

**FEATURING A LIVE  
WOUND ASSESSMENT  
CLINIC**

# Promoting self care in the management of leg ulceration

**TIME**  
**19.00**

**MAY**  
**15**



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# Promoting self-care in the management of leg ulceration

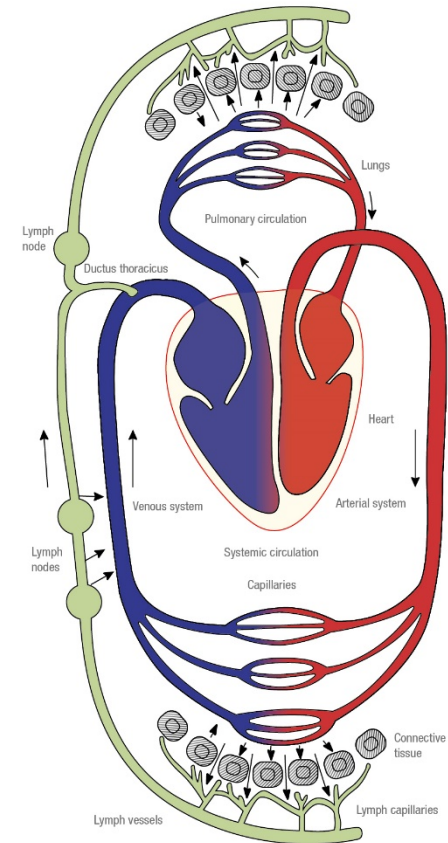
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# Learning objectives

1. To understand why holistic assessment of the lower limb can improve clinical outcomes
2. To discuss what treatment options are available to empower patients to be more self caring in the management of their leg ulceration
3. To understand the benefits of preventing recurrence and how to best achieve that in clinical practice

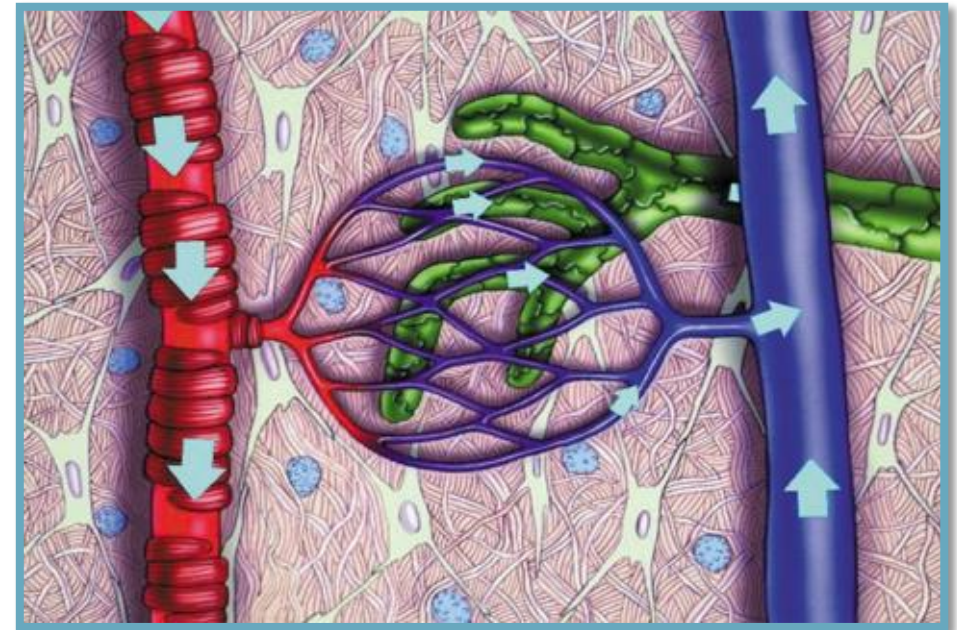
# Anatomy and physiology of the lower limb

- Within the lower limb there is a complex sequence of events that takes place to support a normal functioning circulatory system
- The system is made up of:
  - Arteries
  - Veins
  - Valves
  - Calf pump
  - Arteriovenous coupling
  - Lymphatic system

