

CIUSSS de l'Estrie – CHUS

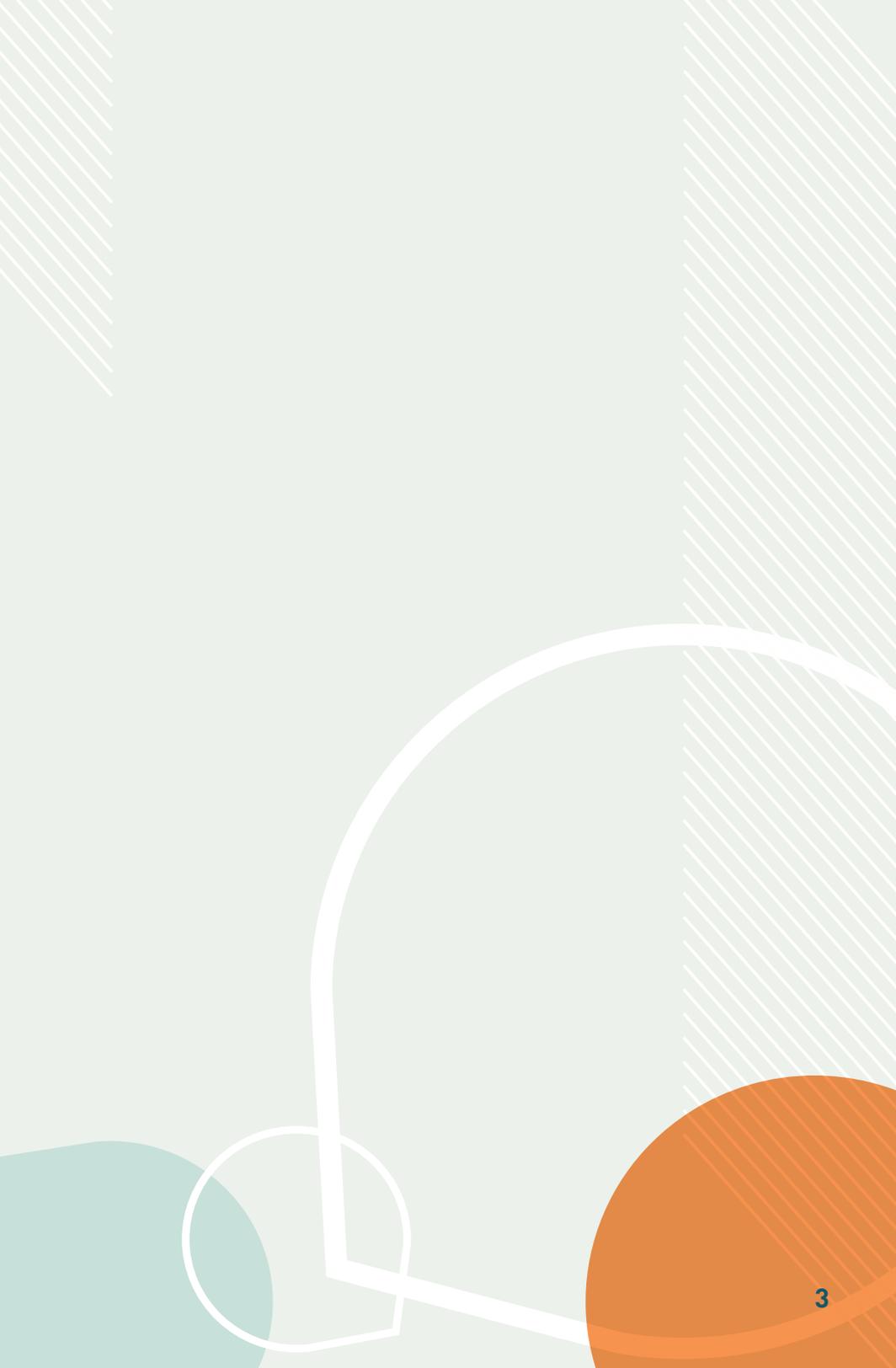
VENOUS ULCER

Treatment and
Preventing Recurrences



TABLE OF CONTENTS

• Introduction	4
• What is a venous leg ulcer and what causes it?	5
• How do you treat a venous ulcer?	6
• What is the nurse's role in caring for your ulcer?	8
• What is your role in healing your ulcer?	9
• What should you do once your ulcer has healed?	10
• Questions and answers	12
• Things to remember	14
• References	15



INTRODUCTION

Your doctor told you that the ulcer on your leg is a venous ulcer. Healing it requires specific treatment and care.

