A systematic approach to the ongoing assessment of arterial disease in patients with healed venous leg ulcers.

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The primary objectives of The Doppler traffic light system for healed venous leg ulceration:

- To ensure that the timing of re-assessments is realistic and meeting the needs of the individual.
- To provide the clinician with a facilitative process or system to aid clinical decision-making.
- To provide a safeguard that all patients receive appropriate follow up and are not lost within the healthcare system.

N.B. 1. The System should be used when leg ulcers have healed and compression hosiery suitable to an individual's needs have been prescribed and correctly fitted, or at subsequent follow up appointments.

2. It has also been recognised that it can facilitate the practitioner's clinical decision making as to whether to perform ABPI before prescribing and fitting Class 1 hosiery.

How to use the Doppler traffic light system for healed venous leg ulceration.

- Red Zone represents STOP - Consider carefully arterial risk factors in relation to ABPH, and signs and symptoms that patient is presenting with. If a patient is asymptomatic and has multiple ticks refer him/her for URGENT vascular opinion. The patient should receive a further Doppler assessment after 3 months, or at any significant change in symptoms. If a patient is asymptomatic and has been referred to the vascular team, dependent upon treatment or level of monitoring, re-doppler assessment may be at 6 monthly intervals after consultation with vascular team and providing they remain asymptomatic.

- Amber Zone represents PAUSE - Consider risk factors such as psychosocial, physical and cognitive abilities which may affect concordance or safety with hosiery wearing, thus impacting upon the time period recommended for recall or re-assessment of their arterial status. If a patient has 3 or more ticks he/she may receive a combined 12 monthly Doppler re-assessment and well leg check-up, providing the other 2 risk factor Zones and ABPH are considered safe to do so. If a patient has 3 or more crosses he/she may receive additional well leg check-up at 3 months and Doppler re-assessment at 12 months.

- Green Zone represents GO - If a patient has multiple ticks in this Zone and the ABPH is considered safe, he/she may have a yearly combined Doppler assessment and well leg check-up, providing there are no significant arterial Risk factors and no Ambron risk factors to tip recall back into 6 monthly. Patients must not have any significant arterial risk factors to stay in the 12 monthly Green Doppler recall time. Any change in symptoms would require re-assessment.

The system is a guideline and therefore not prescriptive. It is left to the clinician, with their in depth knowledge of the patient, to determine the time frame dependent upon individual risk scoring, providing clear reasons as to their decisions.

**Arterial and PVD Risk Factors**

- Smoking
- Intermittent claudication
- Pain on rest/leg pain
- Hypertension/hypercholesterolaemia.
- Existing co-morbidities? MI, Angina, Ischaemic heart disease, TIA, CVA, Rheumatoid arthritis & associated vasculitis.
- Anticoagulated and/or on long term Warfarin.
- Recent (within last 3 months) DVT.
- Varicose veins.
- Thrombophlebitis
- Lower leg trauma
- Multiple pregnancies
- No arterial risk factors
- Doppler readings stable
- No arterial risk factors
- Varicose Eczema stable
- Concordance with hosiery wearing
- Consider referral for investigation of reflux/possible venous surgery to Varicose Vein Specialist Nurse
- 1.3 or above refer to vascular specialist nurse – toe pressures / assessment

**Psychosocial/Physical & Cognitive ability**

- Unable/No
- Able/Yes
- Normal weight/overweight and or increased waist circumference
- Understands need for skin care & compliance with wearing hosiery
- Able/Unable to apply hosiery unaided
- Able/Unable to report problems
- Able/Unable to apply hosiery unaided
- Good short term memory/cognitively impaired
- Able/Unable to report problems
- Able/Yes
- On elevation - consider referral to arterial team/ABPI?
- Pain on rest/elevated limb
- Consider carefully arterial risk factors in relation to ABPI, and signs and symptoms that patient is presenting with. If a patient is symptomatic and has multiple ticks refer him/her for URGENT vascular opinion. The patient should receive a further Doppler assessment after 3 months, or at any significant change in symptoms. If a patient is asymptomatic and has been referred to the vascular team, dependent upon treatment or level of monitoring, re-doppler assessment may be at 6 monthly intervals after consultation with vascular team and providing they remain asymptomatic.

**Further actions**

- Searching review patient records
- Review in appointment concerning vascular assessment
- Follow up with vascular team
- Patient sends off for further vascular testing
- Surgery to Varicose Vein Specialist Nurse
- Further vascular review
- Consider referral for investigation of reflux/possible venous surgery to Varicose Vein Specialist Nurse
- 1.3 or above refer to vascular specialist nurse – toe pressures / assessment
- Concordance with hosiery wearing
- Consider referral for investigation of reflux/possible venous surgery to Varicose Vein Specialist Nurse
- 1.3 or above refer to vascular specialist nurse – toe pressures / assessment

**Venous Risk Factors predisposing to re-ulceration**

- DVT
- Varicose veins
- Thrombophlebitis
- Lower leg trauma
- Multiple pregnancies
- No arterial risk factors
- Doppler readings stable
- Varicose Eczema stable
- Concordance with hosiery wearing
- Consider referral for investigation of reflux/possible venous surgery to Varicose Vein Specialist Nurse
- 1.3 or above refer to vascular specialist nurse – toe pressures / assessment

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