How can I improve leg ulcer care when faced with increasing service demands?

**THE PROBLEM**

Providing effective leg ulcer care is becoming increasingly challenging due to high staff turnover and ever-growing caseloads, particularly at this time of year when sickness and absence become an increasing problem. Against this background, how can you continue to provide clinically effective and safe leg ulcer care? We asked Joy Tickle, the tissue viability nurse specialist and clinical lead for Shropshire Community NHS Trust, how to maximise resources and efficiency while not compromising patient outcomes...

**WHAT SHOULD I DO?**

In the modern NHS there is a drive to maximise resources and efficiency while not compromising patient outcomes. When it comes to compression therapy, a wealth of new products means we now have different options to the traditional approach of applying four-layer bandaging to heal venous leg ulcers.

Recently, winter pressures on the NHS have had an unprecedented impact on healthcare delivery in my area. In both the acute and community sector, we have been under enormous pressure to treat higher numbers of patients without any increase in staff numbers or resources.

In my locality, the resulting decision to switch some patients from compression bandaging to two-layer hosiery kits has been invaluable. Not only has it reduced the time it takes to apply compression, it has also helped our patients to self-care. This encourages independence, reduces the cost of treatment and allows us to better manage the busy winter period.

**SHOULD I USE A ‘STEP-DOWN’ APPROACH?**

VENUS IV, a recent, randomised controlled study (Ashby et al, 2014) showed that two-layer compression hosiery is a viable alternative to four-layer compression bandaging for the treatment of venous leg ulcers, achieving equivalent healing rates at lower costs and with lower rates of recurrence.

Traditionally, four-layer bandaging was used to deliver compression to heal venous leg ulceration, and once healing was achieved, patients were ‘stepped-down’ into hosiery to maintain healing.

However, the VENUS IV trial shows that patients with low exuding venous leg ulcers on a healing trajectory can be managed using two-layer hosiery kits before healing is achieved (Figure 1). The trial found that there was no
In practice…

An example from my practice was the case of a male patient who required compression due to a small/superficial non-healing venous ulcer. He was in full-time employment and found it extremely difficult to attend the GP surgery twice a week for compression bandaging. After a consultation with him, I decided to implement a simple wound and skin-care regimen alongside two-layer compression hosiery. Initially, he attended the surgery once a week for treatment and was able to self-care between visits. This proved extremely successful and after two weeks he chose to self-care exclusively and only attend the clinic for reassessment and follow-up. Four weeks later, his ulcer was completely healed and he continued to perform his own skin-care regimen and apply compression hosiery.

to make because of the winter crisis have led to improved care delivery and are worthwhile continuing in the future, e.g. the use of leg ulcer hosiery kits and the stepped-down approach. Certainly, in my locality this approach has had enormous benefits, not only for patients and clinicians, but also for the overstretched local health economy.

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REFERENCES