LIVE ON FACEBOOK

TRANSFORMING WOUND CARE. SIMPLIFYING VENOUS LEG ULCER MANAGEMENT

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Supported by Coloplast
Transforming wound care. Simplifying venous leg ulcer management

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Learning objectives

• Why we need to transform wound care
• Understanding the current national lower limb management guidelines
• Supporting patient self-management
• Opportunities for shared care and sharing best practice
• Partnership working
Current challenges in wound care

Demographics
Wound prevalence
Funding and staffing
Covid-19

Community nurses: 14% since 2009

District nurses: 45% since 2009

1
The impact of chronic wounds

Projected annual NHS cost of wound management at 11% growth\(^2\)

Are your resources increasing at 11% annually?
Recent drivers for transformation

Estimated annual wound care costs £5.3 billion

Guest et al 2015

Unwarranted variation

Lord Carter Review Feb 2016

Difference between sub-optimal and optimal care

NHS Rightcare Betty’s story 2017

CQUIN Lower leg wounds

CQUIN 2020/2021

National Wound Care Strategy Programme (NWCSP)

Clinical workstreams
- Lower limb ulcers
- Pressure ulcers
- Surgical wounds

Enabler workstreams
- Supply & distribution
- Education and workforce
- Data & information

Simplification of wound care

NWCSP

Betty’s story 2017
Patient impact – Betty’s story

- Sub-optimal pathway: 2 years
- Optimal pathway: 5 weeks
Betty’s story

• Highlights inequalities in care for patients with leg ulcers
• Delays in assessment
• Failure to implement evidence-based treatments
• Compression therapy for venous leg ulcers \[5, 6\]
• Poor patient outcomes
Opportunity to improve healing rates and reduce patient suffering

Recommendations for Clinical Care based on evidence and existing guidelines

Focus on immediate and necessary care, including red flags

Diagnosis and treatment

Ongoing care and review
Lower limb recommendations

For further information, please refer to the full NWSCP Lower Limb Recommendations at NationalWoundCareStrategy.net
Wounds on the leg

- Comprehensive patient assessment within 14 days
- Wound assessment
- Lower limb assessment
- Diagnose cause and formulate treatment plan
- Application of compression for venous leg ulcers
- Where possible, people with leg wounds should be encouraged to self-care with support
Supported self-care

• National surveys tell us more than 40% of people want to be more involved in decisions about their care
• 40% of people living with a long-term condition want more support to manage their health

‘Transforming venous Leg ulcer management: Opportunities for self-care and shared care’
Dowsett (2020)
Submitted for publication
Which patients with leg ulcers are suitable for self-care?

• Important to consider the complexity of the patient and the complexity of their ulcer
• Is the patient willing and able to self-care with support?
• Is there significant oedema in the leg?
• Ulcer size and wound bed status?
Simple and complex venous leg ulcers

'Simple' VLU
- ABPI 0.8–1.3
- Area <100cm$^2$
- Present for <6 months

Manage in primary care/community-based setting
If clinicians competent in compression therapy are not available, refer to a specialist service that manages VLUs

'Complex' VLU
- ABPI 0.8–1.3
- Area ≥100cm$^2$
- Present for ≥6 months
- Controlled cardiac failure
- Current infection and/or history of recurrent infections
- History of non-concordance
- Wound has failed to reduce in size by 20–30% at 4–6 weeks despite best practice

Refer to specialist service that manages VLUs
Depending on local service provision, this may be specialist wound management clinic/service, a community-based service (e.g. leg club) or a dermatology, phlebology or vascular service. Further investigations may include duplex scans
Miss J — 20 years old presented with an ulcer on the lower leg. 

Family history of leg ulcers and had her first ulcer aged 16.

Full leg ulcer assessment and ABPI — 1.1 both legs.

Diagnosis of venous leg ulcer.

Simple venous leg ulcer pathway: silicone foam.

