

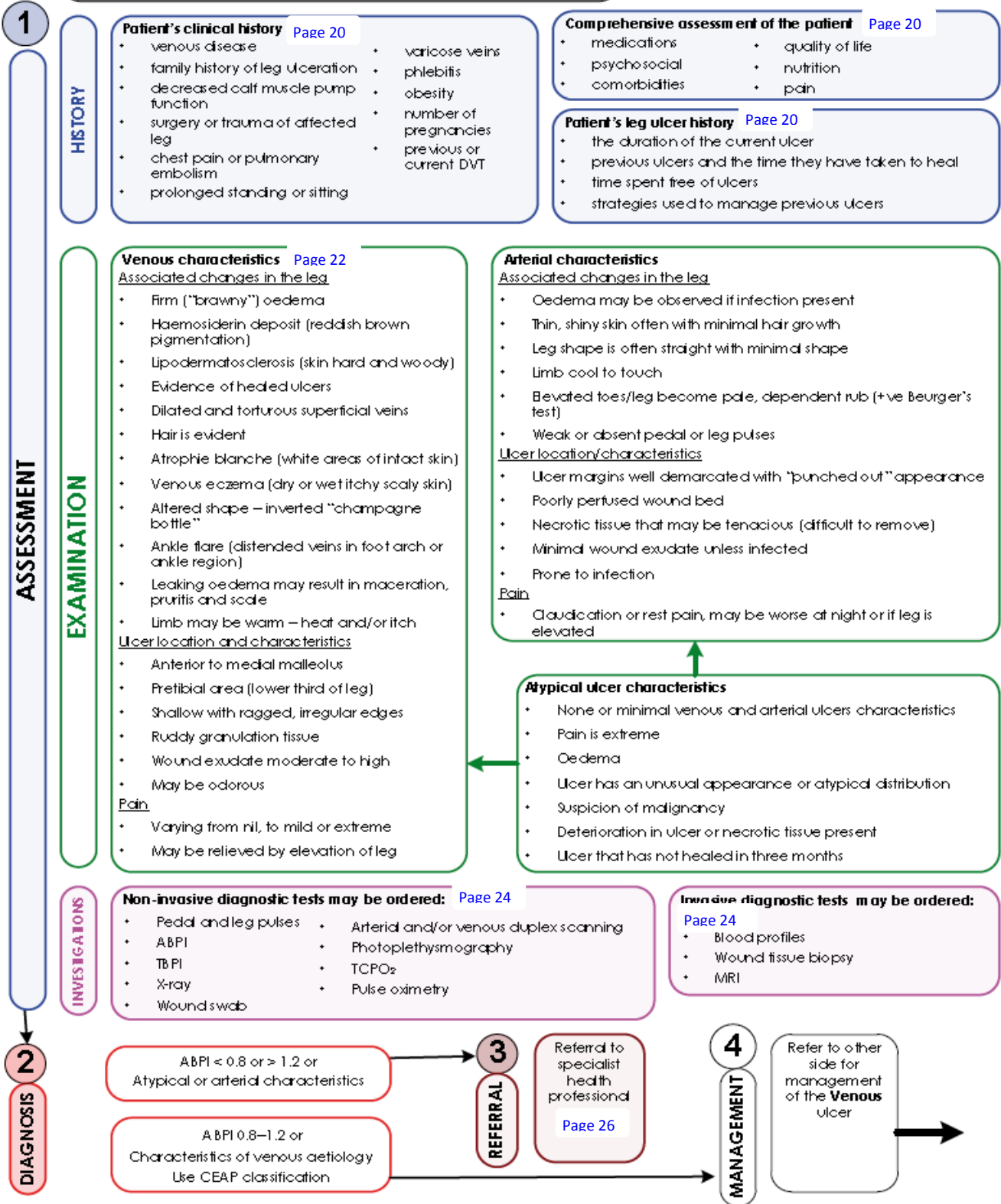


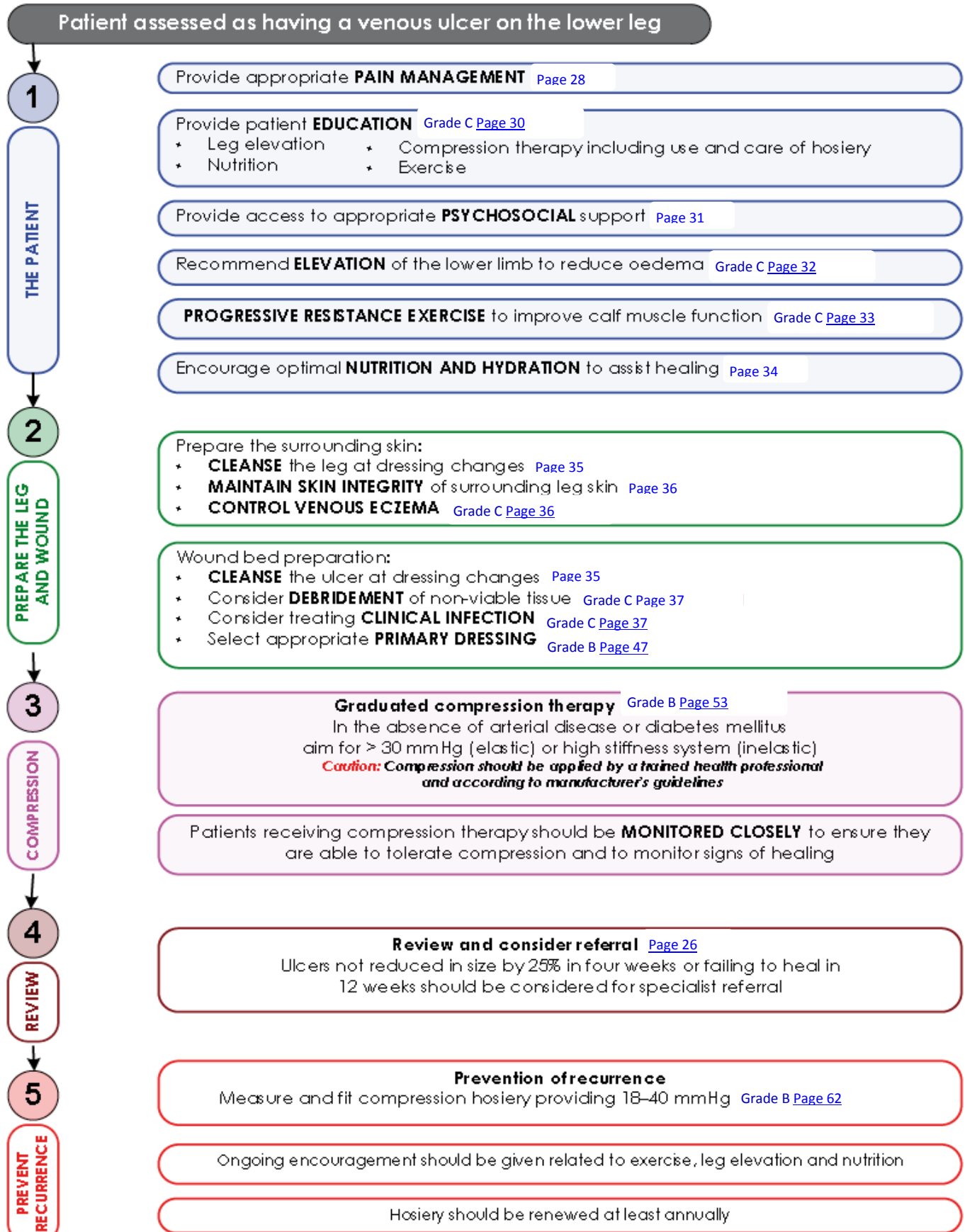
FLOW CHART FOR ASSESSMENT OF VENOUS LEG ULCERS

Australian and New Zealand clinical practice guideline for prevention and management of venous leg ulcers



1 Patient presents with an ulceration on the lower leg





3. SUMMARY OF RECOMMENDATIONS

Table 3.1: Recommendation grades¹⁵

Evidence-based gradings developed from critical appraisal of the research	
A	Excellent evidence — body of evidence can be trusted to guide practice
B	Good evidence — body of evidence can be trusted to guide practice in most situations
C	Some evidence — body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Weak evidence — body of evidence is weak and recommendation must be applied with caution
Consensus-based recommendation (CBR)	
CBR	Consensus evidence — a graded recommendation could not be made due to a lack of evidence from SRs or RCTs in populations with VLU. The CBRs are supported by all members of the Expert Working Committee.