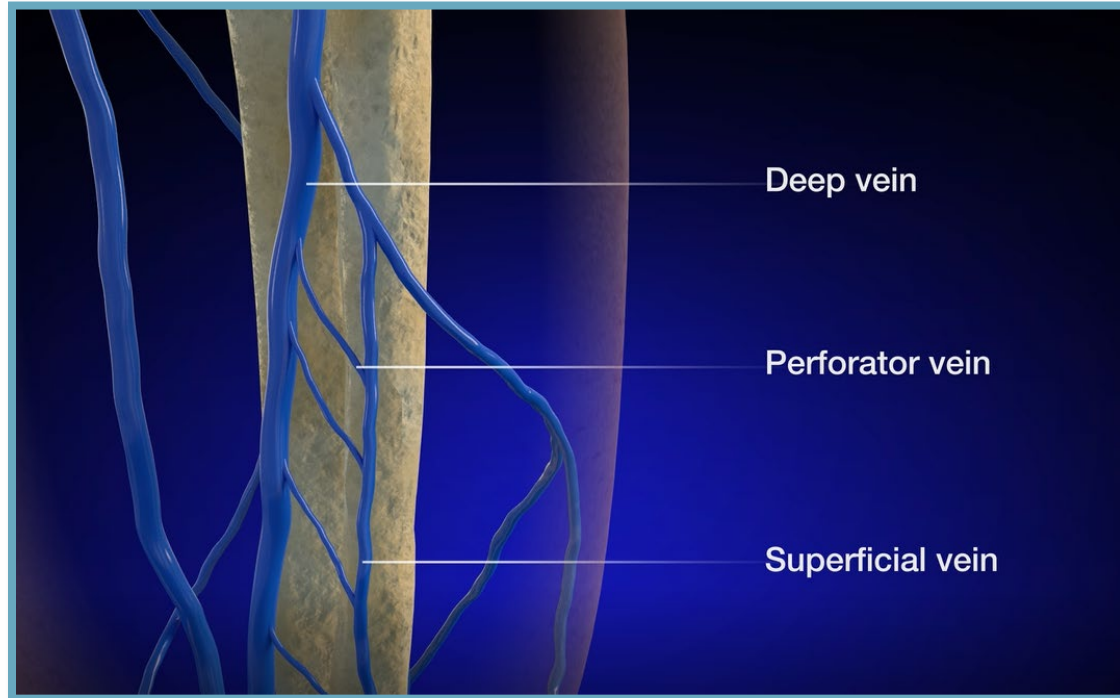


# Keeping the balance is essential

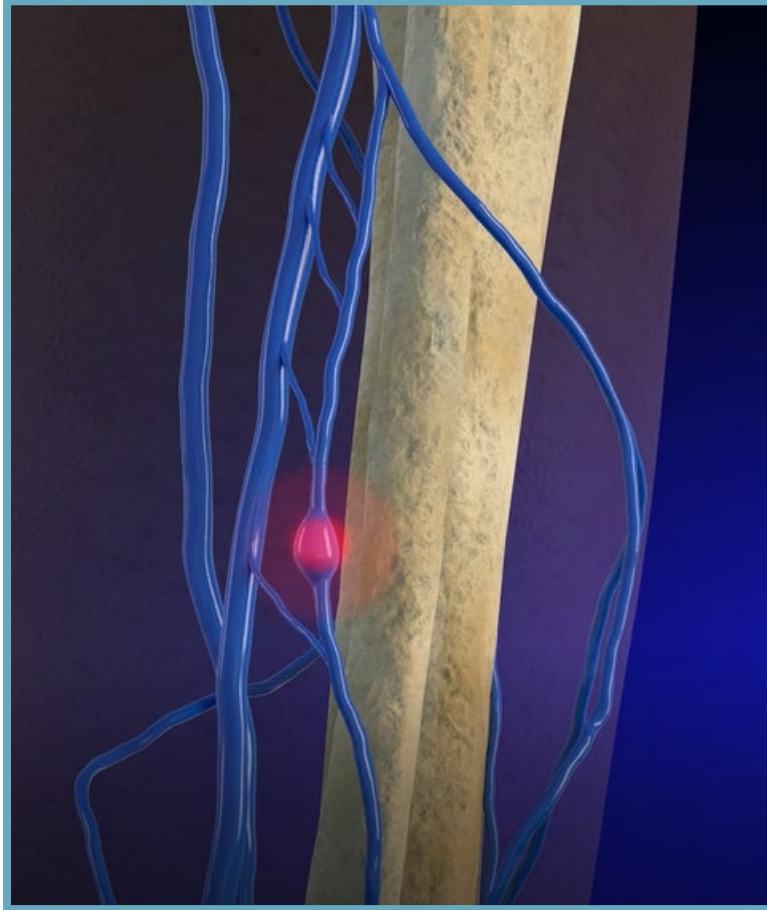
- Capillary exchange is the process that occurs when oxygen and nutrients are transferred into the surrounding tissues to keep everything healthy
- The lymphatic system is responsible for the removal of waste products within the tissues once this process has taken place



