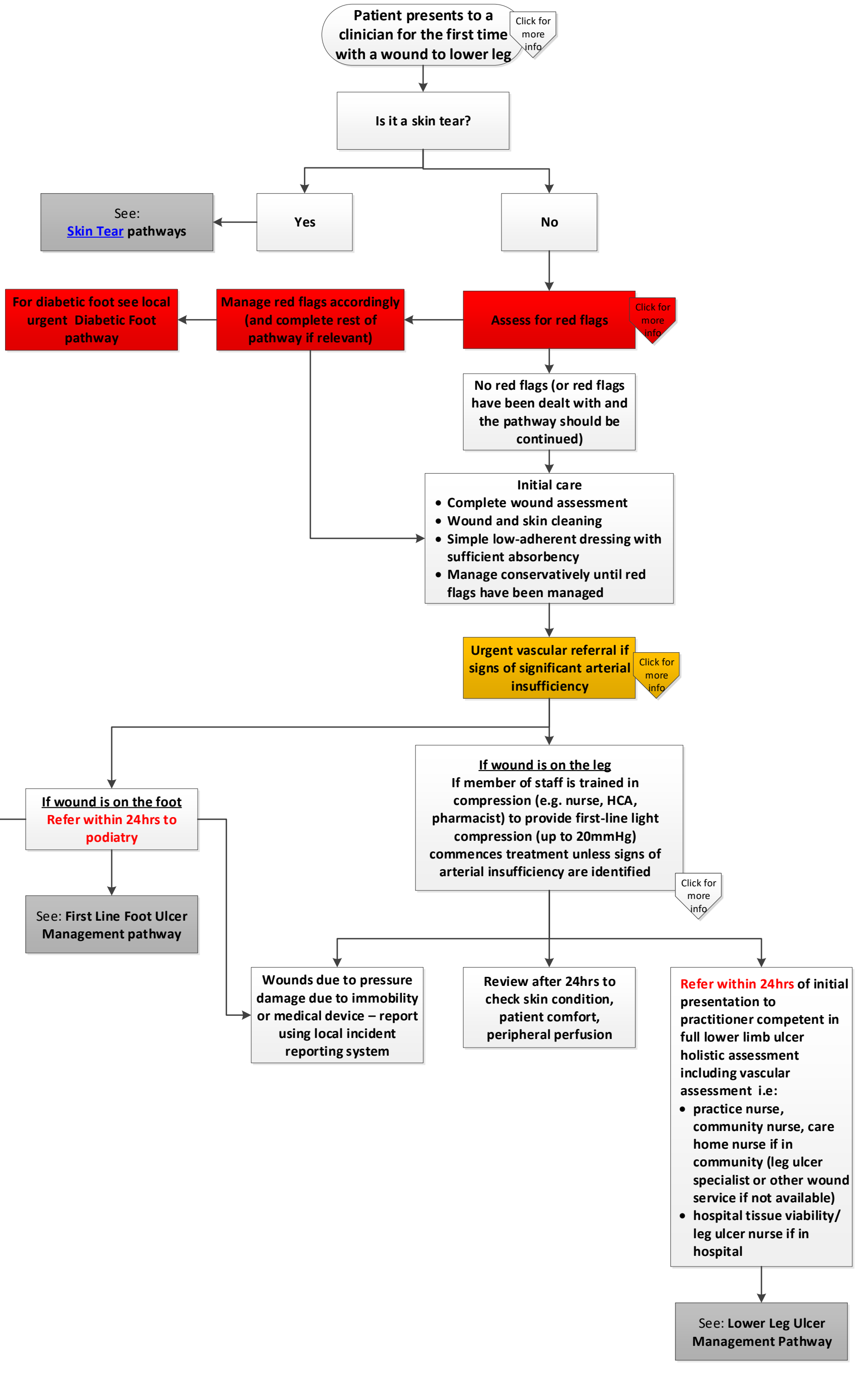
Initial Assessment and Treatment / Management of Lower Leg Wounds (Including Ulcers) Pathway

Wound definition: A breakdown in the protective function of the skin; the loss of continuity of epithelium, with or without loss of underlying connective tissue (i.e. muscle, bone, nerves) following injury to the skin or underlying tissues/ organs caused by surgery, a blow, a cut, chemicals, heat/ cold, friction/ shear force, pressure or as a result of disease, such as leg ulcers or carcinomas.

Ulcer definition: A leg ulcer is defined as the loss of skin below the knee on the leg or foot which takes **more than 2 weeks** to heal.



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Patient presents to a clinician for the first time with a wound to lower leg

A leg ulcer is defined as the loss of skin below the knee on the leg or foot which takes **more than 2 weeks** to heal.

NB: a clinician for the purposes of this pathway is likely to be a doctor, nurse or paramedic. However, other clinicians may be competent within their license and/or practice to be able to follow this pathway.

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Assess for red flags

In a diabetic- immediate referral to appropriate specialist

- Presence of active foot ulceration
- Spreading infection
- Gangrene
- Unexplained red hot swollen foot with or without pain

Other reasons for immediate referral to appropriate specialist

- Spreading infection of leg or foot
- Red hot swollen leg or foot
- Acute limb ischaemia - should be suspected when there is an onset of leg pain over minutes, hours, or days associated with a loss of pulses and pallor.
  - Diagnosis of acute limb ischaemia takes into account the time frame and presence of the typical clinical features of: pain, pulselessness, pallor, power loss, loss of sensation, and cold limb.
  - If acute limb ischaemia is suspected, an urgent referral to the vascular surgery unit should be arranged.
- Critical limb ischaemia – should be suspected when circulation is so severely impaired that there is an imminent risk of limb loss.
  If the person has critical limb ischaemia, interventions should include:
  - Urgent referral to a vascular team (phone registrar to advise)
- Suspected DVT
- Sepsis/cellulitis

For 2 week wait (2WW) referral

- Suspected skin cancer

Discuss with relevant specialist/manage as appropriate

- Acute cardiac failure
- Last few weeks of life

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Urgent vascular referral if signs of significant arterial insufficiency

NB: Red flags as described above should have already been referred. In addition patients with signs of significant arterial disease and necrotic toes on the same limb should be referred urgently (e.g. Rest pain, Intermittent claudication, Peripheral capillary refill time >3 seconds)

Management

- Refer urgently to vascular surgery
- No compression and apply general wound care principles management
- If on leg code as arterial leg ulcer

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If wound is on the leg

Different light compression options may be suitable for different patients, depending on clinical challenges present:

- Oedema
- Exudate
- Limb shape
- Pain management
- Post-thrombotic changes
- Height of the individual
- Obesity
- Psychosocial or lifestyle issues

See table below

Scenario	Hosiery (up to 20mmHg)	Bandages (up to 20mmHg)
Normal leg shape	✓	✓
Low to moderate exudate	✓	✓
Self-caring patient	✓	X
Carer involvement	✓	X
Distortion due to oedema	X	✓
High exudate	X	✓
Deep skin folds	X	✓
Obesity	X	✓