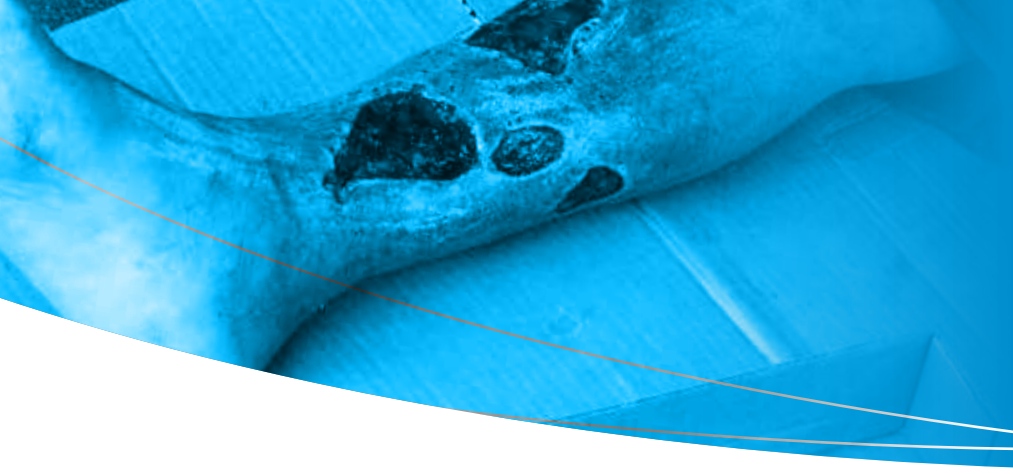

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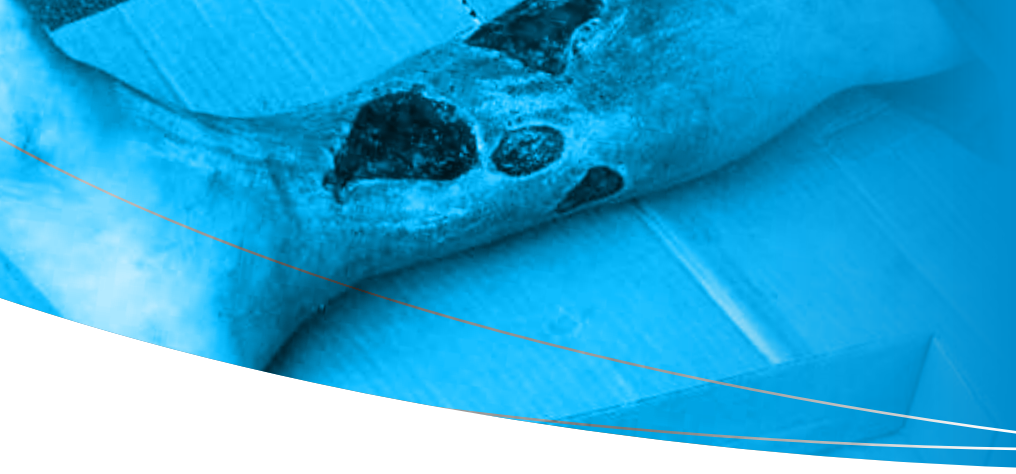
GENERAL PRACTICE SUPERVISION AUSTRALIA

# Leg Ulcers

Leg ulcers are highly prevalent in the Australian community, and a frequent presentation to general practice. While 70 per cent of chronic leg ulcers are due to venous insufficiency, there are multiple other causes, and they are frequently of mixed aetiology. International guidelines recommend that best care comprises 1. evaluation of aetiology, 2. treatment of underlying cause, 3. wound management, and 4. ongoing monitoring. Chronic leg ulcers are commonly managed in combination with the practice nurse. There is evidence of deficiencies in general practice management of leg ulcers - this is likely to be even greater for GP registrars who will have had limited experience managing such problems.

