

EURACARE

PATIENT INFORMATION FORM

LEG ULCERS

What is a leg ulcer?

A leg ulcer is simply a break in the skin of the leg, which allows air and bacteria to get into the underlying tissue. This is usually caused by an injury, often a minor one that breaks the skin.

In most people such an injury will heal up without difficulty within a week or two. However, when there is an underlying problem the skin does not heal, and the area of breakdown can increase in size. This is a chronic leg ulcer.

What causes leg ulcers?

The most common underlying problem causing chronic leg ulcers is disease of the veins of the leg, venous disease. It is the main reason for over two thirds of all leg ulcers.

- **Venous Disease (caused by veins not working)- about 80% of leg ulcers**
- **Arterial Disease (caused by the arteries not working)- about 15% of leg ulcers**
- **Other Causes (includes diabetes and rheumatoid arthritis as well as some rare conditions)- about 5% of leg ulcers**

In some cases, two or more conditions may be causing damage at the same time. Your doctor will examine you and do some tests to see what sort of ulcer you have. The following advice applies to venous ulcers and may not be appropriate for other sorts of ulcers.

How does venous disease cause ulcers?

The veins in your leg are tubes that carry the blood back from the foot towards your heart. The veins in your legs have one-way valves that make sure the blood flows up the leg and not back down. In some people, these valves do not work very well or can be damaged by thrombosis (clots) in the veins.

If the valves are damaged, blood can flow the wrong way down the veins. This results in very high pressure in the veins when you stand up. This abnormally high pressure in the veins damages the skin and leads to the ulcers.

How will I be treated?

Treatment of a venous leg ulcer happens in 2 ways:

- **Controlling the high pressure in the leg veins**
- **Treatment of the ulcer**

The mainstays of treatment are compression bandaging or stockings and elevation of the limb:

Elevation of the limb

The higher the leg, the lower the pressure in the leg veins. If the foot is elevated above the heart, then the pressure in the foot drops to a normal level. Put your legs up whenever you can and as high as you are able, the arm of the sofa is

good. Elevate the lower end of your bed (6 inches or so) so that when in bed your feet are a little higher than your head. You can use some old books for this.

Compression bandaging or stockings

To keep the pressure in the leg veins at the ankle low when you are standing up, you will be treated with compression bandaging or stockings. Several layers of bandages may be required to get the necessary pressure to control the veins. Once the ulcer is healed, compression stockings are usually necessary to prevent the ulcer from returning. These stockings need to be specially fitted and are much stronger than ordinary "support tights". If you have difficulty putting on your stockings, then you can buy a special stocking applicator.

Dressings

The nurse will use several different dressings under the bandages depending on the state of the ulcer itself. These dressings may well change as the ulcer progresses.

Surgery

Very occasionally either a skin graft or an operation on the veins may be necessary. If your ulcer is due to varicose veins then these may be treated, usually once the ulcer has healed to prevent it coming back. Other treatments such as laser therapy, radiofrequency ablation therapy, or foam sclerotherapy (injections) may be used to help prevent further re-occurrence.

Arterial ulcers may benefit from balloon angioplasty (stretching an artery with a balloon), a procedure that relieves narrowing and obstruction of the arteries and this may be combined with the use of a stent (a metallic cage to keep the vessel wall open). The insertion of new leg arteries (bypass operation) may be required in some circumstances. Antibiotics are occasionally required to treat ulcers, particularly if there is evidence of infection in the surrounding tissues and skin (cellulitis) or lymphatic channels (lymphangitis).

How long will it take the ulcer to heal?

It has usually taken many years for the venous disease to cause the ulcers, so it is not surprising that the ulcers may take a long time to heal. Although most venous ulcers will heal up in 3-4 months, a small proportion will take considerably longer. Do not despair! Even in these resistant cases treatment is eventually successful.

Is there any risk of me losing my leg?

Venous ulcers: It is very rare indeed for venous ulceration of the leg to lead to amputation of the leg and even the larger ulcers can usually be treated successfully.

Arterial ulcers: Occasionally it is not possible to insert a new artery in your leg, or to perform an angioplasty. Consequently, if you have a very large painful ulcer on your leg it may be better for you to consider an amputation. Your doctor will be aware that this is a very difficult decision for you and will discuss this with you in detail.

How can I stop the ulcer coming back?

Ulcers do tend to recur, especially in elderly people. Although the skin is intact the underlying problem with the veins remains and you must take precautions to prevent the ulcer recurring.

If you have been advised to wear support stockings, you will need to wear these indefinitely. These should be replaced about every six months to maintain

Once your ulcer is healed, it does not mean that your problems are over. Although the skin is intact the underlying problem with the veins remains and you must take precautions to prevent the ulcer recurring.

- **Wear compression stockings (or bandages in a few severe cases) always during the day.**
- **Elevation of the legs whenever possible.**
- **Keep the skin in good condition by using plenty of moisturising cream to prevent dryness.**
- **Weight loss, fresh fruit, exercise and stopping smoking are also vital to help heal your ulcer as well as for your general health.**

How can I help myself?

- Stop smoking. This is one of the major risk factors for vascular (circulatory) disease. It is difficult to give up, but help is available.
- Take regular exercise. Using your foot and leg muscles encourages the circulation and helps you control your weight. Avoid standing or sitting in one position for a long time. Walk about as much as possible or just move your feet round and up and down.
- Eat a healthy diet. Include protein, oily fish, fresh fruit, and vegetables in your diet or speak to your doctor or dietician for advice. Vitamins A, C and E (the antioxidants) are thought to be beneficial to the circulation.
- If you are advised to put your legs up, ideally rest with your ankles above waist height. Do not cross your legs when sitting or allow the edge of the chair to press into the back of your legs.
- Wear support stockings if these have been advised. If you have a problem with your dressings or bandages, or if your stockings become loose, tell your nurse straight away.
- Avoid tight clothing on your legs and wear comfortable, well-fitting shoes. See a chiropodist regularly (at least every 3 months) and take care when cutting toenails.
- Protect your skin and legs. Keep your feet and legs warm but avoid extremes of temperature, e.g., hot baths, sunburn, sitting too close to the fire. Use mild soap, or soap substitute, to keep your skin clean and keep it supple with a bland moisturiser. Your doctor or nurse can advise you about products to use. Take care not to bang your feet or legs on sharp corners or objects.
- Inspect your feet and legs regularly. Look for sores or changes in colour – use a mirror to help. Do not delay in seeking help if you think you are developing an ulcer.

Finally:

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives.