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 65.9%. Patients had no dedicated follow-up service at this time.

25% - 65% of ulcers will reoccur within one year. (Moffatt and Dorman 1995)

Ruckley(1998) demonstrated in a study of 300 patients monitored over 3-5 years, 19% - 32% recurred during this time with leg support, as opposed to 69% 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.

Method

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 practice based staff.

The pathway has been integrated into Hampshire PCT and Southampton City PCT leg ulcer guidelines. Alongside this a one day training programme for all staff was developed covering essentials of skincare, hosiery 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 bandages play an important role and hosiery treatment kits are another option where the limb is well shaped with no ulceration or small, low-exuding areas.

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

Results

We have trained 80 community and practice based staff in how to manage well legs. Following evaluation, the most valuable part of the training was the skincare 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 2008 well leg audit demonstrated there had been a dramatic reduction in leg ulcer recurrence rates from 65.9% 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 training.

The future developments for the clinic include opening another well leg clinic in a different location in the Trust and to provide transport, enabling equity of 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.

References

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Eastleigh & Test Valley South PCT 2005 Leg Ulcer Audit
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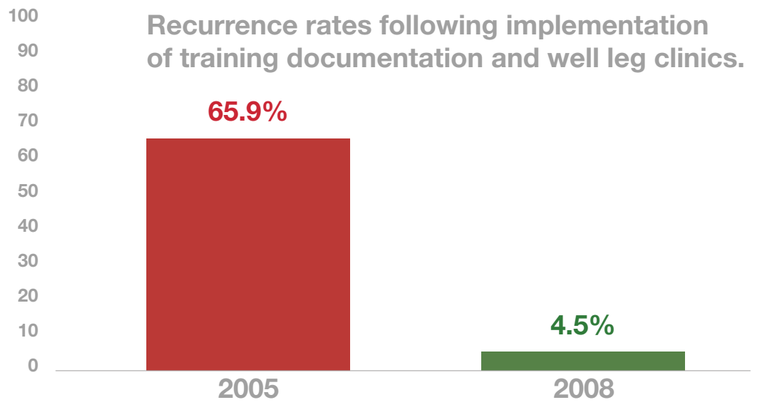
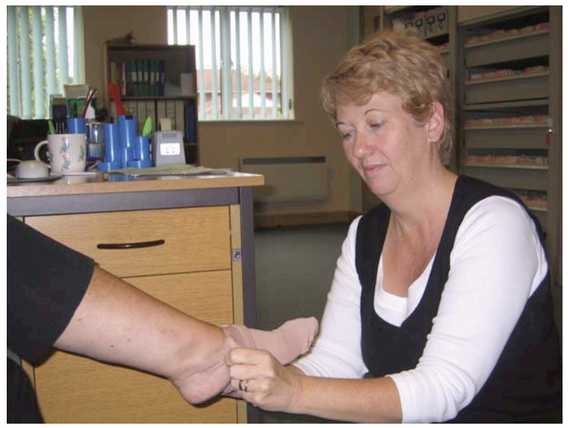
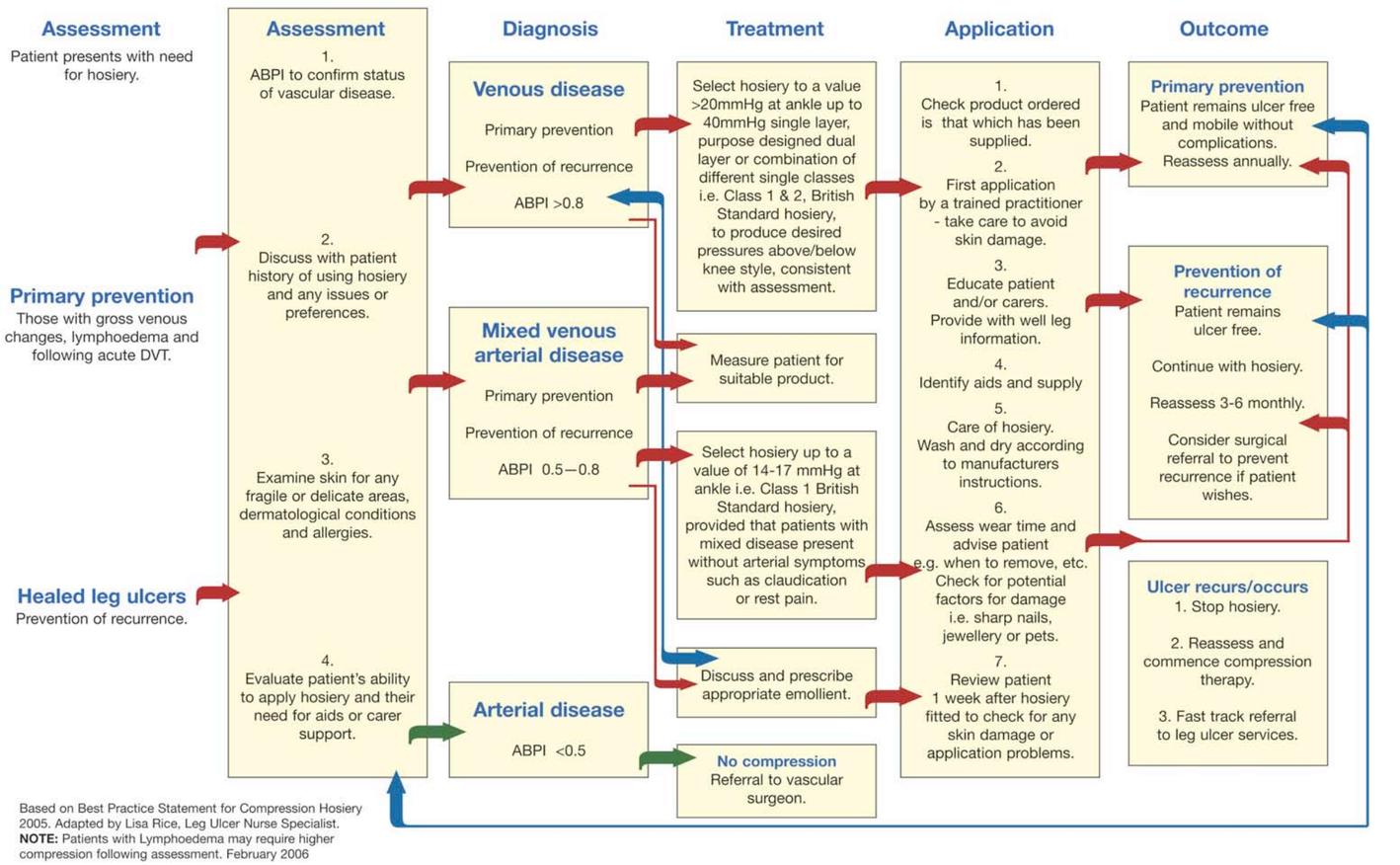
Ruckley, C.V. 1998 Caring for patients with chronic leg ulcer BMJ 316: 407-408





Well Leg Pathway



Based on Best Practice Statement for Compression Hosiery 2005. Adapted by Lisa Rice, Leg Ulcer Nurse Specialist.
NOTE: Patients with Lymphoedema may require higher compression following assessment. February 2006

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