| | | |
|---|---|---|
| **TEACHING AND LEARNING AREAS** | | • Risk factors for leg ulceration<br>• Differential diagnoses of leg ulcers (venous, arterial, neuropathic, diabetic, pressure, vasculitic, malignant) and key features on history and examination<br>• Investigations, including ABI, Doppler USS, swabs and biopsy<br>• Options and indications for dressings<br>• Indications for specialist referral and appropriate pathways |
| **PRE- SESSION ACTIVITIES** | | • Read the AFP article Management of venous leg ulcers in general practice – a practical guideline |
| **TEACHING TIPS AND TRAPS** | | • Describe leg ulcers using a formal structure e.g. TIME, and use serial digital photography to monitor progress<br>• Do not take a swab or use antibiotics for the management of a leg ulcer without clinical infection (ASID Choosing Wisely recommendation) - there is no evidence that routine use of oral antibiotics in the absence of cellulitis improves healing rates of chronic venous ulcers<br>• Diabetic foot ulcers are serious and require urgent management<br>• Compression therapy is the standard of care for venous ulcers and chronic venous insufficiency<br>• No specific dressing product is superior for reducing healing time in venous ulcers - dressings should be selected according to clinical assessment, cost, access and preferences<br>• Consider biopsy in patients with a non-healing or atypical leg ulcers<br>• Ask the practice nurse to discuss common dressings with the registrar |
| **RESOURCES** | **Read** | • Australian and New Zealand Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers<br>• 2010 AAFP Article Diagnosis and Treatment of Venous Ulcers<br>• MJA 2006 article - General practitioners' experiences of managing patients with chronic leg ulceration<br>• Therapeutic guidelines: Ulcer and wound management |
| | **Watch** | • Compression Therapy for Venous Ulcers |
| | **Listen** | • 2019 NPS MedicineWise podcast Ulcer and wound management guidelines |
| **FOLLOW UP & EXTENSION ACTIVITIES** | | • Registrar to undertake clinical reasoning challenge and discuss with supervisor |



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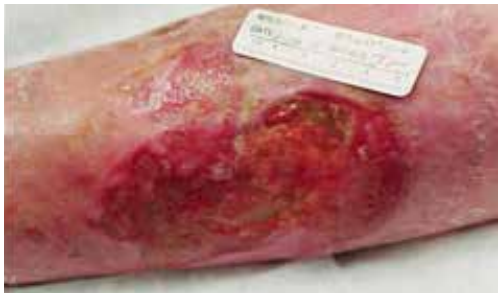
# Leg Ulcers

## Clinical Reasoning Challenge



Brian Burford, aged 73, presents to you with an ulcer on his leg (pictured). The ulcer is on the medial aspect of his lower leg and has been present for a couple of months. Brian lives alone and he has been managing it with betadine at home until now. It is painless and slowly getting bigger. Brian has well-controlled hypertension and COPD, but no other significant medical problems.

QUESTION 1. What is the single most likely cause of Brian's leg ulcer?

QUESTION 2. What other causes of leg ulcers needs to be considered? List as many as appropriate.

QUESTION 3. Examination is unremarkable apart from the ulcer. What are most appropriate investigations to perform at this stage? List up to THREE.

1.

2.

3.

QUESTION 4. What the key aspects of management of Brian's ulcer? List as many as appropriate.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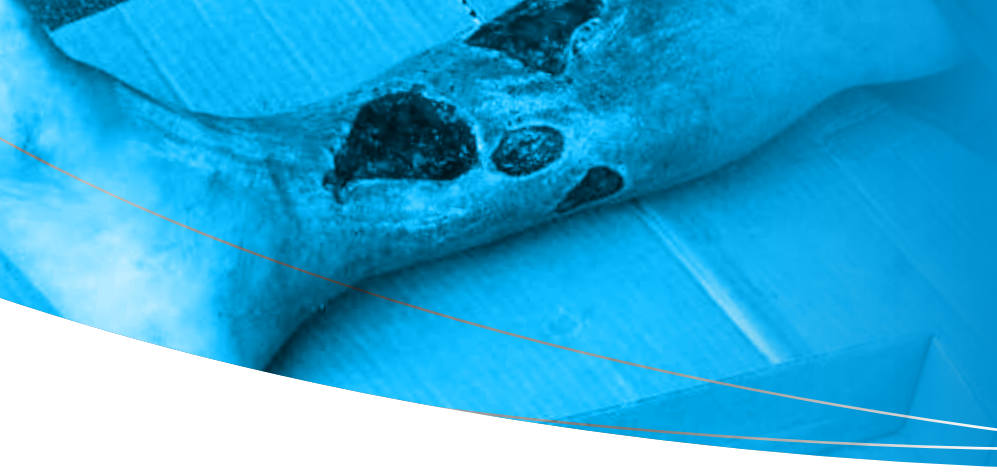

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# Leg Ulcers

## ANSWERS

QUESTION 1

What is the single most likely cause of this leg ulcer?

- Venous (stasis) ulcer

QUESTION 2

What other causes of leg ulcers needs to be considered? List as many as appropriate.

- Arterial ulcer
- Neuropathic ulcer
- Diabetic ulcer
- Pressure ulcer
- Vasculitic ulcer
- Malignancy
- Atypical infection

QUESTION 3

Examination is unremarkable apart from the ulcer. What are most appropriate investigations to perform at this stage?

- ABI/venous Doppler studies
- Swab not usually helpful - Do not take a swab or use antibiotics for the management of a leg ulcer without clinical infection (ASID Choosing Wisely recommendation)

QUESTION 4

What the key aspects of management of Brian's ulcer? List as many as appropriate.

- Compression and elevation of the leg
- Dressings
- Adequate nutrition
- Regular review and referral if not resolving
- Psychosocial support


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