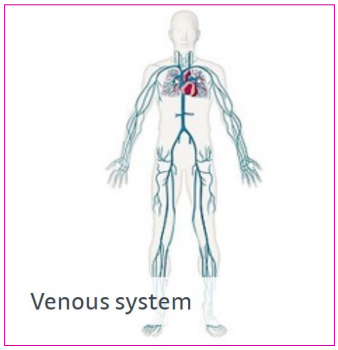
Supported Self-Care Information Booklet

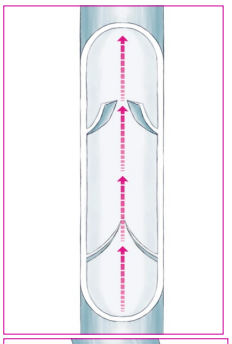
I have a problem with my Venous Circulation

What does this mean?

Venous disease can occur when the venous system in the leg is no longer working well. Blood in the leg veins has to travel the furthest distance from the feet to the heart – and work against gravity. This means they have a hard job and sometimes need help.

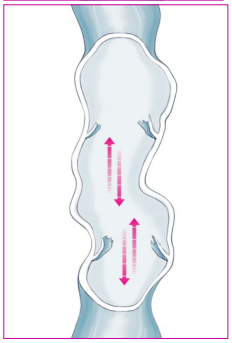


Your **Venous Circulation** is a network of tubes called veins that take blood from all parts of your body back to your heart.



Healthy Vein

These veins contain valves which, in health, prevent the blood falling back down to your feet. Moving your feet and toes make the muscles in your calves move which squeezes the veins and pumps the blood upwards.



Unhealthy Vein

Valves can become damaged - this means the blood falls back to the foot causing congestion in the legs. The veins in the legs will swell.

This is the cause of venous disease.

The most common conditions which affect the venous system are:

Varicose veins - superficial veins which become enlarged. They are visible through the skin and often appear twisted and blue/purple in colour.

Chronic venous insufficiency - This is the name given when the valves within the veins become damaged, they are no longer able to push the blood up towards the heart and results in a build up or 'pooling' of blood at the ankles.

Deep vein thrombosis (DVT) a blood clot which forms within the deep veins in your legs and can travel to other parts of the body such as the lungs.

Superficial thrombophlebitis is inflammation in the vein following a blood clot.

How is venous disease diagnosed?

Spider veins

Ankle swelling

Swelling (oedema) in lower leg

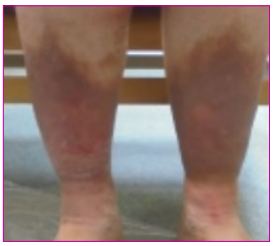
Dry, itchy skin on your legs

Venous disease

Signs and symptoms to look out for.

General ache in legs

Varicose veins



Area of darkening skin colour of lower leg

If you are able to recognise the signs and symptoms of venous disease early, you are able to start appropriate treatment (movement in combination with compression therapy), you can prevent your vein condition from getting worse and improve your long term quality of life.

What is a venous leg ulcer?

A leg ulcer is an open, non healing wound on the leg that can develop after a minor injury if there is an existing problem with your venous system (circulation).

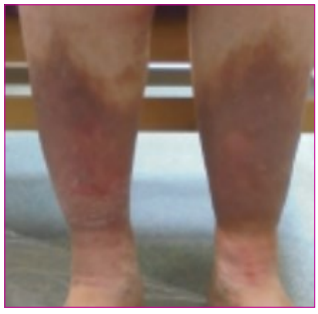
As a result of the damage in your circulation (veins) in your leg, the skin becomes fragile, fluid can build up causing swelling. If you then knock or catch your skin - it breaks open and has not healed itself in 2 weeks - this is classified as a venous leg ulcer. You should visit a health care professional (Practice Nurse, for instance) if this happens to you.

Myths about leg ulcers:

- **Treatment is the same for each person** - this is incorrect. Each person presenting with a leg wound is treated individually - what is right for you, may not be the right treatment for a friend / relative or neighbour.
- **A simple leg ulcer does not require compression to heal it** - incorrect. All wounds arising from the venous system (veins) will require compression to reverse, treat or prevent the condition worsening.

Possible reasons for developing a venous leg ulcer

Swollen legs. If your feet or ankles are swollen at the end of the day - this could be due to damaged blood vessels not able to take all the blood out of the legs. Pressure builds up as your fluid leaks from your blood vessels into the tissue underneath your skin. Your skin can become fragile due to the fluid and this may be the reason you develop a wound.



