

# LEG ULCERS

## AUTHORS' BIOGRAPHIES

### Irene Anderson

**Irene Anderson is a Programme Tutor in Tissue Viability** at the University of Hertfordshire. She teaches on MSc and undergraduate tissue viability programmes. She also has an honorary contract as tissue viability nurse with Kensington and Chelsea Primary Care Trust in London and is Chair of the Leg Ulcer Forum.

### Pauline Beldon

**Pauline Beldon is Tissue Viability Nurse Consultant** for Epsom and St Helier Hospitals NHS Trust and a Trustee of Wound Care Alliance UK, a charity committed to the development of tissue viability education and service development for all those who work within that speciality.

### Jackie Steven-Haynes

**Jackie Steven-Haynes is Consultant Nurse and Senior Lecturer in Tissue Viability** for Worcestershire Primary Care Trusts and the University of Worcester, with responsibility for strategy and implementation of all aspects of tissue viability across the PCT and pre- and post-registration education at the University of Worcester.

### John Timmons

**John Timmons is Tissue Viability Nurse Specialist** in the Department of Tissue Viability, Aberdeen Royal Infirmary, Grampian Health Services, Aberdeen. He is also Clinical Editor of *Wounds UK* and was previously Lecturer in Postgraduate Nursing at Glasgow Caledonian University, where he taught ambulatory care and tissue viability.

## KEY POINTS

- ▶▶ Balancing work life with leg ulcer management can be difficult for many patients.
- ▶▶ Leg ulcer management must not be delayed.
- ▶▶ Patient assessment is compulsory before starting compression therapy.
- ▶▶ Leg ulcer assessment should include skin assessment.
- ▶▶ Minimise the risk of skin sensitivity by avoiding dressings and bandages which include latex, dye, or colophony.
- ▶▶ The nurse–patient relationship is vital in ensuring successful management of venous leg ulceration.
- ▶▶ Compression bandaging should be individually selected for each patient.
- ▶▶ Bandages need to be correctly applied in order to achieve the necessary gradient of pressure.
- ▶▶ Treatment of leg ulcers involves management of the ulcer as a chronic wound, together with management of venous hypertension using compression therapy.

