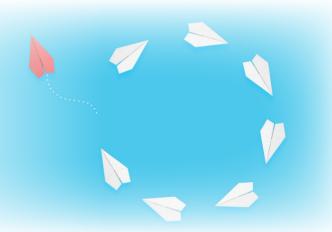
Don't let ulcer recurrence and pain stand in your way!

For people with venous leg ulcers, the threat of recurrence is never far away, leading to stress and uncertainty. Here we explain some of the causes of recurrence and how you can takes steps to avoid it from happening to you.



t is common for people with venous leg ulcers to experience cycles of ulceration and healing. Recurrence of an ulcer within three months of healing is thought to happen in 70% of people (Chapman, 2017).

Many people with venous ulcers find the uncertainty surrounding this cycle of healing and ulceration stressful and worrying (Chase, 1997; Hopkins, 2004). Understanding why recurrence happens can help you to take action to make sure it is prevented where possible.

Why does ulcer recurrence happen?

The reason a venous leg ulcer comes back is not always straightforward and can be influenced by many factors, for example, a deterioration of general health or poor nutrition. However, in many people, failure to wear compression or stopping compression therapy when healed is a contributing factor to recurrence. Once a leg ulcer is healed, compression is often discarded because the wearer feels that they are now better. This is driven by an

Helping to maintain skin integrity

Safe and effective for the management of moisture related skin damage, whilst also preventing and protecting skin from incontinence-associated dermatitis and moisture lesions.¹⁻⁴



Pain and recurrence

understandable desire to 'get back to normal' once the ulcer is gone.

However, it is important to remember that the reason your ulcer healed in the first place is because compression helps to treat the underlying problem, and this remains, even when the leg ulcer is no longer visible.

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encouraging the drainage of fluid into the lymphatic system. By easing the congestion over time, most ulcers will eventually heal and any swelling will reduce.

What is the underlying problem?

If you have been prescribed compression therapy and advised to wear it in the long term even when your skin has healed, it is because you had a venous leg ulcer as a result of an underlying problem with how the veins work in your leg.

When the veins in the lower limb don't work properly, blood flows backwards and pools in the veins, instead of travelling upwards towards the heart. In the long term, this pooling can result in skin changes, swelling and eventually, a venous leg ulcer.

Why compression therapy is so important

Compression is the recommended treatment for a venous leg ulcer. It works by providing resistance to the muscles in the limb, so when they move, they squeeze the blood in the vessels, returning it to the heart and helping to ease congestion in the tissues by

Once your wound has healed as a

result of treatment with compression, the underlying cause will still remain. For this reason, it is recommended that you continue to wear compression to keep the underlying problem under control.

It has been shown that continuing to wear compression after a venous leg ulcer has healed offers the best chance to prevent the recurrence of the ulcer. It is also well accepted that swelling may return if compression is not continued. The reason for this is that the cause of the leg ulcer or swelling is a chronic (long term) condition that needs to be managed constantly.

Pain

Research into people with venous leg ulcers has shown that pain is a key factor that stops them wearing their compression. Despite knowing that compression therapy is important in managing their condition, if wearing it is too painful, the wearer will understandably stop wearing it.

What causes the pain?

Pain may arise as a consequence of



ill-fitting compression. Hosiery that is too small or the wrong class may cause pain that is often usually accompanied by marks, such as redness where the garment has been digging in. This pain is usually alleviated on removing the compression and can be resolved by getting a new garment that a healthcare professional has advised is suitable, and that is acceptable to you. It is important that you are measured properly for the specific garment type, and that the correct fabric and class is used for your condition.

A symptom of Infection

A sudden increase in pain may be caused by infection. It may be accompanied by other symptoms such as heat, redness and feeling unwell. In this case, you should contact your healthcare professional urgently. Be aware that in some people, such as those on immunosuppressants or with a compromised immune system or a condition that affects sensation, these signs of infection may not be present.

Pain from your condition

Pain can also result from the presence of an underlying condition and will not be alleviated significantly by removing compression. This type of pain can vary from person to person.

In studies, pain associated with venous lea ulcers has been described as unrelenting, unpredictable and overwhelming (Walshe et al. 1995; Hvde 1999: Douglas 2001: Hopkins 2004). It can increase when doing things that use the lower limb, such

as walking or standing, and so these activities might be avoided to prevent the pain occurring (Walshe et al. 1995: Chase, 1997; Douglas, 2001).

Unfortunately, by restricting activity and not wearing compression, this will lead to worsening of the underlying condition and may result in even more pain as a result.

So what is the solution?

Evidence suggests that people with lea ulcers believe that the pain associated with their leg ulcer is something to be endured, since prescribed painkillers often don't help (Walshe et al. 1995: Chase et al, 1997; Douglas, 2001). Patients describe wanting to control their pain enough to forget about their ulcer and to get on with normal life. Some patients desire controlling their pain more than healing (Walshe et al, 1995: Hopkins, 2004).

It is really important that you don't accept pain as a part of your life, or let it stop you from managing your condition with compression. Speak to your clinician about resolving your pain and explain that you want to wear your compression, but that pain is preventing you from doing so. Together. vou can find a solution that will allow vou to continue vour therapy and reduce the risk of recurrence.

Chase S (1997) J Vasc Nurs XV(2): 73-8; Douglas V (2001) J Wound Care 10(9): 355-60: Hopkins A (2004) Br J Nurs 13(9): 556-563; Walshe C (1995) J Advanced Nurs 22: 1092-1100



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