



11: WHAT IS A VENOUS LEG ULCER?

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As we saw in factsheet 1, there are many types of chronic wounds but most fall into three types – pressure injuries, diabetic foot ulcers (see factsheet 9) and leg ulcers. Leg ulcers are slow-to-heal wounds between the knee and ankle joint caused by problems with the veins that transport blood back to the heart, leading to swelling as the blood pools in the leg. A venous leg ulcer is a wound that fails to heal because of this underlying vein problem.

Your venous leg ulcer checklist

Do you:

- Experience leg swelling that gets worse in the evening or after sitting or standing for extended periods?
- Have brownish, discoloured skin, particularly towards the ankle?
- Have dry, itchy, scaly skin?

Is your ulcer:

- Oozing a thick, yellowish liquid?
- Not very deep?
- Red or yellow (but not black)?
- An irregular shape?
- Not getting better or worse?
- Painful?

These are some of the features common in venous leg ulcers, but a healthcare professional will give you the best diagnosis.

Risk factors

You are more likely to experience a venous leg ulcer if you have:

- Had a blood clot in the legs (deep vein thrombosis) or lungs (pulmonary embolus)
- Been overweight
- Had multiple pregnancies
- Varicose veins
- To stand for long periods
- Limited ankle movement
- Had slow healing wounds in the past, or family members who have had slow-to-heal wounds.



THE WOUND WARNING SIGNS

- ✓ Hot and painful
- ✓ Smells bad
- ✓ Oozing thick yellow liquid
- ✓ 30+ days to heal



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Consumer education about chronic wounds by experts at the national peak body, Wounds Australia. Find more factsheets for consumers on our website.



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Continued...

Treating a venous leg ulcer

The best way to heal venous leg ulcers is with special bandages or stockings called compression therapy. Compression therapy helps to squeeze the extra fluid creating the swelling out of the leg and back into circulation. It's a specialised treatment that should only be applied by a qualified health professional. Without compression therapy, your venous leg ulcer is much less likely to heal. However, there are things you can do to help the healing process.

Try to:

- Elevate your leg when you're sitting down, either by using a footstool or the arm of a couch. Try to keep your foot higher than your heart.
- Walk as much as possible using a heel-toe action. Avoid limping or shuffling.
- Avoid standing in one place for too long.
- Moisturise your legs and feet regularly, avoiding open wounds and the skin between the toes.

Your healthcare professional will probably recommend wearing compression stockings even after your wound is healed to prevent future ulcers.

Support and information

Any wound below the knee that is not improving or has not healed within 30 days should be discussed with a healthcare professional like a GP or nurse. Some areas have special leg ulcer clinics or services that your doctor can refer you to. Find sources of professional wound care advice in factsheet 6.



ADVICE AND SUPPORT

Good sources of advice about wounds include:

- Wound care clinicians
- GPs
- Nurses
- Pharmacists
- Podiatrists
- Aboriginal and Torres Strait Islander health workers
- Diabetes educators
- Some allied health professionals such as dietitians, occupational therapists and physiotherapists.



Find out more about healthcare professionals working with wounds in factsheet 6 on our website.

Care professional? Join Wounds Australia for events, guidelines, discounts and more: woundsaustralia.org