The purpose of this brochure is to help you better understand what a venous ulcer is, how to heal it, and what to do to prevent a recurrence.

Happy reading!

The Care Team

WHAT IS A VENOUS ULCER AND WHAT CAUSES IT?

Venous ulcers appear on the lower legs of people with poor venous circulation.



They are caused when veins lose their elasticity and the valves fail to work properly. Under the effect of gravity, blood tends to accumulate in the lower leg. Both men and women can develop venous ulcers subsequent to an injury, varicose veins, repeated pregnancies, and other conditions.

These ulcers often heal slowly. They can cause **pain, anxiety, frustration, limitations in work and leisure activities,** and **difficulty walking.**

THE SYMPTOMS OF VENOUS DISEASE IN THE LEGS:

- Varicose veins
- Leg swelling (edema)
- Feeling of heaviness and pain (especially at the end of the day)
- Darkening or reddening of the skin
- Rash or dry, crusty skin and itching
- Appearance of an ulcer with discharge between the ankle and knee

HOW DO YOU TREAT A VENOUS ULCER?

Treatment of venous ulcers includes:

- Applying a dressing on the wound (preventing exposure to air)
- **Applying a compression bandage or stockings (applying pressure to the leg to reduce swelling)**
- Elevating your legs above the level of your heart for 1 to 2 hours during the day and night
- Controlling your weight
- Stopping smoking
- Exercising and avoiding crossing your legs
- Having regular nursing and medical follow-ups

Compression bandage

A compression bandage produces pressure, which helps your muscles redirect blood to your heart and reduce swelling in your leg.

The bandage and dressing are changed as directed by your doctor or nurse.

The bandage supports your malfunctioning veins and stimulates circulation to promote the healing of your ulcer.

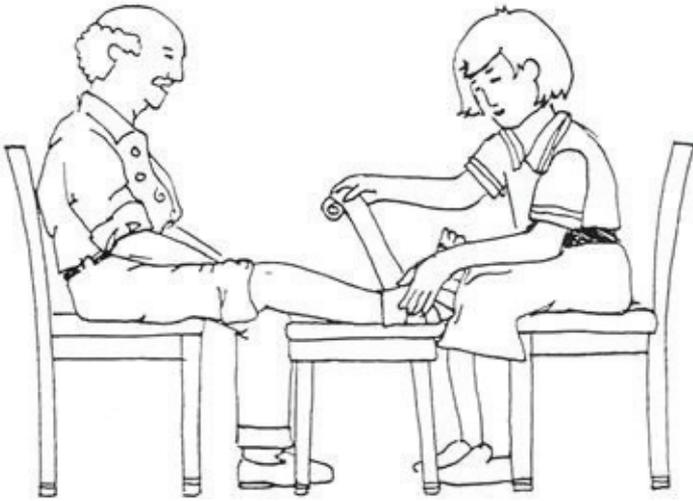
In fact, without this compression, your ulcer will not heal.

It must remain in place 24 hours a day.

WHAT IS THE NURSE'S ROLE IN CARING FOR YOUR ULCER?

In addition to changing your dressing and applying the compression bandage, your nurse:

- provides safe care and follow-up for your ulcer;
- provides instruction on certain measures to promote healing;
- contacts your doctor, as needed.