Skin changes (discolouration, dry, itchy and flaky). Because of the leaking fluid that sits under your skin, the colour of your skin may change. The fluid can cause your skin to become dry, dryness can lead to flaky and itchy skin. Did you know if your skin is itchy - it is usually because it needs moisturising.

Risk factors that can contribute to the development of a leg ulcer

- **Being over weight** – increased weight will cause an increase in the pressure on the veins in the legs, making it even more difficult for the blood to flow back to the heart.
- **Mobility** - if you are not active, the calf muscle pump (which helps to push the blood back to the heart) becomes compromised. Standing still for long periods can also increase the pressure in the veins.
- **Age** - as we get older there can be a greater risk to reducing mobility and general health.
- **Previous injury/surgery to your leg** - this can reduce mobility or veins could have been damaged due to the surgery.
- **Deep Vein Thrombosis (DVT or blood clot)** - a blood clot in your leg will damage the valve or valves and therefore reduces the ability of the blood to flow back to the heart.
- **History of varicose veins** - swollen and enlarged veins in the leg are caused by damaged valves. If there is a history of venous leg ulcers in your family, this can place you in the risk category too.
- **History of intravenous drug use** - when drugs have been injected this often results in skin, tissue and circulation damage.

Other factors that can slow the healing of a venous leg ulcer

- **Smoking -** reduces the amount of blood that is able to reach the skin in your lower legs - therefore reduces healing ability.
- **Poor diet** - a poor intake of nutrients will not feed the system and encourage healing, instead a well-balanced diet would provide you with the nutrients and vitamins required and reduces the chances of becoming overweight.
- **High cholesterol -** cholesterol builds up in the artery wall, restricting the blood flow from your heart to the brain and rest of your body - it can increase the risk of a blood clot developing somewhere in your body.
- **Lack of daily exercise -** exercise is great for circulation and reducing swelling and keeping you active.
- **Medical conditions** such as Diabetes, Arthritis, Cardiovascular disease can effect wound healing, you must discuss this with your GP or nurse to ensure you have the correct support to manage these conditions.

Treatment for my venous leg ulcer

There are many steps that YOU can take to help heal your venous leg ulcer in partnership with the support from your Health care professional.

How is this achieved?

Your health care professional will want to ask you questions about yourself, your health and your leg condition. This is known as an 'Holistic Assessment'. This assessment may start with a telephone consultation initially so they can start collecting information to understand why you have got a leg ulcer.

As part of the assessment there will be a simple test carried out to ensure there are no problems with your arteries. This test is described in the section called 'Ankle Brachial Pressure Index (ABPI) screening'.

Why?

The most important part is to identify why you have got a venous leg ulcer. This can be related to many factors described in the section called 'Risk factors'.

Identifying the risk factors means a successful plan of treatment can be recommended for you. It will allow you to understand your leg condition better and what your responsibility is in the care and treatment required to improve your leg condition.

What to expect from my Health care Professionals? - An individualised plan of care for the most effective treatment:

Improving blood flow is essential to the treatment for your venous leg ulcer.

Improved blood flow will help a wound to heal and may address other symptoms possibly experienced (as described in the section “How is venous disease diagnosed”).

There are several recommendations that your health care professional will discuss with you so that you can manage your condition and prevent it from getting worse.

This is really important for supported **self-care**. You can help yourself to manage your condition, knowing you have a health care professional you can contact if you need extra support.

Recommendations - You can find additional information on each subject enclosed in this booklet.

- Ankle brachial pressure index screening
- Compression therapy
- Wound debridement - cleaning and removing debris from the leg ulcer bed
- Movement and exercise are important to help your blood flow, balanced with appropriate rest time.
- Footwear/Footcare
- Skin care
- Eat a healthy balanced diet
- Drink plenty of fluids
- Take your prescribed medication correctly
- Keep in touch with your healthcare professional.

Ankle Brachial Pressure Index screening (ABPI)

ABPI screening is a quick and easy way to check the blood flow to your legs and feet. It can detect if there is anything that is slowing your blood down. The ABPI is taken by checking the blood pressures in your arms and comparing it to the pressures in your legs.

Problems with the blood flow to your legs is often called Peripheral Arterial Disease (PAD) (see diagram A). Any sign of PAD can cause a slowing down of blood flow. The ABPI test can detect this, and is a useful screening device that will help your clinician plan the best treatment for you. ABPI must be recorded as part of the holistic assessment and ongoing care that you receive from the health care professionals.

