

WOUND EDUCATION

CLINICAL TRAINING MADE EASY[©]

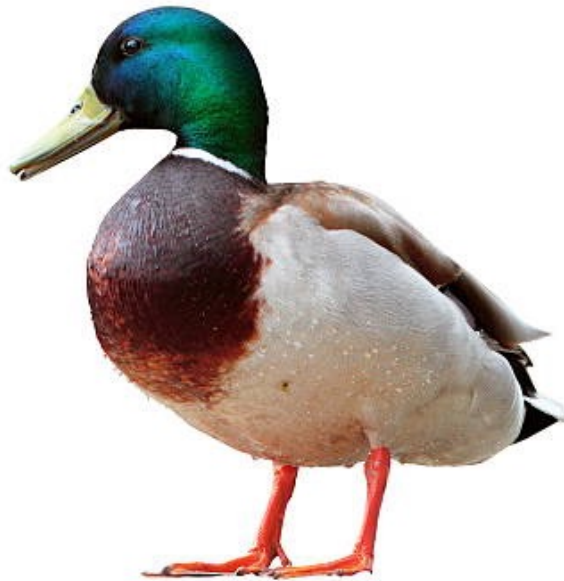
TRAINING SESSION 9

MODULE 3

Treating Leg Ulceration

OUTLINE

- Arterial Insufficiency
- Atypical Ulceration



Vasculitis Ulceration

- ESR & CRP & Immunological
- Systemic & Topical steroid



Diabetes- Arterial Insufficiency

- Peripheral Neuropathy
- Ischaemic Ulceration
- Infection
- Pain
- Team required

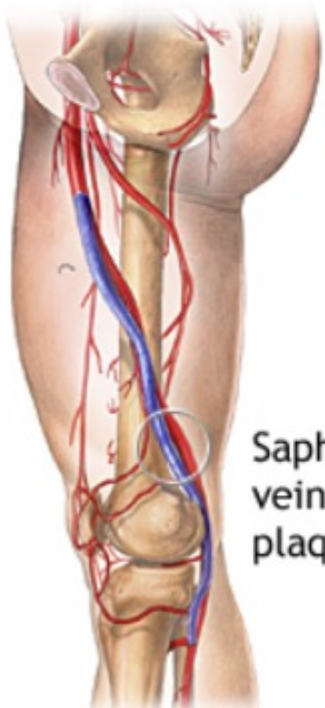


Arterial Ulceration

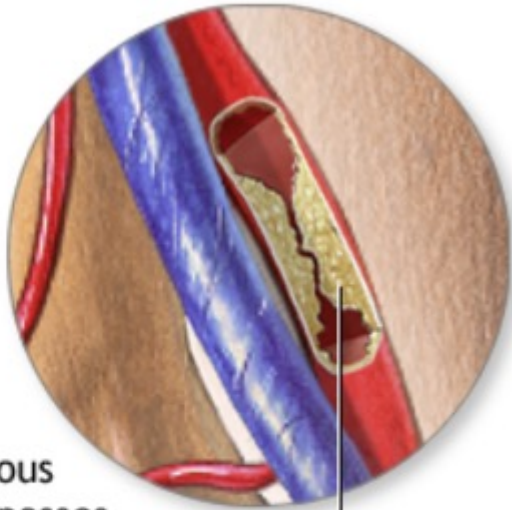
- Vascular surgeon
- Local doctor – pain
- Compression – foot glove
- Debridement
- Antimicrobial
- Exudate management



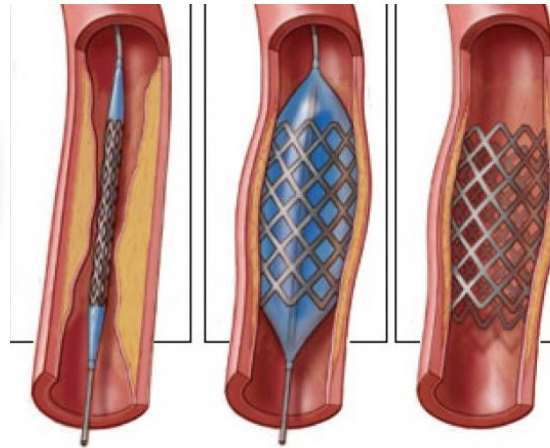
Surgical Correction



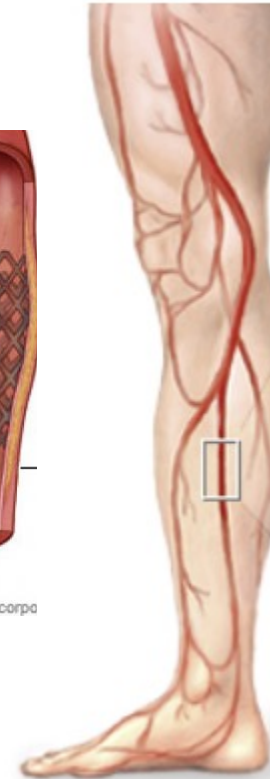
Saphenous vein bypasses plaque



Atherosclerotic plaque



© Healthwise, Incorpo



Arteries become narrowed and blood flow decreases in arteriosclerosis



Build up of fatty substances in the wall of the artery



SCALE – Cardiac Failure

- Cardiac oedema



Rheumatoid – Inflammatory Ulceration

- Team approach
- Immunologist
- Infectious disease
- Topical management



Rheumatoid Disease - Traumatic injury

- Team approach
- Prompt escalation
- Scope of practice
- Look beyond the wound



Question: The patient with arterial insufficiency should be referred to a.....

- **Answer:**
- A) Podiatrist for a doppler
- **B) Vascular surgeon for surgical options**
- C) Wound Specialist for appropriate topical management
- D) Pain team for optimal management long term

Venous/Diabetes/Pyoderma Gangrenosum

- Team approach
 - Vascular surgeon
 - Endocrinologist
 - Immunologist
 - Local Doctor
 - Community Nurse
 - Wound Specialist



Renal Failure/Pyoderma Gangrenosum



Hypertension/Martorell's

- Wound related pain
- Wound location
- Oedema from immobility



Neuropathic - Pressure damage

- Diabetes
- Oedema
- Exudate



BCC – Sun Damaged Skin

- Dermatology
- Topical chemotherapy



Question: Is it appropriate to request a biopsy of a wound if it fails to heal after 3 months of best practice and no indication of healing?

True or False

- **Answer: True.**
- **With best practice wound care consistently applied and a patient motivated to heal it is anticipated wound size reduction would occur.**
- **Further investigation to determine aetiology for delayed healing is required.**

Carcinoma

- Delayed healing
- Dark friable granulation



Venous Leg Ulceration/IHD/Diuretics

- Cardiologist
- Wound Specialist
- Compression
- Exudate management



Lymphoedema - Undiagnosed

- Lymphoedema Specialist
- Wound Specialist
- Compression
- Exudate management



Key Points

- Earlier escalation is pivotal for patients with atypical presentations.
- HCP must consider systemic treatments which control underlying health conditions
- Team approach will offer optimal care.