your ulcer to heal. This reduces the risk of blood flowing backwards through your veins (venous reflux), and increases blood flow, which improves your circulation and helps your ulcer to heal.

If you are immobile (not able to move around), your compression bandage will be a four-layer bandage, which exerts a higher level of pressure. However, if you are still able to move around normally, your compression bandage will be a two-layer bandage because not as much pressure will be needed.

Treatment for an infected venous leg ulcer

Cleaning the ulcer

As with an uninfected ulcer, if your leg ulcer is infected, your healthcare professional will clean it and the surrounding area using warm water, or saline (salt solution). They will then gently dry it, taking care to remove any dead tissue. If there is a large amount of dead tissue, they may need to remove it using a surgical technique called debridement. If this is the case, you will have an anaesthetic applied to your leg to reduce any pain.

Taking a swab

Your healthcare professional will take a sample of tissue from your ulcer using a swab, which will be tested for infection.

Dressing the ulcer

A simple, non-sticky dressing will be used to dress your ulcer, which will aid healing, improve comfort, and control any pus.

However, in the case of an infected leg ulcer, your healthcare professional will not apply a compression bandage at this stage because doing so would be too painful while your ulcer is infected. It may also be impractical if your healthcare professional needs to check your ulcer regularly.

Antibiotics

You will be prescribed a seven day course of antibiotics (flucloxacillin) to treat your infection.

Follow up treatment for venous leg ulcers

Uninfected ulcers

If your ulcer is uninfected, you should return to your healthcare professional once a week to have your dressings and compression bandages changed. They will also monitor the ulcer to see how it is healing. Once your ulcer is healing well, you may only need to return to your healthcare professional once a month.

Infected ulcers

If your ulcer is infected, you will need to return to your healthcare professional daily, or every other day, to ensure that your antibiotics are working, until the infection has cleared. If there is no improvement, your healthcare professional may change your antibiotic, which you may need to take for up to two weeks.

In rare cases, where the infection worsens, and you begin to feel very unwell, you may need intravenous antibiotic treatment (antibiotics injected into the vein) in hospital.

Once your infection has cleared, your healthcare professional will apply a compression bandage to speed up the healing process. You will need to return to your healthcare professional to have your dressings and compression bandages changed once a week. They will also monitor the ulcer to see how it is healing. Once your ulcer is healing well, you may only need to return to your healthcare professional once a month.

At each check up, your healthcare professional will ensure that your dressings and bandages are working effectively. They will also make sure that your associated symptoms are under control, and look for signs of any possible complications that may require specialist treatment, such as contact dermatitis (an allergic reaction).

Treating the associated symptoms of venous leg ulcers

As well as the ulcer itself, you may have additional symptoms that are associated with the condition. However, symptoms such as pain, oedema (swollen areas filled with fluid), and venous eczema (itchy, irritated skin caused by high blood pressure), can be treated in the following ways.

Pain

Venous leg ulcers can often be painful. Mild to moderate leg pain can be treated using paracetamol. However, if your pain is more severe, and does not respond to paracetamol, your healthcare professional may prescribe a combination of paracetamol and codeine phosphate.

If you have oedema (swollen, fluid-filled areas) around your ulcer, which is painful, it may help to keep your affected leg elevated.

However, if after treatment, your leg pain has continued to worsen, you should return to your healthcare professional because you may have developed a complication in your ulcer, such as an infection.

Oedema (swollen areas filled with fluid)

Treatment using compression bandages will help to relieve oedema, which your healthcare professional will provide once any infection in your leg ulcer has cleared.

Keeping your affected leg elevated will also usually help to ease any swelling. Try keeping your leg raised above hip level for 30 minutes, three, or four, times a day. Putting pillows, or cushions, under your feet when you are asleep may also help.

Venous eczema (itchy, irritated skin caused by high blood pressure)

If you have severe, or worsening, venous eczema, your healthcare professional will first need to rule out cellulitis (a bacterial infection of the deep layer of skin). If you have cellulitis, a course of antibiotics should enable you to successfully manage your eczema.

To treat venous eczema, your healthcare professional may suggest using an emollient (moisturiser) on the affected area, as well as a mild corticosteroid cream, or ointment. These will ease the itching and encourage your skin to heal.

If, despite treatment, your venous eczema does not improve, or continues to get worse, it may be due to an allergic reaction, known as contact dermatitis. You may be allergic to your dressing, emollient, or corticosteroid.

If you have contact dermatitis, you may need to be referred to a dermatologist (skin-care specialist) for a patch test. This involves a small amount of the suspected allergen being taped to your skin for 48 hours to see how it reacts.

Contact dermatitis can occur at any stage of your treatment for venous eczema, and not just at the start of your treatment.

Self-care advice

The following advice may help your venous leg ulcer to heal more quickly.

- Try to keep active by walking regularly. Immobility can worsen venous leg ulcers and the associated symptoms, such as oedema (swollen, fluid-filled areas). Whenever you are sitting, or lying down, try and keep your affected leg elevated.
- Be careful not to injure your affected leg in any way, and wear only comfortable well-fitting footwear.
- If you are prescribed an emollient by your healthcare professional for venous eczema, you should use it as often as possible. The motion of rubbing in the emollient boosts your circulation, and there is no limit to how often you can use it.
- Wear your compression bandage exactly as instructed by your healthcare professional. If you have any problems with it, do not remove it yourself - see your healthcare professional.

After your venous leg ulcer has healed

Even after your ulcer has healed, you will still need to attend regular check ups. It is common for venous leg ulcers to recur, even after they have fully healed. It is therefore important that your healthcare professional checks for any signs of recurrence on a regular basis. This should be once every 6-12 months, and you may also need to have further Doppler studies every six months.

Your healthcare professional may recommend that you wear compression stockings once your ulcer has healed. Like compression bandages, compression stockings exert pressure to help to keep your blood moving and your blood pressure at a healthy level. Compression bandages can be worn every day under your clothes and, after you have had a leg ulcer, you should wear one for a minimum of five years to prevent it from recurring.

There are also several measures that you can take to try to prevent venous leg ulcer from recurring. For further information, see the 'prevention' section.

If your venous leg ulcer does not heal

If your venous leg ulcer does not heal, even after 2-3 months of treatment, you will need to be referred for specialist treatment, in order to find out why it has not healed. The specialist may be able to determine whether there are any other conditions, or complications, such as infection, that are preventing your ulcer from healing.

In very rare cases, there may be no reason for a venous leg ulcer not healing, even after specialist treatment. If this is the case, your healthcare professional will aim to make your ulcer as easy to live with as possible by controlling any associated symptoms, and improving your mobility. You may also have access to long-term psychological support if it is needed.