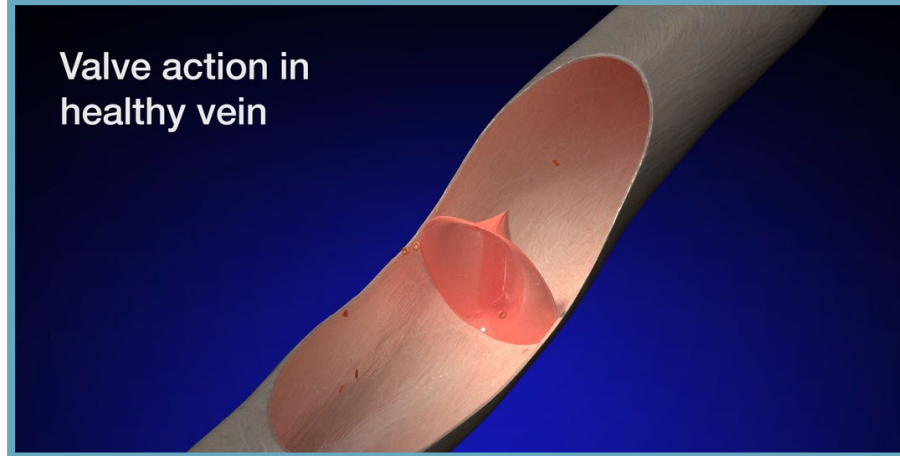
# Keeping the balance is essential



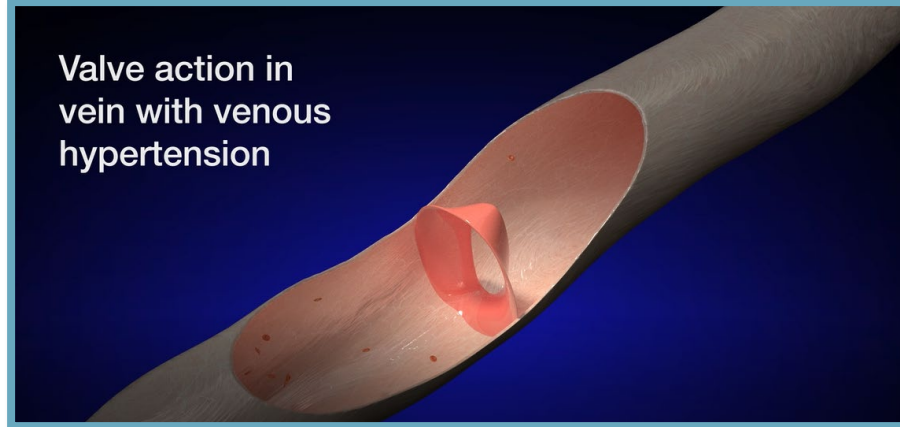
# When the balance is disrupted



Valve action in healthy vein



Valve action in vein with venous hypertension



# Resulting in....





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# Live holistic assessment using CASE

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# CASE

## Underlying cause

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# CASE

## Assessment of the presenting factors

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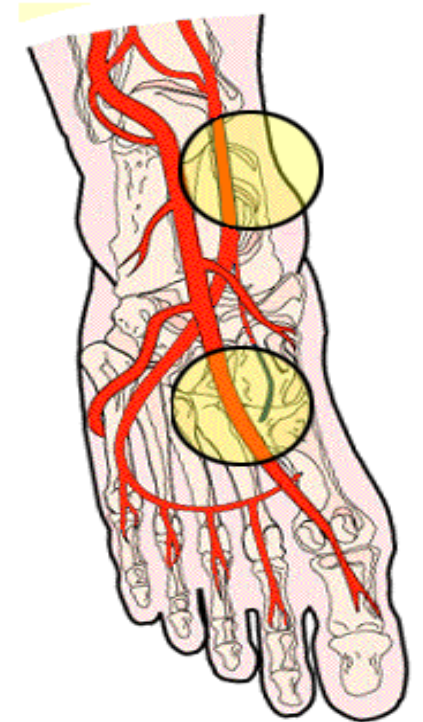