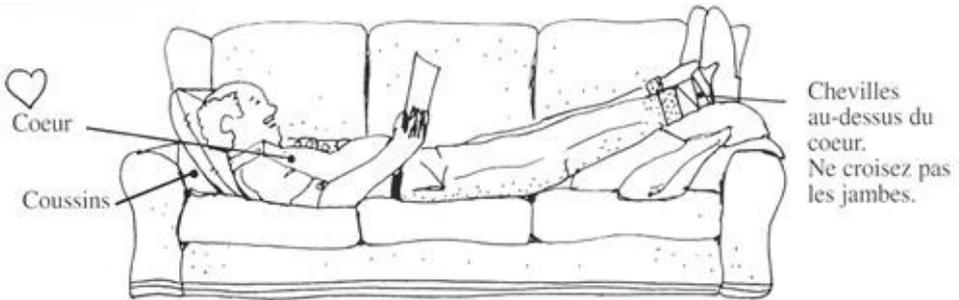
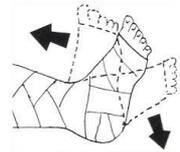


Source: Smith & Nephew in Morison and Moffatt, 1994



WHAT IS YOUR ROLE IN HEALING YOUR ULCER?

- **Walk at least 30 minutes every day.** Avoid extended sitting or standing.
- **Wear shoes with flat heels** to stimulate your calf muscles (helps blood circulation in your veins).
- When sitting, **move your ankles** whenever you have the opportunity, because this stimulates blood circulation.
- **When resting:** Elevate your feet so that they are higher than the level of your heart. That helps the blood return to your heart and make your ulcer heal faster.



Source: Smith & Nephew in Morison and Moffatt, 1994

- **Alternate periods of rest and exercise.** Remember that Venous ulcers are slow to heal and **your cooperation** with the treatment is absolutely necessary.
- **Stop smoking!**
- **Eat a healthy** diet because being overweight puts extra strain on your veins.



WHAT SHOULD YOU DO ONCE YOUR ULCER HAS HEALED?

Don't drop your good habits (exercising and rest)!

- Avoid letting your legs swell again.
- Replace your bandages with the compression stockings prescribed by your doctor.
- Put your stockings on in the morning before you get out of bed and take them off at bedtime.
- After showering or bathing, elevate your legs for 20 minutes before putting your stockings on.
- Apply moisturizer to your legs every day.

ADVICE ON WEARING COMPRESSION (ELASTIC) STOCKINGS

Compression stockings prevent your legs from swelling. While they must be worn every day, you should, of course, take them off before going to bed. You can find them in stores specialized in selling medical equipment.

- You should replace your stockings every 3 to 6 months.
- Write down the purchase date and the compression level (mmHg) of your stockings.



Avoid injuring yourself because injury could trigger a new ulcer.

- If you notice redness, heat, or pain, consult your nurse or doctor as soon as possible.
- Never attempt self-care.
- You have to wear compression stockings for life, even during the summer.

-
- Wash stockings every day with mild soap. Rinse thoroughly and roll the stockings in a towel to remove excess water. Some brands allow machine washing in a mesh bag.
 - Never wring your stockings. Dry them flat away from heat sources.
 - Avoid using softeners or products containing bleach because it damages elastic fibres.



- Check for snags. Do not repair a damaged stocking or cut the stocking to adjust it since this will reduce its effectiveness.

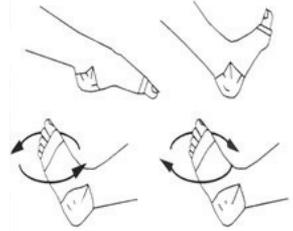
There are stocking aids (metal support, gloves, etc.) to help you put your compression stockings on. They are available where compression stockings are sold.

QUESTIONS AND ANSWERS

Should I take off my stocking or bandage if I experience pain?

No, because the pain is probably due to leg inactivity and swelling. Instead, try the following exercises.

- Point your toes away from you (like a ballerina), and then pointing them up. Repeat the exercise 10 times.
- Slowly rotate your ankles in a circle clockwise and then counterclockwise. Repeat 10 times.
- Point your foot and draw the letters of the alphabet.
- When standing, shift your weight from one foot to the other or raise up on tiptoes and then come back down on your heels.



Source : Smith & Nephew
dans Morison et Moffatt, 1994

A pain reliever may sometimes be necessary at the start of compression therapy (bandage or stockings) to make the treatment easier.

Caution: The pain could be due to an infection. If so, remove your stockings and see a doctor.

Ask your doctor about them.

When resting, it is important to **elevate your legs** higher than the level of your heart.

Use a pillow to elevate your legs.

Never cross your legs.

