

## Management

### Primary Care management includes

- A co-ordinated multidisciplinary team approach is essential (including practice nurses, district nurses, general practitioners, dermatology specialist nurses, and vascular teams)
- Use the Croydon wound care formulary as a guide
- Clean with water. If surgical debridement is necessary, a topical anaesthetic may reduce associated pain
- Apply a low-adherent dressing
- Use compression bandaging (only after Doppler U/S assessment has been performed).
- Antibiotics should be used only if there is evidence of cellulitis or active infection
- Reassess ulcers after 12 weeks and every 12 weeks thereafter until healed
- Prevent recurrence of ulcers with compression stockings for at least 5 years
- Written patient information should be provided when available

### Specialist management includes

- Superficial venous surgery
- Skin grafting

## When to refer

### Emergency [discuss with on-call specialist]

- Acute ischaemic changes because of compression bandaging

Refer if suspected malignancy, or if the diagnosis is uncertain (e.g. if the ulcer is not healing or has an atypical appearance or distribution). Refer complications such as non-healing ulcers after 12 weeks of adequate treatment. Consider referral for healed ulcers, with a view to venous surgery if appropriate

### Urgent out-patient referral [liaise with specialist and copy to CAS]

- Suspected arterial ulcer: refer people with an ABPI less than 0.5 urgently.
- Suspected malignant ulcer, a rapidly deteriorating ulcer, or diagnostic uncertainty: an atypical appearance or distribution of ulcers may require biopsy by dermatology
- Suspected rheumatoid ulcer, or ulcers associated with systemic vasculitis

### Refer to CAS

- Suspected arterial ulcer: refer people with an ABPI of less than 0.8 for further assessment of arterial disease.
- People with diabetes with an ulcer on the foot
- Non-healing ulcers after 12 weeks of adequate treatment
- Consider referral for healed ulcers, with a view to venous surgery if appropriate

### Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.