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# Vascular assessment

- Ankle brachial pressure index (ABPI) is one method of assessing for arterial insufficiency
- Other methods can be considered, such as toe brachial pressure index (TBPI) and pulse oximetry
- However, it should always be completed alongside a full vascular assessment, including:
  - recent and past medical history
  - surgical history
  - cardiovascular risk factors
  - medications
  - symptoms
  - clinical examination
  - waveforms and phasic nature recorded



# Vascular assessment – listening to waveforms

- Triphasic
- Biphasic
- Monophasic

# Leg ulcer management

## **C**ASE — differential diagnosis: Doppler readings

Ankle brachial pressure index (ABPI):

- 1.0 normal
- 0.8–1.0 possible arterial element
- 0.5–0.8 arterial disease or oedema present
- <0.5 arterial disease present

Toe brachial pressure index (TBPI):

- 0.7 normal
- 0.64–0.7 borderline
- <0.64 abnormal



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# CASE

Selection of the  
most appropriate  
treatment

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# Treatment plan

- Working with the patient at the centre and linking multi-professionally is key to good treatment planning
- Skin care is vital in prevention of further ulceration
- Debridement is required to create an optimum healthy wound bed
- Wound bed preparation reduces bacteria and biofilm and prevents infection
- Exudate management protects the wound edge and surrounding skin
- Compression therapy reduces blood pressure in the superficial venous system



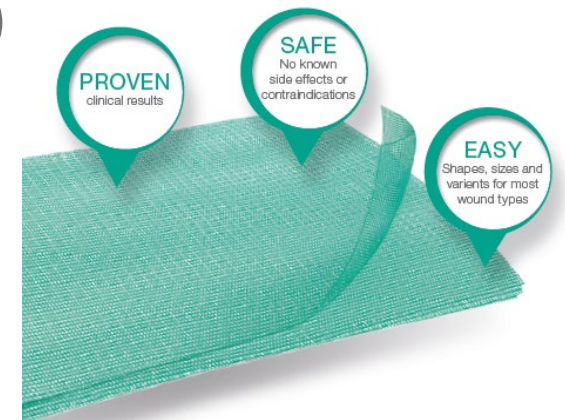
# Treatment plans – wound bed preparation

Principles of wound bed preparation are entrenched concepts, a framework that promotes a healthy wound bed through **debridement** to:

- Provide therapeutic wound cleansing
- Disrupt biofilm (if present)
- Removal of necrotic, non-viable tissue
- Reduce risk of infection, e.g. through use of an aseptic technique as appropriate and patient/caregiver education (IWII, 2016)

## Antimicrobials

- Observe for clinical signs and symptoms of infection, treat in line with local formulary (consider using antimicrobials or antibiotics for systemic infection):
  - Treat local signs of infection
  - Consider prophylactic treatment for high-risk patients



# Treatment plans – exudate management

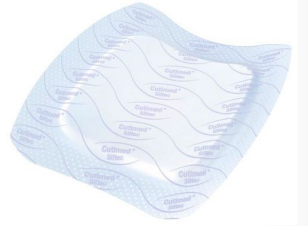
Manage exudate volume and viscosity to prevent damage to peri-wound skin (consider use of foam or superabsorbent dressings, depending on wound conditions)

- **Foams**

- Typically for low-to-moderate exudate volume
- Absorb excess exudate, allowing evaporation to occur (MVTR)
- Easy to apply, low pain removal, successful in many wound types
- Some can leak under pressure or not absorb thicker exudate, may require frequent dressing changes

- **Superabsorbers**

- Absorbent and retain high volumes of exudate
- Enhanced absorbency, longer wear times, less frequent dressing changes
- Can become heavy

