A well leg model “Prevention is better than cure”

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Introduction
In 2005 Eastleigh & Test Valley South PCT and New Forest PCT undertook an audit of leg ulcer management. The audit established recurrence rates of 65.6%. Patients had no dedicated follow up service at this time.

25% - 65% of users will reoccur within one year. (Moffatt and Dorman 1995)
Ruckley(1996) demonstrated in a study of 305 patients monitored over 3-5 years, 19% - 32% reoccurred during this time with leg support, as opposed to 65% with minimal or no support.

In response to these poor audit figures a well leg pathway, training, clinic and documentation were developed to reduce recurrence rates, working with patients as part of a life long maintenance programme.

Methods
To ensure best practice we looked at the Best Practice Statement for Compression Hosiery 2005 and adapted this pathway as a protocol for well leg maintenance and prevention, which is to be used by all community and primary based staff.

The pathway has been integrated into Hampshire PCT and Southampton City PCT ulcéral guidelines. Alongside this a one day training programme for all staff was developed covering essentials of skin care, theory and practical application. Staff have the opportunity to discuss concordance and health promotion issues.

In April 2006 the first Well Leg Clinic was established within the PCT in a GP surgery, held on alternate weeks. This was for patients with healed leg ulcers or legs which were at risk of ulcerating. A retrospective audit was undertaken over the first 18 months and was produced in January 2008.

Treatments
Regular Doppler enables arterial circulation to be monitored and accurate hosiery and compression classes to be applied to meet changing needs. The Well Leg Clinic facilitates the fast tracking of patients with recurrence back to the leg ulcer clinic for prompt assessment and treatment. This has been proven to reduce the incidence of delayed healing. For example, one patient contacted the team immediately after a skin breakdown and he promptly healed in 3 weeks of compression bandaging.

In the initial treatment phase compression bandaging play an important role and hosiery treatment kits are another option where the limb is well shaped with no ulceration or small, low-eroding areas.

Once the ulcer has healed, a range of compression hose systems are used in this clinic to suit the patient’s condition. Activis British Standard hose classes 1, 2 and 3 are suitable for patients who do not have oedema post healing. The stiffer European Standard Alcloph, garments ensure that the limb is well maintained, without swelling recurring for those patients who prone to developing oedema. In cases with very large limbs outside normal ranges Joist Elavene made to measure hosiery is required to ensure an accurate fit.

Results
We have trained 60 community and practice based staff in how to manage well legs. Following evaluation, the most valuable part of the training was the skin care advice and practical issues around hosiery application.

The audit demonstrated that 19 clinics were run over the first 18 months. 44 patients were seen with 122 face-to-face contacts. 42 out of 44 patients in this period have remained healed, a 4.5% recurrence rate.

Discussion
The 2005 well leg audit demonstrated there had been a dramatic reduction in leg ulcer recurrence rates from 65.6% to 4.5%.

The clinic is able to motivate patients to continue their care, supporting self treatment and concordance.

Conclusion
This approach to maintenance reinforces the evidence available in the significance of a structured approach to follow-up care and the importance of ongoing hearing.

The future developments for the clinic include opening another well leg clinic in a different location in the Trust and to provide transport, enabling equal service provision to patients who are frail and vulnerable.

Well leg maintenance is now an integral part of the 2 day leg ulcer course, ensuring that prevention of ulceration and recurrence is a nursing priority in leg ulcer management.

Well Leg Pathway

Well Leg Pathway

Assessment

Headed ulcers
Prevention of recurrence

1. Evaluate patient’s ability to apply hosiery and their need for aids or come support.

Arterial disease

2. Select hosiery up to a value of 14-17 mmHg at knee or Class 1 below this level.

Venous disease

3. Select hosiery to a value of 20-30 mmHg at knee or Class 2 below this level.

Mixed venous arterial disease

4. Select hosiery up to a value of 40-60 mmHg at knee or Class 3 below this level.

Assessment

1. ABI to confirm status of vascular disease.

Diagnosis

Primary prevention
Prevention of recurrence

1. Doppler with patient history of a history of any risk factors or issues.

2. Examine skin for any fragile or violaceous areas, dermatological conditions and ulcers.

3. Enquire as to any recent leg injuries, previous leg surgery or previous leg trauma.

Treatment

Check product ordered is the one that has been supplied.

First application by a trained practitioner - takes care to avoid injury.

Elicitate and/or care for patient with wound information.

Care of hosiery. Wear and apply correctly to ensure optimum care of hosiery.

Application

1. Measure patient for constant hosiery.

2. Check measurements are consistent with the specification of the product supplied.

3. Identify and adjust supplies.

Outcome

Prevention of recurrence Patient remains ulcer free.

Non compression Referral to vascular surgeon.

Primary prevention

1. Primary prevention patient above the knee and mobile without complications.

2. Preventive care patient mobile with complications.


Prevention of recurrence

1. Skin ulcer.

2. Pressure and circumference compression therapy.

3. Fast track referral to leg ulcer services.

References
Best Practice Statement for Compression Hosiery 2005 Hampshire PCT
Well Leg Clinic Audit
Eastleigh PCT 2006 Leg Ulcer Guidelines
Hampshire PCT 2006 Well Leg Pathway
Ruckley, CC. 1996. Caring for patients with chronic leg ulcer BMJ: 407-408

Well Leg Clinic

NHS Wessex
Hampshire PCT

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