



A Patient Guide to Self Care of Mixed Aetiology Leg Ulcers

Why did my skin breakdown?

Leg ulcers are a problem that is already established under the skin, and just waiting for an opportunity to break out. People often believe that a knock or bite is responsible for their ulcer. This is only partly true, as the knock was the opportunity for the ulcer (already and waiting) to open.

There are several different reasons why an ulcer occurs, but it is primarily caused by a poor arterial and venous blood supply to the legs and this leads to a type of wound called a "mixed aetiology leg ulcer"

What is a mixed aetiology leg ulcer?

A mixed aetiology ulcer is caused by arteries and veins not working correctly. Blood is rich in oxygen and nutrients. This is needed to keep the skin and muscles in good condition.

Arteries transport blood away from your heart towards your lower limbs. They are normally healthy and elastic. After time, the arteries can become damaged. The damage is to the lining of the artery and narrows it. It is a bit like the scale that builds up on the element of a kettle. In time this deposit gets harder. As this narrows the artery, it reduces the amount of blood getting through.

A main cause of damage is bad fat in the diet, sometimes referred to as cholesterol. Cigarette smoking causes narrowing of the arteries and if this is stopped, the process slows down. However, sometimes arterial problems may be hereditary.

Veins normally carry blood away from your feet, when you walk or when you put your feet up in the evening. Each of these veins has small sets of valves that prevent the fluid in the blood from returning down to the feet. After time, the valves cease to function effectively and fluid is allowed to pool in the feet which is why feet often swell.

A cause of damage may be due to varicose veins, a deep vein thrombosis or being overweight and/or a lack of exercise. However, sometimes venous problems may be hereditary.



Can I walk around while I have an ulcer?

Plenty of exercise is good as it reduces the bad fat in the body and encourages your heart and calf muscles to pump blood down and up your legs. However, when you sit down in a chair, you should have your feet raised as much as possible as this enables blood to go back to your heart.

How can the ulcer be healed?

There are many reasons why a leg ulcer does not heal quickly. Your healthcare professional will be able to advise you on treatment, diet and mobility. The quickest way of healing is by use of a moderately tight bandage called "reduced compression therapy". However, before compression can be used, assessment will be required with a small hand held, machine called a Doppler. This provides details of how effective the arteries are within your legs.

You may be advised to see a hospital consultant as there are methods of improving your arterial and venous blood supply- usually as an out patient, but sometimes an operation is required.

How can I reduce pain in my ulcer?

Pain is not always straightforward, and your nurse will need to investigate why you are suffering pain and then can provide you with appropriate advice.

There are dressings that can reduce pain. Pain may also be reduced following the application of moderately tight bandage.

A Healthcare professional can recommend special tablets that may help you.

Can I care for my own ulcer?

Yes, you can. Your healthcare professional can give you support in teaching you and/or a friend or relative in how to care for your wounds, what to look for and when to ask for help. Your nurse may wish to still see you weekly to ensure that your wound is progressing well, and to see if you require a different dressing.

A few simple exercises repeated 10 times every hour will help, such as

- rotating your ankle in a circular motion, then up and down
- bending the knees, support yourself with a chair, bend gently up and down on your toes
- wiggle your toes

Will the ulcer return once it has healed?

This will depend on the amount of blood flow to and from the legs. You may require further ongoing assessments every three to six months.



For more information on mixed aetiology leg ulcers or any other type of wound, please contact:

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