When should I remove my compression bandage (or compression stockings) and inform my nurse or doctor?

- Severe pain, rash, or heat in the leg that is new
- Itching of the leg
- White or bluish toes

Do I have to pay out-of-pocket for my compression stockings or bandages?

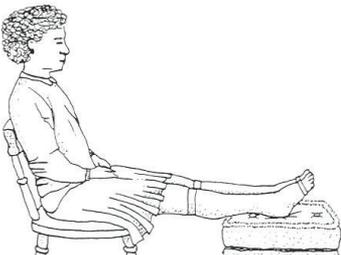
Unless you have private insurance, you have to pay for your stockings and bandages.

Can I take a bath or shower if I have an ulcer?

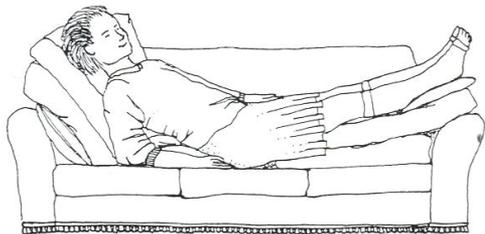
Showering is permitted as recommended by your doctor or nurse.

Refrain from taking baths.

Wrong



Right



THINGS TO REMEMBER

Healthy diet: Eat a balanced, healthy diet and maintain a healthy weight. Excessive weight gain increases the pressure and swelling in your legs.

Smoking: Cut back or, better still, stop smoking because smoking impedes blood circulation and healing.

Footwear: Wear comfortable shoes that fit properly and have flat heels.

Check your skin daily: Your skin must be adequately moisturized and not dry.

« A venous ulcer is healed only when it doesn't come back.»

REFERENCES

Bryant , R. A. and Nix, D. P. (2016). Acute and chronic wounds: current management concepts (5th ed.). St. Louis, MO : Elsevier.

Burrows, C., Miller, R., Townsend, D., Bellefontaine, R., MacKean, G., Orsted, H.L., and Keast, D.H. (2006). Recommandations des pratiques exemplaires pour la prévention et le traitement des ulcères veineux de la jambe : 2006 update. Wound Care Canada, 4(1), 99-107. <https://www.woundscanada.ca/docman/public/health-care-professional/151-recommandations-despratiques-exemplaires-pour-la-prevention-et-le-traitement-des-ulceresveineux-de-la-jambe-mise-a-jour-2006/file>

Smith & Nephew illustrations taken from:
Morison, M. and Moffatt, C.J. (1994). A colour guide to the assessment and management of leg ulcers (2nd ed.). St Louis, MO: Mosby.

Ordre des infirmières et infirmiers du Québec (OIIQ). (2007). Les soins de plaies au cœur du savoir infirmier. De l'évaluation à l'intervention pour mieux prévenir et traiter. Westmount, Québec : Ordre des infirmières et infirmiers du Québec.

Registered Nurses' Association of Ontario (RNAO). (2004). Nursing best practice guideline: Assessment and management of venous leg ulcers. http://rnao.ca/sites/rnao-ca/files/Assessment_and_Management_of_Venous_Leg_Ulcers.pdf

Registered Nurses' Association of Ontario (RNAO). (2004). Nursing best practice guideline: Taking care of your legs. http://rnao.ca/sites/rnao-ca/files/Taking_Care_of_Your_Legs.pdf

St-Cyr, D. (2013). Traitement des ulcères veineux : la thérapie de compression. Perspective infirmière, 10(2), 50-54.

This brochure was prepared by:

Enterostomal-Therapy Department

Stéphanie Laferrière, B. Sc. inf., infirmière clinicienne, stomothérapeute, (Nurse specialized in Wounds, Ostomy and Continence Care)

Josée Morin, B. sciences, infirmière clinicienne, stomothérapeute (Nurse specialized in Wounds, Ostomy and Continence Care)

Revision and layout

Service des communications

Direction des ressources humaines, des communications et des affaires juridiques

© Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke, 2019

October 2019

1-6-11962

santeestrie.qc.ca

*Centre intégré
universitaire de santé
et de services sociaux
de l'Estrie – Centre
hospitalier universitaire
de Sherbrooke*

Québec 