Compression therapy for venous leg ulcers

NHS Centre for Reviews and Dissemination

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Authors' objectives
This report summarises the results of research on the effectiveness of different forms of compression in the treatment of venous ulceration; on interventions to prevent recurrence; and on methods of diagnosing venous ulceration.

Authors' conclusions
Venous leg ulcers are a major cause of morbidity, especially in older people. There is wide variation in practice, and evidence of unnecessary suffering and costs due to inadequate management of venous leg ulcers in the community.

Routine application of high compression therapy using one of a number of systems such as 3-, or 4-layer or short stretch bandages, Unna’s boot or compression stockings, possibly with the addition of intermittent pneumatic compression, can significantly improve healing rates.

Use of compression stockings should be encouraged to prevent the recurrence of venous leg ulcers. However, there is little evidence to support the use of drug therapy using stanozolol or oxerutins.

Patients with arterial disease are not suitable for high compression therapy. Arterial disease can be diagnosed more accurately if highly trained operators measure the ratio of ankle to brachial systolic pressure (ABPI) rather than feel for foot pulses alone.

Community nurses should be adequately trained in leg ulcer management, including patient assessment and bandage application.

The issues raised in this bulletin should be discussed with providers of primary care and community nursing services and relevant hospital specialists so as to co-ordinate services, ensure adequate nurse education and establish systems to monitor standards of care.

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