South West Regional Wound Care Program

c/o Crystal McCallum, RN MClSc
South West Community Care Access Centre
Seaforth, Ontario   N0K 1W0
E-mail: crystal.mccallum@sw.ccac-ont.ca

WHAT’S A VENOUS LEG ULCER?
A venous leg ulcer is a sore on the leg, ankle or foot of someone with poor venous blood flow to their leg (a.k.a. venous disease). Venous disease can be a problem that you are born with or that you get over time from:

- Working in a job in which you had to stand in one spot for long periods of time, i.e. A bank teller, hair dresser, assembly line worker, nurse, etc.;
- Having many pregnancies or being overweight, and/or;
- Having had a blood clot, major injury, or serious infection in your leg.

WHAT ARE THE SIGNS OF VENOUS DISEASE?
- Varicose and/or spider veins;
- Swollen ankles and/or lower legs;
- Hardened skin around your ankles;
- Brownish staining of your lower leg skin;
- Dry, scaly lower leg skin or rash;
- Small veins around your ankles that are easy to see;
- Itchy lower legs, especially around your ankles, and/or;
- Pain or achiness in your lower legs, that gets worse with standing or walking, and better with rest and leg elevation.

WHAT IS AN ARTERIAL LEG ULCER?
An arterial leg ulcer is a sore on the leg, ankle, or foot of someone with poor arterial blood flow to their legs (a.k.a. peripheral arterial disease). Arterial disease can be a problem that you are born with, or one that you get over time from:

- Smoking;
- Diabetes;
- High cholesterol and/or blood pressure;
- Heart disease;
- Obesity and/or a fatty diet, and/or;
- Inactive lifestyle.

WHAT ARE THE SIGNS OF ARTERIAL DISEASE?
- Cool legs/feet (in a warm environment);
- Shiny, tight leg skin;
- Loss of hair on the feet/lower legs;
- Pale or blue/purplish/red feet (not bruising);
- Feet that go white/pale when they are above the level of the heart, and that go red/purple when they are down;
- Pain (heavy, tight, cramping pain) in the calves, thighs, or hips when walking and climbing stairs that does away with rest, and/or;
- Pain with elevation of the legs above the level of the heart that goes away when you put them down.

People with mixed venous-arterial disease will show signs of both venous and arterial disease. A health care provider will complete a health history and physical exam to determine the cause of your leg ulcer, i.e. whether it is venous, mixed venous-arterial, or something else. This exam will include an ankle-brachial pressure index (ABPI) test.

For more information on leg ulcers, nutrition, wound healing, and for community resources, go to:
swrwoundcareprogram.ca
ULCER
VENOUS LEG GARMENTS, YOUR LEG ULCER IS UNLIKELY TO EVER HEAL.

WHAT IS AN ABPI TEST?
An ABPI test is one done by a healthcare professional in a clinic, your home, or in the hospital. This test helps to find out how well the blood is flowing to your legs, and guides treatment. ABPI tests are done with a blood pressure cuff (put on your arms and lower legs) and a small ultrasound machine. You must lie as flat as you can for 15 minutes before the test, stay lying during the test, and not smoke or drink/eat caffeine 30 minutes before the test. If the tester cannot get a good result you may have to have other testing at a hospital or see a vascular surgeon.

WHAT DOES A VENOUS OR MIXED VENOUS-ARTERIAL LEG ULCER LOOK LIKE?
Venous and mixed ulcers are most often found on the inner part of the lower leg, just above the ankle. These ulcers are mostly shallow and irregularly shaped. These ulcers can have yellow or mixed yellow and red tissue at the base, and most often drain a moderate amount of drainage.

WHAT IS THE TREATMENT FOR A VENOUS OR MIXED VENOUS-ARTERIAL LEG ULCER?
The gold standard treatment for venous or mixed venous-arterial disease is compression. Without regular compression therapy, i.e. wrapping your legs with compression bandages or wearing compression garments, your leg ulcer is unlikely to ever heal.

Compression helps to heal your ulcer by:
• Pushing the blood in your leg veins back to your heart, which reduces the swelling in your legs and drainage from your ulcer;
• Improving blood flow to your leg and ulcer, which gives the ulcer the oxygen and nutrients it needs to heal, and;
• Speeding up the rate of ulcer healing.

To work the best, compression wraps/stockings must be worn at ALL TIMES when you are up and out of bed, and once your ulcer heals, you must continue to wear compression stockings LIFELONG to keep your leg swelling under control and to keep ulcers from coming back. There is no cure for venous or mixed venous-arterial disease. Compression comes in two main forms: wraps and garments.

Compression wraps come in two-four layer systems, and are either:
• Elastic: provide compression at all times, however less compression when walking, or;
• Inelastic: provides compression when you move only, i.e. No compression at rest.

Wraps are sometimes washable and reusable, and sometimes one time use only. Wraps are usually worn until the ulcer has healed, and then you are transitioned to a compression garment. You may be taught to change your own compression wraps. Do NOT get your wraps soiled or wet. Immediately remove your wraps and call your nurse if your wraps fall down your leg or get shoved up your foot. If your wraps are wet or soiled, you should replace them. Wraps are available in different colors.

Compression stockings come:
• In various colors.

WHAT CAN I DO TO HELP HEAL MY LEG ULCER?
• Avoid long, hot baths and the use of antiseptics or salt in your bath water;
• Keep your legs and feet warm, but stay away from direct heat;
• Wash your legs and feet daily using warm water and a mild, non-scented soap, i.e. Dove. Gently pat dry using a clean towel (never rub dry as this can cause damage to the skin);
• Moisturize your legs and feet daily. It’s best to moisturize after removing your stockings for the night, using a non-scented pH balanced lotion, like Cliniderm, Glaxal Base, Vaseline petrolatum ointment, or Moisturel. Don’t put lotion between your toes;
• If you are travelling for a long distance, get up and stretch, walk or move your feet for at least five minutes every hour;
• When resting, raise your feet and legs above the level of your heart;
• Don’t cross your legs or wear high heeled shoes;
• Exercise daily (walking is great, but avoid shuffling your feet);
• Don’t stand or sit for long periods of time.

When resting, raise your feet and legs above the level of your heart.

WHAT DO I CARE FOR MY STOCKINGS AND MY LEGS?
• Wear your compression stockings every day (the best time to put them on is right before you get out of bed);
• Wash and dry your socks as per the manufacturer’s instructions. If you cannot find instructions, hand-wash with warm water and a mild soap. Rinse well and lay flat to dry;
• Replace your stockings every four-six months (two pair should last you one year);
• Keep your heel skin smooth to prevent damage to the stockings;
• Don’t stand or sit for long periods of time. If standing or sitting in one place is part of your job, do regular ankle exercises;
• Avoid injury to your lower legs;
• Don’t scratch your legs;
• Consider buying donning gloves or rubber yellow gloves (or other donning aides) to help put on your stockings, as they will prevent damage to your stockings and injury to your legs.

COMMON QUESTIONS

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