The ABPI screening will be completed with the **MESI ABPI MD** machine. The screening process offers many benefits.

Benefits of using MESI ABPI MD:

- It is an automated test which takes around a minute to complete.
- You may be tested at home or in the clinic as it is very portable.

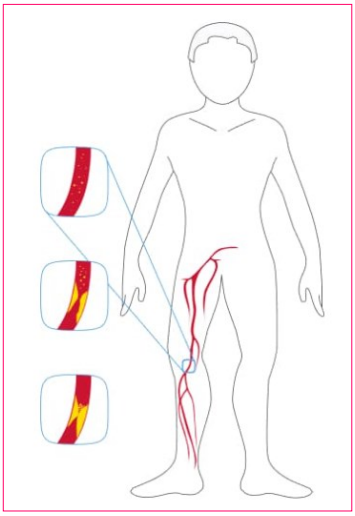


diagram A

The yellow shows plaque build-up that can occur in PAD.

What happens during the test?

Blood pressure cuffs will be placed on one arm and both your left and right leg for the measurement. You will need to lie flat and be as quiet and still as you can during the 1-minute measurement but can sit up while the machine is calculating the results.

Your Skin

Skin is the largest organ of the body and protects our internal organs and acts as a barrier against infection, it regulates your body temperature, and enables you to detect sensation such as touch, pain, heat, and cold.

Looking after your skin should be a part of your daily routine.

Here are some simple steps to keep your skin feeling healthy:

Washing your skin

- Wash skin carefully with a soap-free product – soap can irritate and dry out the skin.
- Pay attention to washing between toes and any skin folds.
- Pat, rather than rub, skin dry.
- Dry thoroughly between toes and skin folds, to avoid fungal infections.

Moisturising your skin

- Use unscented products to reduce skin
- irritation.
- Daily moisturising will keep skin smooth and
- supple
- Apply your moisturiser liberally in a downwards direction
- If possible, let the moisturiser absorb into the skin before re-applying your compression hosiery.

Signs to look out for possible infection:

- Your legs feeling hot with inflamed and your skin feels tender
- Your leg/legs are swelling (more than normal)
- You may feel unwell, general flu-like symptoms or have a temperature
- An increase in the amount of fluid coming from your wound
- A colour change in the fluid/discharge from the wound
- Your wound smells bad

Learn what is normal for you, if you have any concerns, contact your healthcare professional.

Wound debridement

Cleaning and removing debris from the wound bed using the unique pre-moistened UCS™ cloth.

The UCS debridement cloth is a pre-moistened, single use medical device for wound and skin cleansing.

The solution within the UCS will soften any yellow tissue and debris that can prevent wound healing. This allows the unique loops of the fabric to catch and hold debris and effectively remove it from the wound bed.

It is a safe and easy way to clean your wound (leg ulcer). Removing potential barriers to healing such as old, dead cells and improving any slimy appearance that can be seen.

It also cleans and hydrates the surrounding skin.

This is a cleaning cloth and is not to be used as a dressing - initial use should be under clinical guidance.

The combination of the cloth and solution is all that is required. No water or saline needs to be added. Allow the solution to dry on the skin, do not towel dry or wash off.

To use UCS:

- Open sachet to access the pre-moistened UCS cloth.
- Use this to clean the wound with a gentle polishing motion.

- Once the wound has been cleaned, the other side of the UCS can be used to clean the surrounding skin.
- Do not use the same cloth for both legs (risk of cross infection).

Compression therapy

Compression is considered the GOLD STANDARD treatment in venous leg ulceration and should be first line treatment to optimise healing of your venous leg ulcer. The earlier compression is started, the quicker the ulcer will heal.

If you are considered 'at risk' of developing an ulcer, wearing compression can prevent it developing.

There are many types of compression systems available to heal your venous leg ulcer and prevent it from re-appearing. The type may differ from person to person, this is to ensure it is best suited for your lifestyle.

The holistic assessment and the ABPI results will support the health care professional to establish which compression system is suitable for you, taking into consideration some of your lifestyle factors.

Here are 4 common types of compression systems -

mediven ulcer kit with liner and over stocking.

juxtalite compression wrap for measurable compression. Can be adjusted throughout the day for consistent prescribed compression.

mediven RAL compression hosiery and socks in 7 sizes and with 6 months compression guarantee.

duomed soft British Standard compression hosiery. Black or sand, open or closed toe. Light compression.

