Looking after himself now: a leg ulcer patient's journey back to health

KEY WORDS
- Body Mass Index
- Lindsay Leg Club Foundation
- Self-care
- Venous leg ulcer
- Wound healing journey

After an accident at work, Martin Andrews developed a venous leg ulcer with serious complications. However, due to a very long but ultimately successful leg ulcer treatment, he has now healed and cares for his legs himself — a situation he and the staff who used to look after him are profoundly, and rightly, proud of. Patients need to play a central role in their own healthcare, as it improves their experience and satisfaction, and yields enhanced clinical and economic benefits. With the ever-decreasing availability of trained healthcare professionals, and the rising prevalence of chronic wounds (Guest et al, 2017), it is now more important than ever that patients are encouraged to take a leading role in their own health care.

It all started when Martin Andrew, aged 49-years old with a job caring for disabled persons, had an accident at work. In September 2012, he tripped over a flower plant pot, which then fell on him and grazed his leg. After the initial shock, it did not seem too bad at first. However, Martin is, by his own admission, *'a big chap'*, and soon after the accident, the wound was recategorized as a leg ulcer and he was referred to his local Leg Ulcer service. Martin's weight increased the pressure in the veins of his legs and affected his mobility, putting him at increased risk of developing leg ulcers (Parker et al, 2015). The majority of leg ulcers are caused by a problem with circulation in the legs; an inefficiency of the venous system to return blood back to the heart (NHS, 2019) can contribute to the development of a venous leg ulcer. At first, Martin's ulcer on his left leg was the size of a 50 pence coin, so he tried to carry on as normal, but it started to spread, circumferentially, around his leg. Then his right leg became red and started to swell up, so Martin had to be seen by A&E. His leg ulcer had not healed after 4–6 weeks, turning into a chronic, long-lasting, open wound. In December 2012, the wound became infected — with odorous exudate running into Martin's shoes. Due to the infection the Doppler assessment and compression therapy had to be delayed. The exudate and odour made it impossible for Martin to carry on with his job and interfered with all his other daily tasks. He describes the wounds on his leg *'like a dog that had bitten me'*.

SPENDING TWO YEARS IN A TUNNEL—LIFE AT ITS WORST

At this stage, everyday activities became a struggle. Sleeping, washing, walking, driving and going out were all difficult. The exudate and blood leakage from the wound spread everywhere and the smell made it impossible to be around other people. Martin developed insomnia: did not go to bed and napped in a chair — all of which contributed to making the leg ulcers worse. Worst of all was the unremitting pain Martin experienced, which led to depression, and was treated with Oramorph and Amitriptyline. Pain became one of the hardest challenges — and, oddly enough, it was the pain from wounds on his small toes that caused him the greatest agony.

LIFE STYLE CHANGES AND BARIATRIC SURGEY

The non-healing of Martin's leg ulcers was largely attributed to his increased body mass index and the fact that he smoked 20–30 roll ups per day.

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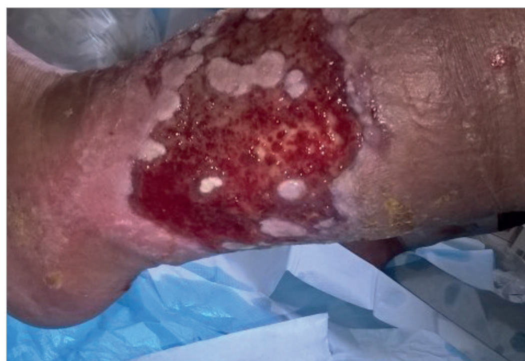

Figure 1. Left leg ulcer, taking after his stay at the hospital, February 2016

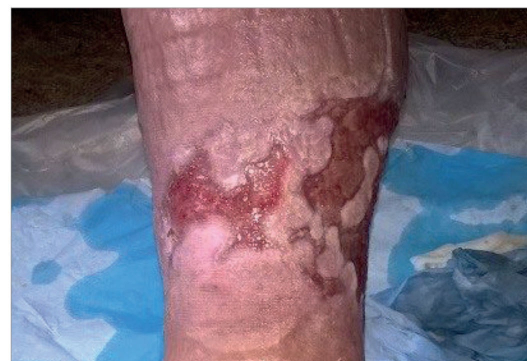

Figure 2. Left leg ulcer in April 2016 — clear signs of progressive wound healing

His GP practice asked Martin to stop smoking and he was put on a 1,500-calorie diet, before undergoing bariatric surgery in February 2014, resulting in much needed weight loss. At this stage, his local GP practice cared for Martin on a daily basis, including home visits from District Nurses at the weekend. For additional monthly treatment and regular debridement, Martin was referred to the Tissue Viability Clinic in Bournemouth. The management and treatment of his wounds included:

- Pain control
- Surgical debridement
- Oral antibiotics
- Compression bandages
- Regular dressing changes.

