

# VENOUS LEG ULCERS (VLU)

<b>RECOMMENDATION GRADES</b>	
<b>Evidence-based gradings</b>	
<b>A</b>	Excellent evidence – Body of evidence can be trusted to guide practice.
<b>B</b>	Good evidence – Body of evidence can be trusted to guide practice in most situations.
<b>C</b>	Some evidence – Body of evidence provides some support for recommendation(s), but care should be taken in its application.
<b>D</b>	Weak evidence – Body of evidence is weak, and recommendation must be applied with caution.
<b>Consensus-Based Recommendation (CBR)</b>	
<b>CBR</b>	Consensus evidence – A graded recommendation could not be made due to a lack of evidence from Systematic Reviews (SRs) or Randomised Control Trials (RCTs) in populations with VLUs. The CBRs are supported by all members of the Expert Working Committee.

<b>PREVENTING INITIAL OCCURRENCE OF VLUs</b>	<b>GRADE</b>
Prevent and manage venous hypertension by: <ul style="list-style-type: none"> <li>• Providing Deep Vein Thrombosis (DVT) prophylaxis.</li> <li>• Detecting and managing DVT early.</li> <li>• Promoting access to venous surgery and phlebology interventions.</li> </ul>	<b>CBR</b>
When there are no contraindications, apply compression therapy to prevent the initial development of a VLU in those at risk.	<b>CBR</b>

<b>ASSESSMENT, DIAGNOSIS AND REFERRAL</b>	<b>GRADE</b>
A health professional trained in the assessment and management of VLUs should conduct a comprehensive assessment of all patients presenting with a leg ulcer. A comprehensive assessment should include: <ul style="list-style-type: none"> <li>• Clinical, pain and leg ulcer history.</li> <li>• Examination of the leg and ulcer.</li> <li>• Investigations to support the diagnosis.</li> </ul>	<b>CBR</b>
A comprehensive assessment of the leg ulcer should be made on initial presentation and at regular intervals thereafter to guide ongoing management.	<b>CBR</b>
Use CEAP (Clinical severity, (a)etiology, anatomy, pathophysiology) classification to evaluate and classify venous disease.	<b>CBR</b>
Refer patients with a non-healing or atypical leg ulcer for consideration of biopsy.	<b>CBR</b>
Local guidelines should provide a clear indication of appropriate criteria for referral to specialist health professionals.	<b>CBR</b>

<b>MANAGING PAIN ASSOCIATED WITH VLUs</b>	<b>GRADE</b>
Provide adequate pain management to promote Quality of Life (QOL) and VLU healing.	<b>CBR</b>
When there are no contraindications, apply Eutectic Mixture of Local Anaesthetic (EMLA®) cream to reduce pain associated with the debridement of VLUs.	<b>A</b>
Electrotherapy could be considered for reducing pain from VLUs.	<b>C</b>

<b>MANAGEMENT OF VLUs</b>	<b>GRADE</b>
<b>Managing the Patient</b>	
Provide patients with appropriate education on their condition and its management.	<b>C</b>
Provide psychosocial assessment and support as an essential component in the patient's management plan.	<b>CBR</b>
Elevate the patient's leg to promote changes in microcirculation and decrease lower limb oedema.	<b>C</b>
Progressive resistance exercise may improve calf muscle function.	<b>C</b>
Optimise the patient's nutrition and hydration to promote healing in patients with VLUs.	<b>CBR</b>
<b>Prepare the Leg and Ulcer</b>	
Cleanse the leg and ulcer when dressings and bandages are changed.	<b>CBR</b>
Treat venous eczema and impaired peri-ulcer skin promptly.	<b>CBR</b>
Consider using topical barrier preparations to reduce peri-ulcer erythematous maceration in patients with VLU.	<b>C</b>
Enzymatic debriding agents have no effect in promoting healing in VLUs.	<b>C</b>
Consider other debridement methods to prepare the ulcer bed for healing.	<b>CBR</b>

<b>Treat Clinical Infection</b>	
Cadexomer iodine could be used to promote healing in VLUs when there is known increased microbial burden.	<b>B</b>
Silver products offer no benefit over standard care in reducing the healing time of VLUs.	<b>C</b>
Honey offers no benefits over standard care in promoting healing in VLUs.	<b>A</b>
Topical antimicrobial agents should not be used in the standard care of VLUs with no clinical signs of infection.	<b>B</b>
There may be a role for judicious use of topical antimicrobials when there is known or suspected increased microbial burden.	<b>CBR</b>
Use topical antibiotics judiciously in managing VLUs as there is a concern that their use is associated with antibiotic resistance and sensitivities.	<b>CBR</b>
Systemic antibiotics should not be used in the standard care of VLUs that show no clinical signs of infection.	<b>B</b>
<b>Select a Dressing and Topical Treatment</b>	
No specific dressing product is superior for reducing healing time in VLUs. Select dressings based on clinical assessment of the ulcer, cost, access and patient/health professional preferences.	<b>B</b>
Consider using dressings or bandages impregnated with zinc oxide to provide comfort and promote epithelialisation of a healthy granulated, superficial VLU.	<b>CBR</b>
Topical, pale, sulphonated shale oil could be used to promote healing in VLUs.	<b>C</b>
<b>Apply Compression</b>	
When there are no contraindications, apply compression therapy to promote healing in VLUs.	<b>B</b>

<b>Other Interventions</b>	
Consider bi-layered, bioengineered skin grafts to promote healing in persistent VLUs.	<b>B</b>
Health professionals benefit from education on VLUs and their management. Patient outcomes may be superior when ulcer care is conducted by a trained health professional.	<b>C</b>
When there are no contraindications, pentoxifylline could be used to promote healing in VLUs.	<b>B</b>
When there are no contraindications, micronised, purified flavanoid fraction may be used to decrease the healing time for VLUs.	<b>C</b>
<b>Rural and Remote Populations</b>	
Where access to specialist services is limited, health professionals could contact a VLU specialist via telecommunications for advice and support in assessing and managing a patient with a VLU.	<b>CBR</b>
<b>PREVENTING RECURRENCE OF VLUs</b>	
Maintaining practices that promote the health of the legs may reduce the risk of VLU recurrence.	<b>CBR</b>
Consider the continued use of compression therapy to reduce the risk of VLUs recurrence.	<b>B</b>

**Reference:**

The Australian Wound Management Association Inc. '[Australian and New Zealand Clinical Practice Guidelines for Prevention and Management of Venous Leg Ulcers](#)'.