HOW YOU CAN PROMOTE A SPEEDY ULCER RESOLUTION

a) Maintain a balanced healthy diet. A one-a-day multivitamin is advocated, especially if you live alone.

b) Pentoxifylline (Trental) has also been beneficial to some patients.

c) Do not stand for prolonged periods.

d) Do not cross your legs at the knee or wear constrictive clothing.

e) Elevate your legs during your daily leisure time.

f) Optimal skin hygiene techniques will be taught at the clinic but must be followed at home.

g) Weight reduction in certain circumstances is beneficial.

NOW YOU ARE A MEMBER OF THE WOUND-HEALING TEAM

By following this simple guide you are an active member of the wound healing team. The Clinic's medical staff expect to see positive evidence of wound healing within the first two weeks of treatment. The time until ulcer resolution depends on the initial size of the ulcer, and on your overall health and co-operation. The average treatment period varies from six to eight weeks.

YOUR ULCER IS NOW HEALED!

To prevent the more than 25% recurrence rate of venous stasis reulceration the following measures are performed.

1. While the ulcer is healing, you will be measured for support stockings which are to be worn during the day and taken off at bedtime. (I recommend the use of hydrocolloid dressings to protect the healed ulcer while the patient makes the transition from the "Duke Boot" to support stockings.)
2. If patients ambulation is limited, long-term sequential compression pump therapy is a very successful preventive adjunctive modality.
3. When ulcer resolution is achieved, duplex scanning of the involved limb is done to determine if there are underlying incompetent venous perforated vessels which would be amenable to further intervention. For instance, echoslcerotherapy with or without "selective" vein litigation can decrease venous stasis reulceration rate to less than 5%.

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VENOUS STASIS ULCER

THE CALGARY FOOT & ULCER CARE CLINIC

A dermal or skin ulcer is a defect in your skin. The venous stasis ulcer is most commonly found over the anterior aspect of the lower one third of the leg or over the medial bony prominence of the foot. A history of deep vein thrombosis or prominent varicose veins is common in the affected leg. The ulcer often starts as a swollen area on the anterior aspect of the lower leg followed by red and crusty thick patches of skin. This irritated area may become infected, promoting skin breakdown and ulceration. Discomfort from a venous stasis ulcer is most often experienced when it is infected.

VENOUS STATIS ULCER DRESSING TREATMENT GUIDE

The goal of ulcer treatment is to promote healing while decreasing the discomfort and the disability associated with the wound. To accomplish this goal the following steps are taken:

1. A complete history and physical examination is performed to ascertain the factors which predisposed the patient to this type of ulcer and the reasons why it has not healed spontaneously.
2. The ulcer is cleansed with normal saline solution, measured and photographed. Rarely do venous stasis ulcer require routine whirlpool debridement.
3. The surrounding skin is thoroughly dried and cleansed of previously used ointments. This skin is "hypersensitive" and topical antibiotics and certain dressings are to be avoided.
4. If a significant infection is not present a 1-1/2” margin of hydrocolloid bandage is applied to the ulcer site. This margin helps prevent leakage of the gel from under the dressing thereby preventing wound contamination.
5. The intervals at which the hydrocolloid dressing is changed thereafter, is determined by the amount of exudate which decreases as the ulcer heals. On average dressing changes are required every 4-7 days.
6. The hydrocolloid dressing may be used in conjunction with a viscopaste wrap. The function of the paste bandage is to protect and soothe the skin surrounding the ulcer.
7. Next, an elastic compression bandage is applied to reduce the leg swelling. The compression bandage decreases the leg swelling by helping the calf muscles to pump blood back to the heart especially during exercise such as walking. Patients with limited ambulation require a sequential compression pump to augment compressive therapy.

THE "DUKE BOOT"

The term “Duke Boot” has been adopted for the combination of the hydrocolloid dressing, the paste bandage and the elastic compression bandage.

When wearing the “Duke Boot” you must:

a) Keep the “Duke Boot” dry as you would a plaster cast.

b) Go for 3-4 brisk twenty inute walks each day and elevate your legs from 2-4 o'clock each afternoon. This will ensure the greatest effectiveness of the compressive therapy.

c) Inform the physician immediately and remove the "Boot" should **INCREASED PAIN** or **SWELLING** occur.