Patient Information



Lower limb therapy and well leg service

The lower limb therapy service provides specialist treatment to patients with venous leg ulceration. Lower limb clinics are run in 12 locations throughout the area. Upon initial contact with our service you will receive an initial holistic assessment of your legs and ulcers. Depending on the outcome of this assessment, you will either be offered follow up appointments with us for the relevant ongoing care, or will be referred to an appropriate alternative speciality. Compression therapy makes up a key part of the treatment that we provide. There is more detail on this later in this leaflet.

Once you have completed your treatment with the lower limb therapy service, you will be offered a referral to our well leg service. This includes a 3-6 monthly follow up, during which we will re-assess your legs and supply you with new compression garments.

Who is eligible to use the service?

- The lower limb therapy service is available to adults (over 18) who have been referred by a healthcare professional.
- To be eligible for the service you will have an open wound to your lower leg which has not healed within 2 weeks of treatment in a primary care setting (i.e. your GP surgery).
- If you had a previous venous leg ulcer which has recurred, you can be referred back to our service by a healthcare professional, family member, carer or you can self-refer.

Details of how to access the service

Initially, you will require a referral to the service by a healthcare professional, for example your practice nurse or community nurse. Once you have been seen by our service you can re-refer yourself if your ulcer has re-developed or if you have a new ulcer. Please telephone **01404 540556** in this instance.

Is equipment or special clothing needed?

Please wear loose fitting legwear when attending appointments. We will need to access both of your legs at your initial assessment, even if you only have an ulcer on one leg. We will also need to be able to easily access your arms to check your blood pressure. We recommend compression bandaging for a lot of our patients, which can be a little bulkier than socks, so please consider bringing footwear that will accommodate a bandage. If you do not have any appropriate footwear to wear with bandaging, please let us know so we can supply you with a special shoe.

Where to go for the service and how to find it?

You will be treated at one of the Royal Devon Healthcare NHS Foundation Trust's Eastern lower limb therapy clinics. These are run at the following locations:

- Franklyn House (Exeter)
- Whipton Hospital (Exeter)
- Exmouth Hospital
- Ottery St Mary Hospital
- Honiton Community Hospital
- Sidmouth Hospital
- Axminster Hospital
- Seaton Hospital
- Culm Valley Integrated Centre for Health (Cullompton)
- Tiverton and District Hospital
- Crediton Hospital
- Okehampton Hospital
- Mortonhampstead Hospital

We will usually offer you an appointment at the clinic closest to your home, however, you are welcome to attend another location if it is more convenient for you.

Getting here

Parking facilities and charges will vary depending on which clinic site you attend. If you have any queries regarding this or require directions, please discuss this with a team member at the time of booking your appointment.

Please let the team know if you have any transportation issues or if you are unable to make it to an appointment, as they may be able to offer additional advice and support.

When is the service available?

Our clinics are generally run between the hours of 08:30 and 17:00 Monday to Friday, however not every clinic is open on every day. Each of our clinics will have different opening days/hours throughout the week.

Our service is contactable between the above hours on **01404 540556**. Please leave an answerphone message if there is no answer.

Unfortunately, we cannot offer weekend appointments.

Is there a waiting time?

We endeavor to see as many patients as possible within 2 weeks of referral. Unfortunately, this is not always possible due to the number of people accessing our service. Please be reassured that we work hard to see all of our patients as quickly as we possibly can.

How often do they need to attend?

Most of our patients get seen either once or twice a week, depending on their clinical need.

There are some instances where it may be clinically appropriate for you to self-manage your wound between appointments, should you wish to do so. This could mean that you would not need to attend the clinic so frequently. Please discuss this with your nurse if this is something you would like to consider.

Do you need to bring any documents?

For your initial appointment please bring any information on your medical history and any medications that you are taking. It would also be helpful to bring any compression hosiery/garments that you usually wear.

Who to contact if you cannot attend?

If you are unable to attend your appointment for any reason, please phone **01404 540556**. If there is no answer, please leave an answerphone message.

What is a leg ulcer?