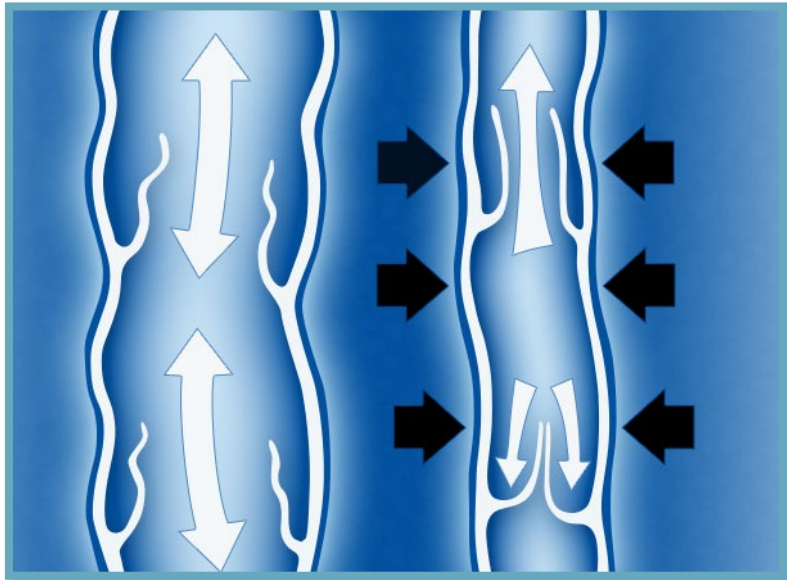


# Treatment plan — skin care

- General care of the skin is essential in maintaining the integrity and preventing further ulceration
- The peri-wound skin should be treated with a bland emollient
- Ulcer margins should be treated with a barrier preparation to prevent maceration of the surrounding skin
- Uncomplicated venous dermatitis usually responds to emollients, however topical steroids may be required if problem persists
- Failure to respond to topical steroids would indicate the need to patch test to uncover sensitivities

# Treatment plan — compression

- Aims to reduce blood pressure in superficial venous system



# Review of a healed leg ulceration

- Chronic venous insufficiency is a long-term chronic condition, and the management of that condition is for life
- Once a leg ulcer has healed a new care plan is required — prevention of recurrence
- Patients that have suffered a leg ulcer will be at an increased risk of developing new ones in the future
- It is essential that they are managed in compression garments, which they can continue to wear for the rest of their lives



# Helping your patient choose the right type of long-term garment

- Garments vary depending on the individual's need, they will come in different forms:
  - Circular-knit
  - Flat-knit
  - Wrap compression
- How do I decide with my patient which is the best option?



# Compression classifications

Questions to consider:

- Which level of compression does my patient need?
- Realistically, how much will they tolerate?
- Will they be able to apply it?

Class	RAL	British Standard	French	US
Class 1	18– 21mmHg	14– 17mmHg	10– 15mmHg	15– 20mmHg
Class 2	23– 32mmHg	18– 24 mmHg	15– 20mmHg	20– 30mmHg
Class 3	34– 46mmHg	25– 35 mmHg	20– 36mmHg	30– 40mmHg
Class 3 Forte	34– 46mmHg	X	X	X
Class 4	49– 70mmHg	X	>36mmHg	40+mmHg
Class 4 Super	60– 90mmHg	X	X	X

# Factors that influence choice

- Ability to manage and tolerate garments
- Skin condition
- Shape, size and function of the limb
- Patient dimensions — small/tall
- Patient's arterial status
- Other contraindicating medical conditions
- Neuropathy
- Patient lifestyle, mobility/manual dexterity, age and psychosocial status
- Patient choice
- Patient motivation
- Life expectancy or prognosis
- Partnership



# Supportive aids



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# CASE

## Evaluation of care

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# Summary

- Chronic venous disease is a long-term condition that requires management for life
- Education is key for patients around the importance of looking after their legs
- Leg ulcer management plays an important part of any community nursing role, that requires accurate and timely assessment
- Preventing recurrence and encouraging self-care is imperative to a successful long-term outcome for this patient group

# Legs Matter



- Call to action
  - Following this seminar I would like to ask you to check your legs
  - Then ask one person you know to do the same
  - Post the comments on Twitter @JOBSTUK and using #Mylegsmatter
  - Join the Lower Limb Clinicians Facebook group, aimed at all healthcare professionals with an interest in lower limb
  - Legs Matter Week, 3<sup>rd</sup> to 7<sup>th</sup> June — visit their website to see how you can take part in raising awareness

# Start looking after your legs

- Download your certificate tonight and you will be contacted by Essity for the chance to receive your very own pair of compression hosiery below-knee garments, helping you to look after your legs



