Venous Leg Ulcers

Wounds caused by poor vein circulation in the legs

What is a venous leg ulcer?

A venous leg ulcer is a shallow, often weepy wound on the lower leg, usually between the knee and the ankle and most often on the inner ankle. It is the most common type of leg wound in adults.

These wounds heal slowly, and they tend to come back. Compression is what heals them and compression is what keeps them from returning.

Why does it happen?

The veins in your legs have small one-way valves that push blood upward toward the heart. When those valves weaken, blood pools in the lower leg. Pressure builds in the small vessels, fluid and blood cells leak into the skin, and over time the skin becomes inflamed and fragile. Eventually it breaks open, sometimes after only a minor bump.

Things that make this more likely include a past blood clot (DVT), varicose veins, pregnancy, obesity, standing for long hours, leg injury, and simply getting older.

What you may notice

- Swelling in the ankle and lower leg that is worse at the end of the day and better in the morning
- Aching, heaviness, or a tight feeling in the leg
- Brown or rust-colored staining of the skin around the ankle
- Dry, itchy, flaky, or reddened skin on the lower leg
- A shallow wound with uneven edges and a lot of clear or yellow drainage
- A leg that looks like an upside-down champagne bottle: narrow at the ankle, wide at the calf

How we treat it

- **Compression therapy.** This is the treatment. Multi-layer wraps, compression stockings, or a compression pump squeeze the leg from the outside and help the blood move upward. Without compression, these wounds usually will not heal.
- **Checking arterial blood flow first.** Before applying firm compression we confirm that the arteries bringing blood *into* the leg are working. We do this with pulse checks and simple painless testing.
- **Debridement.** We remove dead tissue and the buildup at the wound edge so new skin can grow in.
- **Absorbent dressings.** These wounds drain heavily. The right dressing holds that fluid away from the healthy skin around the wound, which would otherwise break down too.
- **Skin care.** We treat the dry, itchy, inflamed skin around the wound, because that skin is where the next ulcer usually starts.
- **Referral when needed.** Some people benefit from a vein specialist who can close off the failing veins, which lowers the chance the wound comes back.

What you can do at home

- Wear your compression exactly as directed. Put stockings on first thing in the morning before your leg swells, and take them off at bedtime unless told otherwise.
- Elevate your legs above the level of your heart for 30 minutes, three or four times a day. Lying down with pillows under the calves works better than a recliner.
- Walk. Every step pumps blood up the leg. Even short, frequent walks help.
- Do ankle pumps when you are sitting: point your toes up and down, 10 to 20 times, several times an hour.
- Do not cross your legs and do not stand still for long stretches.
- Moisturize the healthy skin on your lower leg daily with a plain, fragrance-free cream.
- Never scratch the itchy skin. Tell us instead, so we can treat it.

When to call us right away

- Sudden increase in swelling, especially in only one leg
- New calf pain, warmth, or tightness, which can signal a blood clot
- Drainage that turns thick, cloudy, green, or foul-smelling
- Spreading redness, or a red streak moving up the leg
- Fever or chills
- Numbness, tingling, or the toes turning pale, blue, or cold after a wrap is applied
- A compression wrap that has slipped, is cutting in, or has become painfully tight