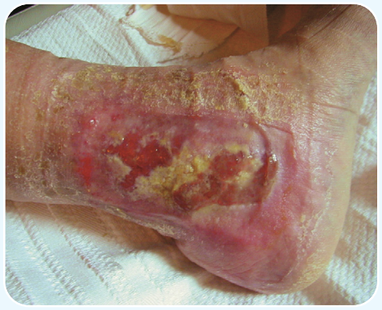
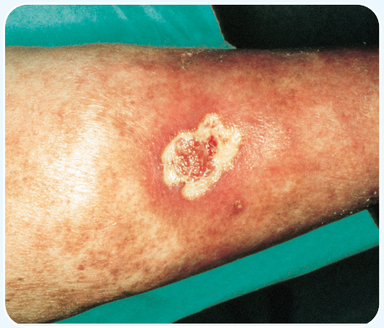
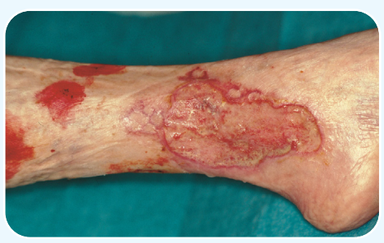
Leg Ulcer Guide

Venous or arterial disease is frequently linked to the presence of leg ulcers

	Characteristics	Treatment Objectives*
Venous Leg Ulcer 	**Location** Lower middle (medial) leg, gaiter region **Characteristics** • Presence of shallow ulcer, irregular shape • High exudate • Oedema • Scar tissue from previous healed ulcers • Hyper-pigmentation • Atrophie blanche • Varicose veins, tortured, lumpy • Hyperkeratosis - a build up of dry skin • Altered leg shape - inverted champagne bottle • Pain	**Treat underlying problem** • Promote healing in the wound bed and protect the surrounding periwound • Manage exudate • Compression therapy - improves blood flow and reduces oedema **Always assess vascular function prior to applying compression therapy**
Arterial Ulcer 	**Location** Arterial leg ulcers mainly occur in the lateral area, often over a bony prominence. Commonly found around the foot, ankle, and occasionally the lower leg. **Characteristics** • Low exudate • Shiny dry skin with hair loss • Painful, more so at night • Small and deep • Sloughy or necrotic tissue on the wound surface. • Dry wound bed • Pulses - weak or absent in foot	**Palliative treatment if unable to restore blood supply to leg** • Keep dry and protect • Always leave dry gangrene intact **Active treatment if sufficient blood supply** • Remove dead tissue • Provide moisture to wound surface if dry • Protect surrounding skin • Manage excess exudate **Never compress the leg**
Mixed Arterial/Venous Ulcer 	**Location** Medial (midline) and lateral (side) **Characteristics** • ABPI <0.8 • A combination of the clinical characteristics of both venous and arterial ulcers.	**Active Treatment if sufficient blood supply** Improve blood flow and manage oedema with compression therepy **Always assess vascular function prior to applying compression therapy**

HARTMANN Solution

PREVENTION - MAINTAIN SKIN INTEGRITY WITH MOLICARE SKIN

MoliCare® Skin Wash Lotion
pH balanced formula

MoliCare® Skin Body Lotion
Hydrates and reinforces the skin barrier

WOUND MANAGEMENT OPTIONS - CLEAN AND DECONTAMINATE

T IME **TISSUE MANAGEMENT**

HydroClean®
Debrides and cleans wound

I TIME **INFECTION AND INFLAMMATION CONTROL**

Atrauman® Ag
Reduces risk of recontamination

WOUND MANAGEMENT OPTIONS - ABSORB OR HYDRATE

M IME **MOISTURE BALANCE**

HydroClean®
Debrides and cleans wound

Zetuvit® Plus Silicone Border
For exuding wounds requiring a silicone protective layer

Zetuvit® Plus
For highly exuding wounds

COMPRESSION THERAPY

! Not for use with arterial ulcers. Always assess vascular function prior to applying compression therapy.

PütterPro® 2 (ABPI 0.9 - 1.3) or
PütterPro® 2 Lite (ABPI 0.6 - 0.8)

Pütterbinde®

Lastodur® Strong or
Lastodur® Light

View our Step-by-Step Guide to optimal wound healing using T.I.M.E.

hartmann.com.au

Always read the label and follow the instructions for use.

Disclaimer: The information and other material contained in this resource are for informational purposes only. No material on this resource is intended to be a substitute for professional medical advice, diagnosis or treatment.
*always seek medical advice

References: European Wound Management Association (EWMA). Guideline Management of patients with venous leg ulcers, Journal of Wound Care, Vol25 No 6 EWMA Document 2016. Franks, P., Barker, J., Collier, M. et al. Management of patients with venous leg ulcer: challenges and current best

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