



How to prevent leg ulcers and swelling from coming back

Venous leg ulcers and accompanying swelling can recur, often as a consequence of stopping compression therapy. Here we explain why this happens, and how wearing your compression can help to break this cycle.

or many people with venous leg ulcers, a cycle of ulceration and healing, only for the ulcer to come back again, is not uncommon. Recurrence of an ulcer within three months of healing is thought to happen in 70% of people (Franks, 2016).

For some, the uncertainty surrounding this cycle of healing and ulceration can be stressful and an ever present worry (Chase 1997; Hopkins 2004).

Why is recurrence such a common problem?

One of the reasons that a leg ulcer can recur is thought to be linked to stopping compression therapy. Once a leg ulcer is

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healed, compression is discarded because the wearer feels that they are now better. This is driven by an understandable desire to 'get back to normal' once the ulcer is gone.

Other reasons for discontinuing compression therapy include discomfort, pain, cosmetic appearance, or difficulty in getting the garment on or off. If this is the case, speak to your healthcare professional and they should offer help and advice.



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However, it is important to remember that the reason the 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 there.

'It has been shown that continuing to wear compression after a venous leg ulcer has healed offers the best chance to prevent recurrence of the ulcer.' 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.

What is the underlying problem?

If you have been prescribed compression therapy and advised to wear it in the long term even though your ulcer has healed, it is because you have 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.

Understanding why compression 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 encouraging the drainage of fluid into the lymphatic system. By easing the congestion over time, most ulcers will eventually heal and swelling will reduce. Once your wound has healed as a result 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 at all times. It's a bit like asking a diabetic patient who has become better by having insulin injections to suddenly stop the injections once their diabetic blood sugar control is better.

Compression gets to the root of the problem and it is therefore really important that once it's done its initial job, it is continued in the long-term.

Compression choices

Compression hosiery is the usual option to prevent recurrence, but compression wrap systems are also available. These can be helpful if you find it difficult to apply and remove hosiery, since they fasten with VELCRO straps. There is a wide range of hosiery garments and wrap systems available so it is important you discuss

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these with your healthcare professional to find a product that your clinician believes is appropriate for your condition and that you find comfortable and like the look of.

'If you are happy with your compression choice, you are more likely to wear it in the long term, and this in turn means that your ulcer is less likely to recur.'

Remember too that different products may

be needed at different points in your leg ulcer journey. For example, you may have used a wrap system during the initial phase of your treatment, but later on as your situation improves, you may want to change to hosiery.

Whatever

compression product you choose, if you are happy, it means you are more likely to stick with wearing it in the long term, and this in turn means your leg ulcer is less likely to come back.

Chase S (1997) A forever healing; the lived experience of venous ulcer disease. J Vasc Nurs XV(2): 73–8

Franks P, et al (2016) Management of patients with venous leg ulcer: challenges and current best practice. J Wound Care 25(6 Suppl 1): 1-67

Hopkins A (2004) Disrupted lives: investigating coping strategies for non-healing leg ulcers. Br J Nurs 13(9): 556–63



Clare Morris, Clinical Manager, Wound Care People and Tissue Viability Nurse Specialist comments:

'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 is a contributing factor. This is not surprising since the ulcer appeared as a sign of an underlying problem which compression helps to manage. Removing that compression once it has done it's job undoes the good work, and the ulcer comes back.

It is key that patients recognise this and it is important that clinicians work with their patients to help them understand the role compression plays in their ulcer remaining healed.

It may be the patient is unhappy with their compression and so have stopped wearing their garment, and this is where the role of the clinician in offering alternatives is really important so a solution is found that both patient and healthcare professional are happy with to ensure long-term success.'



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