

6.3 When should a patient with a venous leg ulcer be referred to a specialist?

A multidisciplinary approach to management is essential to optimise healing and the patient's long-term outcomes.

No studies that met the inclusion criteria of the literature review addressed referral of patients with VLUs. The Expert Working Committee reached consensus that referral to specialists should be considered for some patients. This opinion was supported by an international clinical guideline³³ that also found no high-level evidence.

Recommendation

Local guidelines should provide clear indication of appropriate criteria for referral to specialist health professionals. (CBR)

Possible indicators for specialist referral include:

- diagnostic uncertainty³⁴
- atypical ulcer characteristics or location³³
- suspicion of malignancy^{33,34}
- treatment of underlying conditions including diabetes, rheumatoid arthritis and vasculitis^{33,34}
- peripheral arterial disease indicated by an ABPI less than 0.8^{33,34}
- ABPI above 1.2³⁴
- contact dermatitis^{33,34}
- ulcers that have not healed within three months³⁴
- recurring ulceration³⁴
- healed ulcers with a view to venous surgery³⁴
- antibiotic-resistant infected ulcers
- ulcers causing uncontrolled pain.

Practice points

- Early referral to specialists and/or a leg ulcer clinic can help ensure appropriate management.
- Patients presenting with a traumatic injury and history of venous disease should be referred to a local leg ulcer specialist service or leg ulcer clinic as soon as possible.
- In locations where specialist services are not readily available (for example, rural or remote areas) consultation could be made with a specialist using telecommunication services. One study indicated that advice from a specialist could be effectively implemented at a local level using digital images of the ulcer.⁴⁸ However, this is not to be considered a replacement for specialist review.
- Offer investigations of venous disease in patients with healed VLUs and no previous diagnosis.

Supporting literature

The literature search did not identify any research on diagnosis of VLUs. One international clinical guideline based on an SR of the literature also found no evidence of a level above case reports and non-analytical studies related referral of patients with a VLU to specialist services. The guideline suggested that early referral should be considered where there was suspicion of malignancy, in patients with arterial disease, diabetes, vasculitis, rheumatoid arthritis, atypical ulcer distribution or in the case of non-healing ulcers.³³ (Expert opinion).