Wear time - you will need to wear your compression system every day unless your healthcare professional has given you different instructions.

Washing Instruction - mediven hosiery can be machine washed using maximum water temperature of 40◦C with a gentle detergent. Do not use fabric conditioner. Dry in cool dryer or open air.

Applying my compression hosiery - medi Butler

You may be concerned that you will find it difficult to apply your compression hosiery. Your nursing team will discuss this with you and supply you with an aid to ensure you can continue to self-care.

medi Butler donning aid

Instructions for use

❶ Stand the medi Butler/Valet on a firm surface with the semi-circular opening facing forwards. Lay the compression stocking in the stirrup with the toe of the stocking facing forwards.

❷ Turn the upper boarder of the stocking inside out and over the frame. Slide the stocking down over the stirrup until the heel appears at the edge of the stirrup.

❸ Now place the medi Butler/Valet on the floor and slip your foot, toe first, into the toe of the stocking.

❹ Step into the medi Butler/Valet ensuring that the toe and the heel are correctly positioned.

❺ Using the handles, you can now slide the stocking up towards your knee.

❻ When the stocking is just below your knee, tilt the medi Butler/Valet slightly back and remove it from the stocking. You can now adjust the top band of your stocking comfortably into place.

The medi Butler can be used for all lengths of stockings / tights and for both open and closed toe garments.

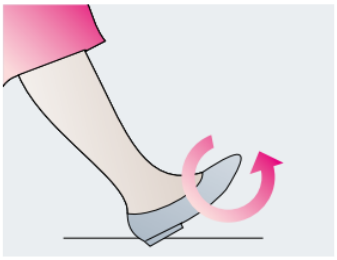
Movement & Exercise to help your blood circulation

When we are active and moving, the muscles in our legs help to keep the blood flow moving. It is important that you are as mobile as possible to improve the blood flow in the legs.

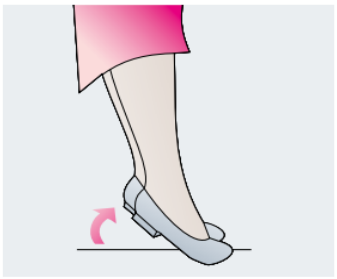
Moving and exercising will help heal your venous leg ulcer and support other symptoms such as swelling and stiffness.

Exercise does not mean you have to start running or going to the gym. There are very simple steps that you can start taking to make an improvement.

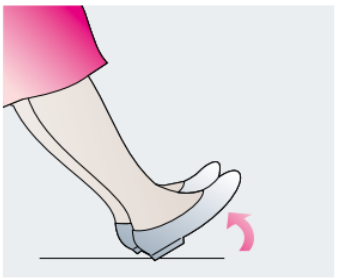
If you are able to take light to moderate exercise, aim to walk for about 30 minutes at least three times a week. If walking is a problem, then there are some gentle exercises shown below that can be done while sitting down. This helps get blood back to your heart.



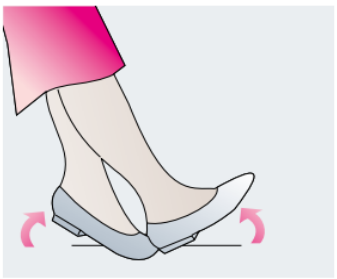
1. Rolling your feet (right, left, in opposite directions).



2. Tiptoe exercise – with both feet on tiptoe at the same time.



3. Pulling your toes upwards.



4. Rocking your feet from heel to toe alternately.

Top tips

- Make sure you wear your compression to exercise in and try to avoid standing for a long time.
- Make sure you wear comfortable clothes and well fitting shoes.

Prevention and aftercare

Now that your leg ulcer has healed you will want to do everything you can to keep it healed and reduce the risk of it coming back. Although the ulcer has healed, the problem with your veins still exists. This means you have a chance of another ulcer in the future - however, follow this advice and it will help you reduce that risk.

What happens now?

