

# Recommended pathway for wounds on the lower leg and ankle - Getting people into compression fast



Use this pathway for all wounds on the lower leg - see image below for clarity

N.B. If a patient has skin folds or deep pitting oedema, please refer to wet legs pathway

## Why compression is important

A wound on the leg heals more slowly than other sites, 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 wound incidence.

This is better for patients and clinicians!

### A leg ulcer

originates above the dotted line



A foot ulcer originates below the dotted line

If patient has loss of sensation but no red flags, refer to Accelerate or other specialities as appropriate

RED FLAGS	Features
Acute limb ischemia	Sudden onset cold pale, cyanosed, mottled limb
Chronic limb threatening ischemia	Persistent ischemic rest pain > 2 weeks
Foot abscess	Red, hot, boggy, swelling in foot
Sepsis	Systemic signs of severe infection
DVT	Sudden onset swollen tender calf, usually unilateral
Charcot foot	Red, hot, painful, inflamed foot - often but not always seen in diabetes
Rapidly deteriorating wound	Rapid deterioration over 24-48 hours
Bleeding varicose vein	Visible vein on leg/foot actively bleeding
Suspected skin cancer	Unusual presentations

If a Red Flag presents, immediately contact relevant clinical speciality/emergency care

### STEP 1 - Assess and record

- Complete wound assessment
- Record digital image
- Assess for 'red flags' and document presence or absence
- Ensure the patient has intact sensation

### STEP 2 - Wound management

- Simple wound bed cleansing with water or saline
- Simple low-adherent dressing and absorbent dressing as required
- Peri-wound emollient
- Pain management
- Treat any wound infection

### STEP 4 - Ongoing management

- Plan for a comprehensive lower limb assessment to be undertaken within 14 days
- Holistic lower limb assessment
- Follow lower limb guidelines for non ischemic wounds

### STEP 3 - Mild compression

- If no red flags and intact sensation, commence mild compression (up to 20 mmHg)
- Class 1 British standard hosiery
- Class 3A compression bandage figure of 8 technique over sub-bandage wadding e.g. Profore 3 or K-Plus

Refer to Accelerate wound care team (incl. photographs) [acceleratecic.com/referrals](https://acceleratecic.com/referrals) if:

- They are not tolerating compression
- They remain in significant pain
- The cause of the non-healing or aetiology is not understood or clear
- Their wound is deteriorating

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://acceleratecic.com) for resources

#### References

- National Wound Care Strategy Programme (2020) [Recommendations for Lower Limb Ulcers](#).
- Lohmann & Raucher (2022) [Leg Ulcers](#).
- Wounds UK (2022) [Holistic management of venous leg ulceration](#) (2<sup>nd</sup> edition).
- Wounds UK[2021] [Best Practice Statement: Compression Hosiery, A patient-centric approach](#) (3<sup>rd</sup> edition)

#### Self-care information and resources

- [Lohmann & Rauscher](#)
- [Medi - compression, indications and treatment](#)
- [Legs Matter - information and advice](#)