



**Leg Ulcers – Information for
Patients and Carers**

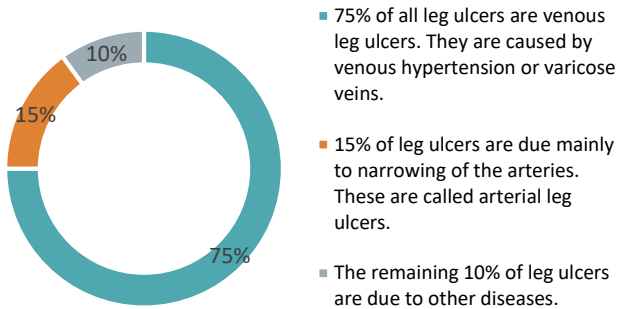
Information Leaflet

What is a Leg Ulcer?

A leg ulcer is an open wound that occurs on the lower part of the leg. It may become chronic, painful and slow to heal.

Leg ulcers are a significant healthcare problem. About one person out of every 100 people may develop a leg ulcer. There are two main types of leg ulcer: venous and arterial.

What causes Leg Ulcers?



Both men and women can get a venous leg ulcer. You may be more likely to develop a leg ulcer if you:

- have had an injury to the leg
- have had certain conditions such as varicose veins
- a blood clot in the leg
- multiple pregnancies
- are overweight
- have a job that requires long periods of standing or sitting
- poor levels of exercise
- stress
- not enough rest

Medical conditions such as diabetes, arthritis and other chronic conditions (e.g. heart failure) that cause lower leg swelling or oedema, may cause or aggravate leg ulcers.

What should I do if I have a Leg Ulcer?

Do not treat the ulcer yourself. Visit your GP or public health nurse for a full assessment and advice. The sooner you get professional help, the sooner your ulcer will heal.

Treatment differs for venous and arterial leg ulcers so it is important that your leg ulcer is fully assessed in order to decide what treatment is suitable.

You may be referred to a vascular surgeon or other leg ulcer specialist, if necessary.

Skin Care

There are several skin problems associated with venous disease. The most troublesome of these is eczema. It is important to remember that compression therapy is also a treatment for this complaint.

Creams alone will not cure venous eczema. High elevation of the limb will relieve symptoms. Once your ulcer has healed daily application of a non-perfumed moisturising cream and continuous wearing of your compression stockings will stop venous eczema in most cases.

Another common skin condition is staining. The brown stain is caused by the blood cells leaking into the skin due to the damaged veins. This is unfortunately permanent but can sometimes fade with time. It will however not get any worse if you continue to wear compression.

Hyperkeratosis is the over-formation of skin causing the leg to appear scaly. In most cases regular washing and application of moisturising cream can resolve this. Hyperkeratosis often appears to become worse when being treated in compression bandages. It is often helpful if your leg can be washed at least once a week during treatment. This will resolve once the treatment for your leg ulcer is completed and you are able to wash the limb more regularly.

Important:

If you develop an itch that affects all of your leg, you may be developing an allergy to the compression bandage. If this happens, remove the bandage, wash your leg gently with water and apply a simple dressing. Contact the team that applied your compression bandages as soon as possible as there are products suitable to use with allergies.

If you develop increased pain, coolness or numbness ('pins and needles'), remove the bandages immediately. Your symptoms should settle.

Contact your healthcare nurse/ GP as soon as possible

Information

For more information on wound care please visit <https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/wound-care/wound-care.html>

Treatment for Venous Ulcers	Treatment for Arterial Ulcers
<ul style="list-style-type: none"> ✓ Research shows that the most effective treatment for diagnosed venous leg ulcers is a compression bandage from toe to the knee. ✓ These Bandages contain 2 or more layers of bandage. ✓ See below for more information on how you can help your venous ulcer to heal. 	<ul style="list-style-type: none"> ✓ Maintain a good blood supply to the leg – keep mobile; walking is a great exercise for this. ✓ Eat a well-balanced diet. ✗ A compression bandage is not suitable and in fact may cause harm.* ✗ If you smoke, stop. Smoking cessation help can be sought on HSE Quit Team Free phone 1800 201 203

*A light compression bandage may be deemed suitable and recommended by your vascular surgeon or leg ulcer specialist if your ulcer is a "mixed disease" ulcer.

