

Referral Support Service

Dermatology

D11 Leg Ulcer

Definition

- A leg ulcer is full thickness skin loss on the leg or foot from any cause lasting more than 4 weeks.
- There are more than 100 000 patients with venous ulcers in the UK at any one time and over 80% are managed in the community.

Exclude Red Flag Symptoms

- Exclude malignancy if ulcer not healing after 12 weeks. Bleeding, overgrowth at edge of ulcer and unusual sites are suggestive of malignancy.
- Consider pyoderma gangrenosum or vasculitic ulcer if purple raised edge, painful, unusual site and associated underlying conditions.

General Points

Causes

- 70-80% caused by venous disease (usually “gaiter” area of lower leg, large shallow ulcers, may be varicose veins and varicose eczema, oedema, lipodermatosclerosis)
- 10-20% are mixed venous and arterial disease
- 10% caused by arterial disease (usually more distal on feet, smaller ulcers with punched out edge, often painful, other signs of ischaemia with cool, pale skin, loss of pulses, hairlessness)
- A small number are related to other causes e.g. vasculitis, malignancy, pyoderma gangrenosum, neuropathic ulcer

Management

- Define and treat underlying causes. Consider blood tests e.g. FBC, U/E, LFT, TFT, CRP, HbA1c or alternative tests for diabetes.
- Advise weight loss to assist with wound healing
- Smoking cessation to be encouraged
- Control factors affecting healing e.g. poor nutrition, oedema, infection:
 - Good nutritional intake particularly vitamin C is very important
 - Elevation and exercise help oedema
 - Infection is suggested by increased pain and surrounding redness and swelling (cellulitis)

- Antibiotics should only be prescribed in cases of active clinical infection, not for bacterial colonisation, as bacteria will always be present.
- **First line: Flucloxacillin** 1g* QDS for 7 days (if slow response continue for another 7 days) 1g flucloxacillin dose is unlicensed
- **Alternative: Clarithromycin** 500mg BD for 7 days (if slow response continue for another 7 days)
- Avoid topical preparations as high risk of contact dermatitis
- Use appropriate dressings to promote wound healing:
 - Debridement (removal of surface contamination and dead tissue) is important
 - Can be done medically with dressings or occasionally with maggots
- Compression is important in management of venous leg ulcers but should be avoided if ABPI<0.8:
 - 70% of venous ulcers can be healed by compression in 12 weeks
 - Be aware in patients with diabetes or atherosclerosis that ABPI readings can be falsely high due to vessel calcification
- Treat associated venous eczema:
- Use emollients (see Emollient Guidance) and topical steroids e.g. **clobetasone butyrate 0.05% as Eumovate®**
 - Avoid potential allergens
 - If resistant despite treatment consider contact allergy
- Referral if appropriate
 - Refer to **vascular** surgeon:
 - if ABPI<0.8 (urgently if ABPI<0.5) for assessment of arterial disease.
 - if patient may benefit from venous surgery
 - Refer to **dermatology**:
 - if ulcer failing to progress at 3 months and not healed at 12 months
 - suspected cases of contact allergy to topical treatments/dressings
 - if suspected vasculitic ulcer
 - under 2 week rule if suspected malignant ulcer
 - if diagnosis uncertain
 - Refer to general surgeon if patient may benefit from skin grafting
 - Refer urgently to **Diabetic** clinic/podiatry any foot ulcer in a patient with diabetes

Referral Information

Information to include in referral letter

- How long ulcer has been there

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- What treatments have been tried and for how long
- The appearance of the ulcer edge e.g. shallow, punched out
- The base of the ulcer e.g. granulating, sloughy
- The site of the ulcer e.g. medial, lateral, anterior, posterior
- A photograph is desirable
- ABPI measurements
- Relevant past medical/surgical history
- Current regular medication
- BMI/smoking status

Investigations prior to referral

- ABPI measurement to exclude arterial disease and ensure safe to use compression
- Skin swab only if infection suspected.

Patient information leaflets/ PDAs

Patient.co.uk and the British Association of Dermatologists

References

- Very good information and pictures by Primary Care Dermatology Society
- [Lots of information](#) describing the different types and causes of ulcers and management.
- [Good practical management](#) of leg ulcers and when to refer on patient.co.uk website
- York and Scarborough Tissue Viability Handbook and Formulary available [here](#) provides further advice on the treatment of leg ulcers.