


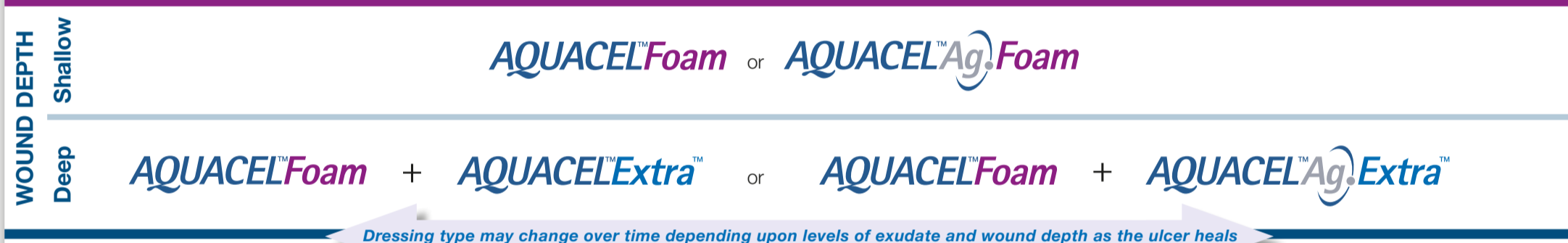


Leg Ulcers Made Simple

Leg Ulcer Categorisation and Dressing Selection†

Venous Leg Ulcer (VLU)	Arterial Leg Ulcer	Mixed Aetiology Leg Ulcer
 <p>Reproduced with kind permission from Janice Bianchi, Lanarkshire, UK</p> <p>A venous leg ulcer (VLU) is an open skin lesion that usually occurs on the medial side of the lower leg between the ankle and the knee as a result of chronic venous insufficiency (CVI) and ambulatory venous hypertension, and that shows little progress towards healing within 4-6 weeks of initial occurrence.²</p>	 <p>Ulcers that are caused by an impairment in the arterial circulation, that results in ischemia, necrosis and eventually ulcerations.¹</p>	 <p>Leg shows significant arterial incompetence ABPI<0.8, some or all of the clinical signs of venous incompetence (varicose veins, ankle flare, staining), history of thrombosis, phlebitis, multiple pregnancy. Many patients do not experience arterial symptoms.</p>



1 Assessment²

Assess the patient

- Conduct a comprehensive assessment of the patient to ascertain past medical history and establish aetiology of the wound.

Assess the leg

- Assess the leg for any signs of venous disease in particular varicose veins, venous dermatitis.

Assess the ulcer

- Check the tissue type
- Check for inflammation and infection
- Establish the moisture balance of the wound
- Assess the wound edge for undermining

Measurement of the ankle – brachial pressure index (ABPI) may be required to assist with the decision making process.

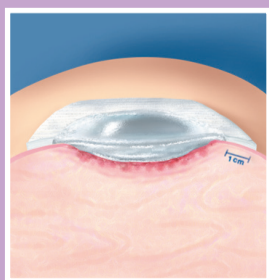
2 Manage

- Cleanse and where necessary debride the ulcer to remove barriers to healing e.g slough, necrosis, biofilm.
- Select a wound dressing that:²
 - Absorbs and retains fluid under compression
 - Helps manage exudates
 - Helps protect peri-wound skin^{8,9}
 - Helps maintain a moist wound environment
 - Is comfortable for the patient
- Consider an anti-microbial dressing for management of wound infection.
- Consider compression therapy where appropriate. Select and apply the appropriate compression therapy to help aid healing.
- Consider using a non-adhesive dressing secured with bandages or stocking like products.

3 Monitor

- Reassess and document the wound at each dressing change:
- Size (length, width)
 - Exudate (colour, consistency, level)
 - Associated pain or odour
 - Associated signs and symptoms of infection

Dressing Application Tips[†]



- AQUACEL™ Extra™ and AQUACEL™ Ag Extra™ dressings should overlap at least 1 cm onto the skin surrounding the wound.
- For cavity wounds AQUACEL™ and AQUACEL™ Ag Ribbon dressings are recommended.



Perfect Partners

- Use AQUACEL™ Foam as a cover dressing over AQUACEL™ Extra™ or AQUACEL™ Ag Extra dressings.
- The absorbent pad of AQUACEL™ Foam dressings should overlap the wound by at least 1 cm.

AQUACEL™ wound contact layer

- Maintain a moist environment, helping reduce pain while the dressing is in situ³⁻⁷
- Lock in wound exudate^{††8}
- Prevent lateral spread of fluid^{††9}
- Support non-traumatic dressing⁷



*Always follow local guidelines for patient assessment and diagnosis pathways and refer to specialist services where appropriate. †Please refer to complete information on indications and usage for each product. ††As demonstrated in vitro

REFERENCES 1. Sieggren MY, Kline RA. Arterial insufficiency and ulceration: diagnosis and treatment options. *Adv Skin Wound Care*. June 2004; 17:242-253 2. Harding K, et al. Simplifying venous leg ulcer management. *Consensus recommendations*, *Wounds International* 2015. 3. Armstrong SH, Brown DA, Hill E, Ruckley CV. A randomized trial of a new Hydrofiber dressing, AQUACEL™, and an alginate in the treatment of exuding leg ulcers. Presented at: 5th European Conference on Advances in Wound Management; Harrogate, UK: November 1995. 4. Barnea Y, Amir A, Leshem D, et al. Clinical comparative study of AQUACEL™ and paraffin gauze dressing for split skin donor site treatment. *Ann Plast Surg*. 2004;53(2):132-136. 5. Caruso DM, Foster KN, Blome Eberwein SA, et al. Randomized clinical study of Hydrofiber dressing with silver or silver sulfadiazine in the management of partial thickness burns. *J Burn Care Res*. 2006;27(3):298-309. 6. Kogan L, Moldavsky M, Szvalb S, Govrin Yehudain J. Comparative study of AQUACEL™ and Silverol treatment in burns. *Ann Burns Fire Disasters*. 2004;17(4):201-207. 7. Global Clinical Case Study Compendium. A Next Generation Foam: AQUACEL™ Foam Dressing. AP-013181-MM. February 2013. ConvaTec Inc. 8. Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilisation in a carboxymethyl cellulose (AquaCel) and alginate dressings. *Biomaterials*. 2003;24(5):883-890. 9. Waring MJ, Parsons D. Physico-chemical characterisation of carboxymethylated spun cellulose fibres. *Biomaterials*. 2001;22(9):903-912.