# Essity Academies

- Free education and training is available via Essity academies
- 31 modules available including:
  - Anatomy and physiology of skin
  - Factors affecting wound healing
  - Infection management
  - Surgical site infection
  - Litigation and the law and the NHS
  - Improving the assessment of wounds

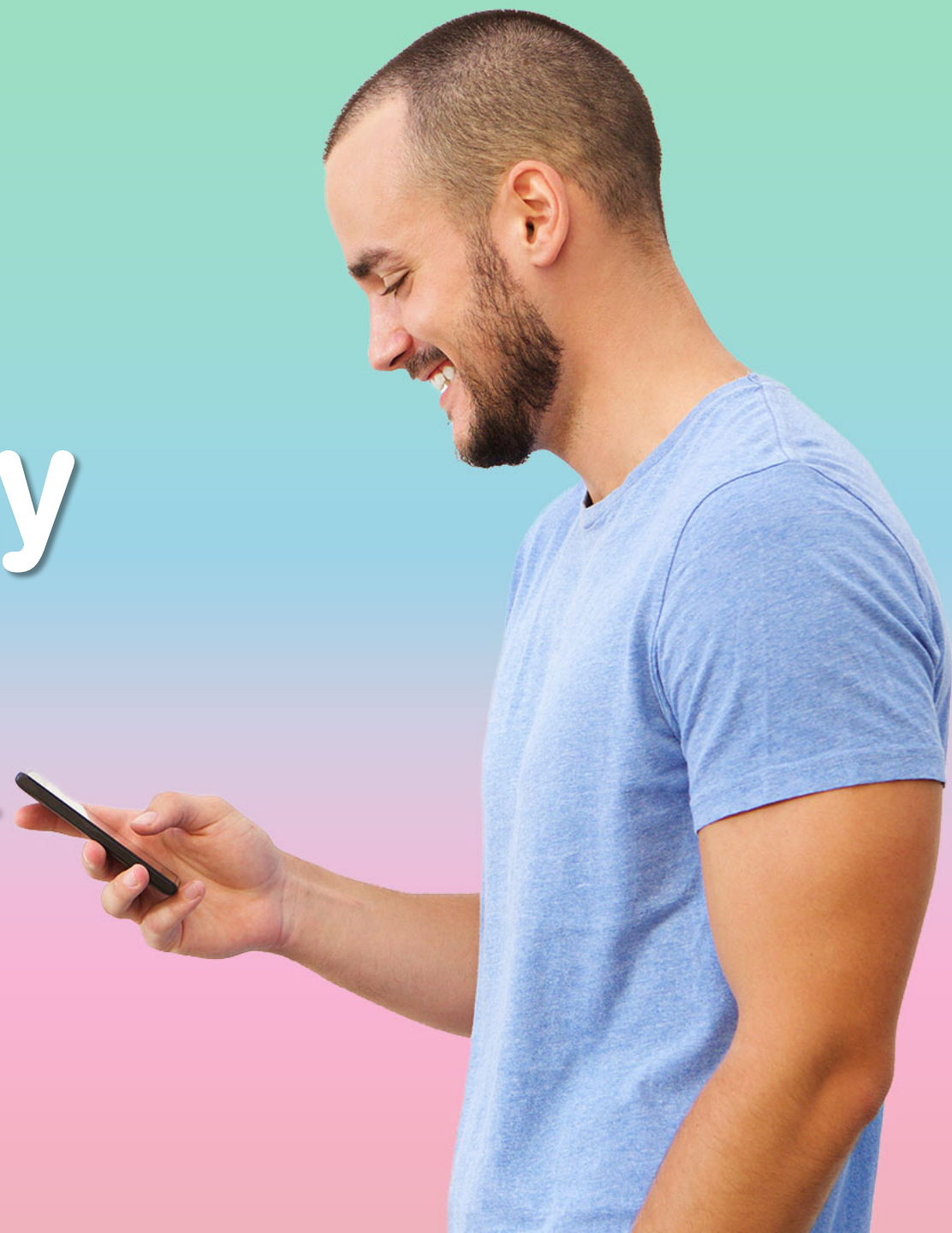


# Contact Essity

Call: 01482 670 177

Email: [conciERGE.service@essity.com](mailto:conciERGE.service@essity.com)

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# Future events

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for  
watching**

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