DEVELOPING CELLULITIS

In December 2015, Martin developed cellulitis — an inflammatory skin condition with an infectious origin, classically presenting itself through erythema, swelling, warmth, oedema and tenderness over the affected area (Atkin, 2016). Martin's cellulitis affected both legs, which is rare, with the blisters spreading passed his knees into his hips. He spent 12 days in hospital. The condition places a significant burden on the NHS, both in terms of costs and resources: lower limb cellulitis accounted for over 55,000 hospital admissions in England during 2011–12 (Health and Social Care Information Centre, 2013). At the hospital, some of Martin's medication, including diuretics, was changed and he was given intravenous antibiotics. Martin felt that during his stay in hospital *'the infection was flushed out of him ... the wounds started to granulate and heal ... I was sprouting a new leg'.*

TURNING HIS LIFE AROUND

Once discharged from hospital, and initially still immobile, Martin was put under the care of District Nurses. Their first initiative was to arrange for his bed to be taken downstairs so he no longer had to sleep in a chair. They visited him daily, soaking his legs in potassium permanganate baths and changing his dressings. His progress was recorded, with the size of wounds being regularly measured, and the granulation process documented. He received oral antibiotics and an attempt was made to find the emollient best for his skin. Very swiftly, Martin saw improvement in the wound area itself and the surrounding skin, with healthy granulation tissue progressing upwards, gradually filling the wound and providing a surface for the migration of new epithelial cells *(Figure 1 & 2)*. The slough and exudate had completely disappeared as well as the strong, overpowering odour. The District Nurses played a big part in helping Martin improve his life style and take ownership of his wound healing journey. They helped him break the negative cycle caused by pain, odour and poor mobility, which can lead to depression. Once Martin was mobile and started feeling better, he was assigned back to his local GP practice for dressing changes 3 times a week.

A NEW LIFE LINE — BECOMING A MEMBER OF THE LEG CLUB

The Practice Nurses had made Martin aware of a, then new, initiative developed by the Practice

Nurses and local community, helping people with lower limb problems — the Lindsay Leg Club. Once Martin was mobile and could attend, he became a foundation member of his local Leg Club, which gave him a life line. Here people had similar experiences and dedicated nursing staff focussed not only on delivering best clinical practice but also providing an environment that makes wound healing a holistic experience. It is this enhanced social component that makes a positive difference to patients, breaking the cycle of poor compliance to treatment and low healing. As Martin points out, at the Leg Club *'You can talk to people who are going through the same thing. They are on the same journey that you're on. No matter what age you are — whether you're in your 20s or 50s ... we're a mixed bag. And the nurses are absolutely fantastic — they are heroes.'*

MARTIN'S SELF-CARE ROUTINE

Initially, Martin attended the Leg Club on a weekly basis where the nurses helped him develop a self-care routine. Once his ulcers had healed, in August 2016, Martin went into hosiery and has been free from ulcers since. Yet he hasn't forgotten his 7-year long wound journey and continues to help other patients by talking about and sharing experiences. His current self-care routine includes:

- Maintaining a healthier weight (he has lost 7 stone since his bariatric surgery)
- Keeping active by driving an automatic car for ease
- Walking — now without a stick
- Showering daily
- Elevating his legs in a recliner to drain his leg (2–3 hours a day)
- Wearing well-fitting shoes
- Using an emollient frequently (every other day)
- Examining this legs and feet regularly for broken skin, blisters, swelling or redness.
- Wearing surgical stockings from first thing in the morning
- Attending the Leg Club once a month within the 'Well Leg' regime.

CONCLUSION

The interventions at the hospital to treat Martin's obesity and cellulitis combined with the positive attitude of healthcare staff at his GP practice, the District Nurses, and the Leg Club all helped Martin to get better. Recalling Martin's journey attempts to show the impact living with a leg ulcer has on an individual. It is meant to raise awareness of the suffering leg ulcers cause, which should be the biggest concern of all healthcare professionals when caring for patients with lower limb ulcers. Importantly, patient involvement in their healthcare improves their experience and satisfaction and yields enhanced clinical and economic benefits (NHS England, 2019). The degree to which a patient wishes to be involved varies, and there may be some barriers, such as age, underlying disease and health literacy. The Lower Limb Ulcer stream of the National Wound Care Strategy Programme and charities such as Leg Matters and the Lindsay Leg Club Foundation all recognise that person-centred care is a vital part of providing successful treatment for people with problems relating to lower limb and chronic leg wounds (Academic Health Science Network, 2018). WUK

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