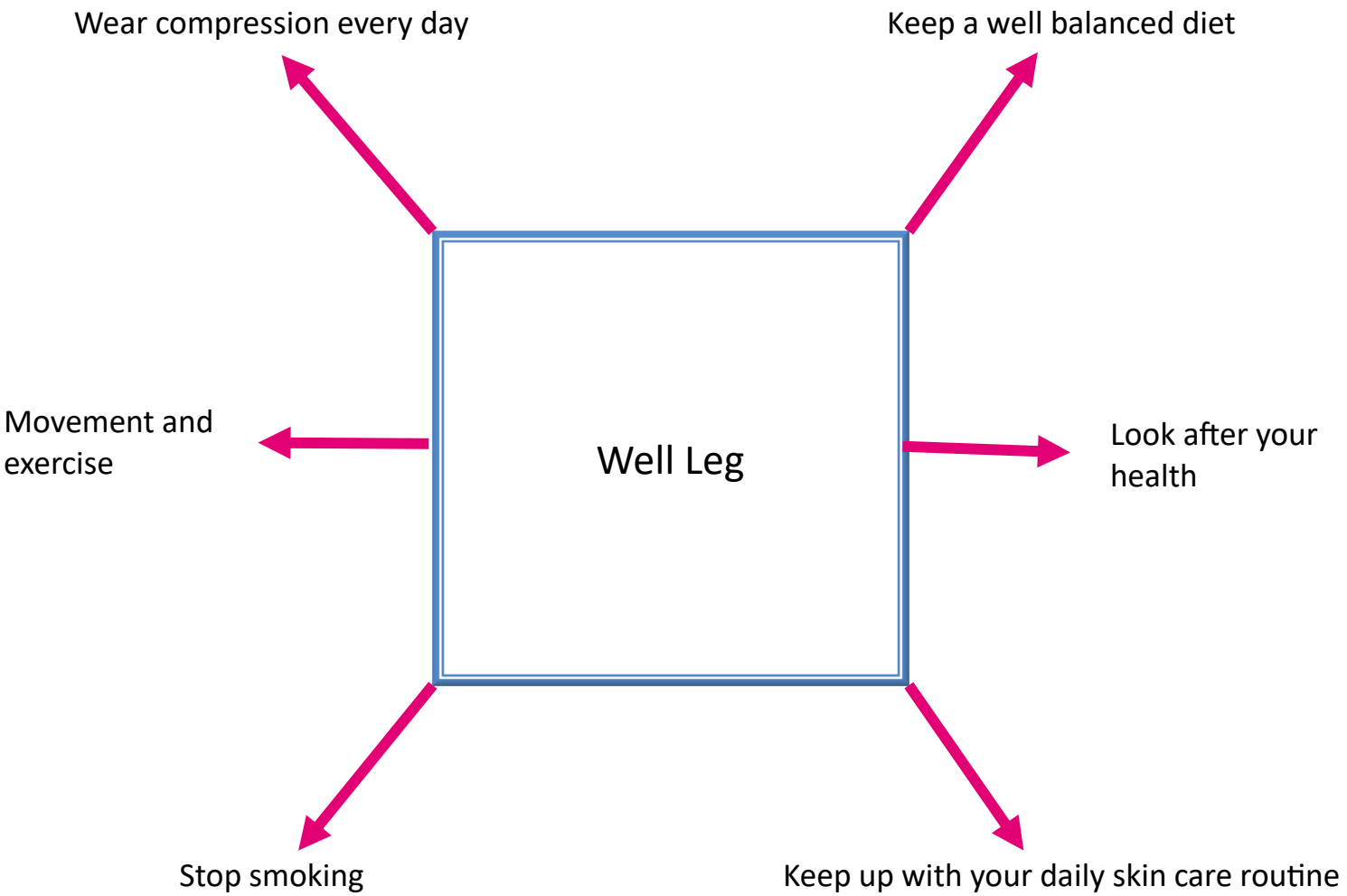
You have what is called a "**well leg**" -

It is **your responsibility** to contact the nurse if any significant changes happen such as:

- Any break in the skin
- Change in the colour of your foot
- Leg pain or cramp at night or when walking
- Excessive itching or eczema occurs
- Swelling to your feet/legs or ankles
- Hot, painful or inflamed area arises on your lower leg.

You will be followed up in the 'Well Leg' clinic every 6 months for a review which will include the following:

- Lower limb assessment—to check there are no significant changes.
- ABPI re-screen—continue to monitor your blood flow.
- Re-measured for new compression.
- Skin Inspection—a visual check for any changes in the skin.
- General health and Lifestyle advice if required.



Attend your 6 monthly review appointment - but seek advice early if you have concerns.

For further information, please contact the medi clinical team—
enquiries.clinical@mediuk.co.uk