

Pathway for wounds on the lower leg and ankle

Getting people into compression fast

Use this pathway for:

- ✓ A wound which has been present for 1-2 weeks
- ✓ Traumatic wounds such as pre-tibial lacerations or burns
- ✓ Surgical wounds
- ✓ New spontaneous ulceration

Why compression is important

A wound on the leg heals more slowly than other sites. This is often because of oedema or venous disease, regardless of the cause of the wound. Intervening early with mild compression can aid healing and prevent a descent into chronic ulceration. The use of hosiery supports self-management and reduces nursing activity.

Early intervention with mild compression aims to reduce the wound prevalence in Tower Hamlets. **This is better for patients and clinicians!**

STEP 1 - Assess and record

- ✓ The CAUSE and history of the wound
- ✓ Ensure they have intact sensation
- ✓ Ensure there is good peripheral perfusion and no signs of limb ischaemia
- ✓ There must be no deep pitting oedema or skin folds
- ✓ They must have a standard leg shape - the ankle is narrower than the calf

STEP 2 - Simple lower limb assessment

- ✓ Wound bed description such as predominant wound type
- ✓ Exudate level
- ✓ Peri-wound status such as inflammation or maceration
- ✓ Wound measurement
- ✓ Pain management

STEP 3 - Wound management

- ✓ Simple wound bed cleansing with water
- ✓ Simple low-adherent dressing and dressing pad as required
- ✓ Peri-wound emollient
- ✓ Wound Measurement
- ✓ Pain management

STEP 4 - Mild compression

- ✓ To prevent delay in management, in the absence of Ankle Brachial Pressure Index Diagnostic (ABPI), prescribe Class 1 British Standard Hosiery or reduced compression (circa 17mmHg)
- ✓ Class 1 British Standard hosiery
- ✓ Class 3A compression bandage over sub-bandage wadding such as Profore 3 Fig-8 technique
- ✓ Obtain hosiery via the online Dressing Optimisation Scheme

STEP 5 - Ongoing management

- ✓ Continue until and beyond healing
- ✓ If oedema persists longer than 3 months, refer to the Lymphoedema Team

Do not use this Pathway if they have:

- ✓ Excessive exudate
- ✓ Uncontrolled pain
- ✓ Acute infection of the leg or foot
- ✓ Acute or chronic ischaemia
- ✓ A suspected DVT
- ✓ A suspected skin cancer

ACTION:

- ✓ Refer to Wet Legs Pathway if lower leg is erosive
- ✓ Refer to Accelerate or other specialists as appropriate [acceleratecic.com/referrals](https://www.acceleratecic.com/referrals)

If supported with self-management

- ✓ Agree dressing regime and frequency
- ✓ Agree review dates and expectations
- ✓ Provide written treatment plan
- ✓ Agree what may trigger a concern
- ✓ Visit [acceleratecic.com](https://www.acceleratecic.com) for resources

If wound fails to heal significantly in 2 weeks

- ✓ They require full lower leg assessment with ABPI
- ✓ They need a management plan that includes strong compression such as hosiery kit or compression bandaging

SEE Lower Limb Guidelines for non-ischaemic wounds

Accelerate wound care team if:

- ✓ They are not tolerating compression
- ✓ They remain in significant pain
- ✓ The cause of the non-healing or aetiology is not understood
- ✓ Their wound is deteriorating
- ✓ Refer your patient at [acceleratecic.com/referrals](https://www.acceleratecic.com/referrals) with photograph