

Leg Ulcer - Summary Clinical Guideline

Reference no.: CG-TISS/2017/001

This summary guideline is applicable for all health care professionals involved in the management of patients with leg ulceration within Derby Teaching Hospitals NHS Foundation Trust. “A leg ulcer is defined as the loss of skin below the knee on the leg or foot, which takes more than 2 weeks to heal” (NICE, 2016).

It is essential that the underlying aetiology of the leg ulcer is established to ensure appropriate treatment / management. All patients with a leg wound that has been present for more than two weeks should have a holistic leg ulcer assessment that includes an Ankle Brachial Pressure Index (ABPI) completed. The healthcare practitioner undertaking this must have undergone appropriate training and demonstrated competence in leg ulcer management. Compression bandaging should only be used under specialist advice and with close monitoring in order to improve patient quality and to minimise risks (SIGN, 2010). The clinician formulating the management plan should discuss the available treatment options with the patient in order to agree a plan and agree concordance. Significant departures from the guideline should be documented in the patient’s notes at the time the relevant decision is taken (SIGN, 2010).

A diagnosis of diabetes mellitus should not exclude treatment with compression; however, it should be used with caution in patients with sensory neuropathy as they will not experience the pain associated with pressure-induced tissue damage. Patients with decompensated heart failure should not receive compression therapy as there is a risk of increasing the pressure within the heart. Bacterial wound swabs should only be obtained where there is evidence of clinical infection and should always be obtained before antibiotics are started.

There are other causes of leg ulcers that require specialist intervention; consequently, the most common referral areas (Dermatology, Vascular Service and Lymphoedema Service) are discussed in the full guideline.

Assessment and Management of Patients with Leg Ulcers

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Enter pathway if the patient has had a wound on the lower leg or foot that has been present for longer than two weeks