What can I do to help heal my Venous Leg Ulcer?

To help your venous leg ulcer to heal faster:

- ✓ Make sure your compression bandage feels comfortable at all times.
- ✓ Put your feet up regularly.
- ✓ Get plenty of rest. Rest for at least one hour twice daily. Rest in bed or with your feet up.
- ✓ Sit down whenever you can (for example when ironing, preparing meals, or waiting at a bus stop).
- ✓ Walk as much as you can every day. It is one of the best forms of exercise for your heart and your body generally.

Avoid:

- ✗ Long periods of standing or sitting with your legs down. This allows fluid to stay in your lower legs.
- ✗ Sitting with your legs next to a fire or radiator
- ✗ Rubbing or scratching your wounds or bandages

Rest and elevation:

When you lie down to rest, make sure your feet and legs are higher than the level of your heart.

Other things that help to heal leg ulcers:

If necessary adjust the position until you feel comfortable.

Avoid using a footstool as it may cause a pooling of blood in the legs, and can also put too much stress on the knee joint.

Do your ankle exercises regularly

Move your ankles up, down and around whenever you get a chance, for example if you are reading or watching television. The movement helps blood circulation and keeps your ankle joints supple

Exercise helps the healing process. Provided there is no infection, a daily walk has many benefits. It improves the blood supply to your legs which helps healing.

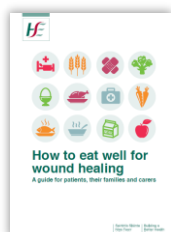
Watch your weight

Being overweight can make varicose veins worse. Regular exercise and a well-balanced eating plan will help control your weight and prevent leg ulcers.

Eat well

Your body needs energy (calories), proteins, fluids, vitamins and minerals every day. This is especially important if you have a wound that is healing.

Eating well at this time helps your body heal faster and fight infection. If you are not eating enough healthy food or the right balance of foods, this can delay or slow down healing.



Take foods in their natural form where possible, such as fruit and vegetables. Five servings daily will give you your required vitamin C.

Protein, iron and zinc rich foods such as fish, lean meat, chicken, eggs, peas, beans, and dairy products are needed to help build new tissue to heal your wound.

If you are a normal weight, ask your nurse for a copy of the HSE booklet eating well for wound healing. The booklet is available to download from

<https://healthservice.hse.ie/filelibrary/onmsd/how-to-eat-well-for-wound-healing-a-guide-for-patients-their-families-and-carers.pdf>

Note:

If you have been diagnosed with malnutrition or you are at risk of malnutrition, your healthcare professional can guide you to high-energy, high-protein recipes if appropriate.

Smoking

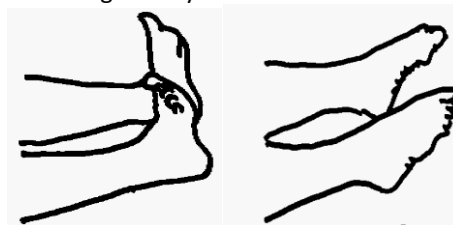
If you smoke, consider stopping. Smoking negatively affects wound healing. Smoking causes constriction/tightness in the blood vessels therefore reducing the flow of blood, oxygen and nutrition's to the wound. This interferes with the healing of the wound.

For smoking cessation advice contact HSE Quit Team on Free phone [1800 201 203](tel:1800201203) or visit <https://www2.hse.ie/living-well/quit-smoking/> for more details.

Leg exercises

Do each exercise ten times. Aim to repeat this four to five times each day.

1. Clench toes and relax. Move your ankles up and down by flexing your ankle towards you and then extending it away.



2. Lie down, and bend your knee. Then straighten your leg and press your knee back into the bed. Hold for ten seconds.
3. Stand and hold on to the back of a chair for support. Rise up on your toes and then back down with feet flat on the floor.
4. Circle or rotate ankle (pretend big toe is a pencil and try to draw a circle) anti-clockwise and clockwise.



5. Walk as much as possible and avoid prolonged standing. Sit down whenever you can such as when ironing, preparing meals, or waiting at the bus stop.