PREVENTING INITIAL OCCURRENCE OF VLUs	Grade
Prevent and manage venous hypertension by: <ul style="list-style-type: none"> • providing deep vein thrombosis (DVT) prophylaxis • detecting and managing DVT early • promoting access to venous surgery and phlebology interventions. 	CBR
When there are no contraindications, apply compression therapy to prevent the initial development of a VLU in those at risk.	CBR
ASSESSMENT, DIAGNOSIS AND REFERRAL	Grade
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"> • clinical, pain and leg ulcer history • examination of the leg and ulcer • investigations to support diagnosis. 	CBR
A comprehensive assessment of the leg ulcer should be made on initial presentation and at regular intervals thereafter to guide ongoing management.	CBR
Use CEAP classification to evaluate and classify venous disease.	CBR
Refer patients with a non-healing or atypical leg ulcer for consideration of biopsy.	CBR
Local guidelines should provide clear indication of appropriate criteria for referral to specialist health professionals.	CBR
MANAGING PAIN ASSOCIATED WITH VLUs	Grade
Provide adequate pain management to promote QOL and VLU healing.	CBR
When there are no contraindications, apply EMLA [®] cream to reduce pain associated with the debridement of VLUs.	A
Electrotherapy could be considered for reducing pain from VLUs.	C
MANAGEMENT OF VLUs	Grade
Managing the patient	
Provide patients with appropriate education on their condition and its management.	C
Provide psychosocial assessment and support as an essential component in the patient's management plan.	CBR
Elevate the patient's leg to promote changes in microcirculation and decrease lower limb oedema.	C
Progressive resistance exercise may improve calf muscle function.	C
Optimise the patient's nutrition and hydration to promote healing in patients with VLUs.	CBR

Prepare the leg and ulcer

Cleanse the leg and ulcer when dressings and bandages are changed.	CBR
Treat venous eczema and impaired peri-ulcer skin promptly.	CBR
Consider using topical barrier preparations to reduce peri-ulcer erythematous maceration in patients with VLU.	C
Enzymatic debriding agents have no effect in promoting healing in VLUs.	C
Consider other debridement methods to prepare the ulcer bed for healing.	CBR

Treat clinical infection

Cadexomer iodine could be used to promote healing in VLUs when there is known increased microbial burden.	B
Silver products offer no benefit over standard care in reducing the healing time of VLUs.	C
Honey offers no benefits over standard care in promoting healing in VLUs.	A
Topical antimicrobial agents should not be used in the standard care of VLUs with no clinical signs of infection.	B
There may be a role for judicious use of topical antimicrobials when there is known or suspected increased microbial burden.	CBR
Use topical antibiotics judiciously in managing VLUs as there is a concern that their use is associated with antibiotic resistance and sensitivities.	CBR
Systemic antibiotics should not be used in the standard care of VLUs that show no clinical signs of infection.	B

Select a dressing and topical treatment

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
Consider using dressings or bandages impregnated with zinc oxide to provide comfort and promote epithelialisation of a healthy granulated, superficial VLU.	CBR
Topical, pale, sulphonated shale oil could be used to promote healing in VLUs.	C

Apply compression

When there are no contraindications, apply compression therapy to promote healing in VLUs.	B
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Other interventions

Consider bi-layered, bioengineered skin grafts to promote healing in persistent VLUs.	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.	C
When there are no contraindications, pentoxifylline could be used to promote healing in VLUs.	B
When there are no contraindications, micronised, purified flavanoid fraction may be used to decrease the healing time for VLUs.	C

Rural and remote populations

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.	CBR
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PREVENTING RECURRENCE OF VLUs

Maintaining practices that promote the health of the legs may reduce the risk of VLU recurrence.	CBR
Consider the continued use of compression therapy to reduce the risk of VLUs recurrence.	B