A leg ulcer is an area of broken skin below the knee that has been present for more than 2 weeks and is not healing. There are many different causes of leg ulcers, but usually an ulcer can be categorized into a venous ulcer, an arterial ulcer or a mixed ulcer.

Venous leg ulcer:

This is caused by poor blood return from the legs back to the heart. The veins in the legs carry blood back to the heart with the help of the calf muscle 'pumping' during exercise/walking. The veins also have a one-way valve to ensure the blood flows upwards towards the heart. Damage to your veins and to these valves in the veins can lead to the blood 'pooling' in your legs rather than being pumped back to the heart. As a result, the pressure in the veins increases, which can lead to swelling of your ankles and leg, pain, aching, itchy skin, and colour changes to your leg. Eventually, a leg ulcer can occur.

Arterial ulcer:

This is caused by poor blood supply getting to your legs. Your arteries supply blood down to your legs and feet. If these arteries become narrowed or blocked, the blood circulation will be reduced and the leg will not receive the nutrients and oxygen it needs to stay healthy. This will lead to the skin breaking down into an ulcer.

Mixed ulcer:

This is caused by having elements of both poor blood return and poor blood supply to the legs.

Treatment at the Lower Limb Therapy Clinic:

At your first appointment you will receive a holistic lower limb doppler assessment. During this appointment you can expect the following:

- We will take a full history of your medical conditions and any previous/current problems with your legs.
- We will ask you to sit with your legs elevated and will check the blood pressure in both your arms and your legs. We will compare your leg readings to your arm readings to assess how well you blood is flowing to your legs.
- We will listen to the pulses in your feet using a handheld doppler ultrasound machine. This will give us more information about how healthy your arteries are.
- We will examine your legs and your ulcers for signs and symptoms of both arterial and venous problems.

The above assessment will help your nurse determine the cause of your ulcer. If you have either a venous ulcer or a mixed ulcer, we will usually recommend compression therapy to treat your ulcer. Compression therapy helps to improve the return of the blood back up the leg by offering support to your calf muscle and to your damaged valves. When treating ulcers, this will usually be in the form of a compression bandage or hosiery kit. Many venous and mixed ulcers will not heal until compression therapy is commenced. If we identify that you have an arterial ulcer, it is not safe or appropriate to apply any compression. We usually refer patients with arterial ulcers on the be assessed by a vascular specialist.

What are the benefits of compression therapy?

- Help heal your ulcer
- Help the blood flow the correct way
- Reduce swelling (oedema) in your legs

- Help reduce pain in your leg
- Help reduce itching of your skin

What are the risks of compression therapy?

Compression therapy usually will not cause you any problems. It is however very important that if you experience any of the following symptoms, you remove the compression bandage and contact the clinic or out of hours service without delay, as this can be a sign that something is not right:

- Pins and needles/tingling in your toes
- Blue, pale white or dusky coloured toes
- New or unusual pain in your leg, foot or toes
- Numbness or reduced sensation.
- Excessive itching, burning or irritation
- Slippage of the bandage or if you think it may be digging into your skin.

If you do not experience any of the above symptoms, it is important that the bandage is left in place just as the nurse applied it. Altering your dressings/bandages can cause further problems and may delay wound healing.

When your ulcer heals

If you have had a venous or mixed leg ulcer, it is important to continue with compression therapy long term, even once your wound has healed. Unfortunately, any damage present in your veins is irreversible, so you will require ongoing compression to your legs to prevent recurrence of your ulcer or any other skin problems. There many types of compression hosiery/garments available through our service - your nurse will be able to discuss the best option for your individual needs. There are also different tools/aids to help you apply/remove your hosiery, so please discuss this with your nurse if this is a concern for you.

Once your ulcer has healed and we have supplied you with your maintenance compression garments, we will discharge you from the lower limb therapy service but will offer you a referral on to our well leg service. Under the well leg service, you will be invited to a follow up appointment every 3-6 months to re-check your legs and order you new compression garments. We strongly advise you attend these appointments as your garments will usually lose some of their support/elasticity after 6 months and will become less effective. This will also allow us to closely monitor the health of your legs and identify any new problems early

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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