Referral to vascular services.
Supported self-care in practice

- Simple venous leg ulcer pathway
- Biatain® silicone foam dressing
- Compression hosiery
- Education to enable supported self-care
- Follow-up and review virtually
- Healed in six weeks
- Prevention pathway

Images copyright of Caroline Dowsett
Supported self-care in practice

- Mr P — 63-year-old man
- Referred to the lower limb service
- History of diabetes and arthritis
- Recurrent ulcer on right leg
- Full leg ulcer assessment — ABPI 0.98 on the right and 1.0 on the left leg
- Diabetes well controlled

Images copyright of Caroline Dowsett
Supported self-care in practice

- Simple venous leg ulcer pathway
- Biatain silicone foam dressing
- Compression hosiery kit
- Education and supported to enable supported self-care
- Follow-up and review virtually
- Healed in four weeks
- Prevention pathway

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Norma’s Story

Norma, wound patient, UK
When a dressing doesn’t fit perfectly, a Gap can form underneath it\textsuperscript{10,11}
Absorbency under compression data

Optimal Exudate Management – Retention, fluid handling and conformability to the wound bed

The ideal solution to reduce exudate pooling

Understanding and optimizing wound drainage and fluid management is crucial in the treatment of chronic wounds. Absorbent wound dressings play a vital role in managing exudate effectively, improving patient comfort, and accelerating healing. This study investigated the performance of two leading brands of absorbent dressings under compression, a condition often encountered in clinical practice.

Results

Figure 1: Fluid retention of eight dressings.

Figure 2: Free swell absorption capacity of eight dressings.

Clinical implication

Optimizing wound drainage and reducing fluid pooling can enhance patient comfort, minimize the risk of maceration, and potentially reduce the incidence of secondary infections. The results of this study suggest that dressing selection should consider the dressing's ability to retain fluid under compression, as this may impact patient care outcomes.

In conclusion, the study highlights the importance of selecting absorbent dressings that can effectively manage fluid under compression, thereby improving overall wound care.

Table: Fluid retention capacity comparison

<table>
<thead>
<tr>
<th>Dressing Brand</th>
<th>Fluid Retention Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand A</td>
<td>1.2</td>
</tr>
<tr>
<td>Brand B</td>
<td>1.0</td>
</tr>
<tr>
<td>Brand C</td>
<td>1.1</td>
</tr>
<tr>
<td>Brand D</td>
<td>0.9</td>
</tr>
</tbody>
</table>

**Products**

<table>
<thead>
<tr>
<th>Dressing Brand</th>
<th>Swelling Resistance</th>
<th>Absorption Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand A</td>
<td>2.5</td>
<td>15.0</td>
</tr>
<tr>
<td>Brand B</td>
<td>2.3</td>
<td>14.5</td>
</tr>
<tr>
<td>Brand C</td>
<td>2.4</td>
<td>15.5</td>
</tr>
<tr>
<td>Brand D</td>
<td>2.2</td>
<td>14.0</td>
</tr>
</tbody>
</table>

**Table notes:**

- **Swelling Resistance:** Measured in terms of percentage increase in volume.
- **Absorption Capacity:** Measured in terms of fluid retention under compression.
Norma — living with a leg ulcer

‘It’s an excellent dressing, it’s so easy you can do it yourself. It gives you the independence to look after yourself.’

Norma, venous leg ulcer patient
Simplicity
Opportunities for self-care and shared care solutions
Published data from MPFT\textsuperscript{13}

- Self / Shared Care Pathway: 50% 
- Other: 50%

23 weeks of nursing time per year
Patient information pack and support materials
In summary

Transformation = Simplicity
Further information

For further information and access to resources discussed in tonight's session, please visit:

www.coloplast.co.uk/wound
3. Guest JF, Ayoub N, Mcllwraith T, et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 5: e009283. Available online: [http://bmjopen.bmj.com/content/5/12/e009283](http://bmjopen.bmj.com/content/5/12/e009283)
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