Managing the complexities of lower limb wounds — Mepilex® Up

RECOMMENDATIONS FROM A NATIONAL ADVISORY BOARD

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In November 2024, a National Advisory Board Meeting took place in Harrogate, UK. The meeting was attended by nine clinicians specialising in tissue viability, vascular and lower limb wound management. This was the first of three meetings focused on identifying unmet needs in the management of complex lower limb wounds, particularly highly exuding lower leg wounds and diabetic foot ulcers, which pose significant challenges for patients, clinicians, and healthcare systems. These concepts were refined in subsequent meetings and case studies presented.

Mepilex® Up, a highly absorbent and highly conformable foam dressing, was introduced as a versatile solution for managing the care of of complex lower limb wounds. The advisory board committed to assessing its effectiveness in their clinical settings, aiming to share their findings and refine strategies to overcome challenges in implementing evidence-based treatments for patients with complex lower limb wounds. Presentations of case studies were scheduled for upcoming meetings in early 2025.

Due to the multifaceted challenges presented by lower limb wounds, clinicians routinely experience difficulties in improving patient outcomes (Nair et al, 2024). It is, therefore, crucial to employ treatment and dressing options that not only address wound care needs (e.g. by providing high absorbency of wound exudate) but also facilitate the provision of long-term, effective, gold-standard compression therapy that is central in addressing underlying disease (e.g. venous hypertension in patients with venous leg ulcers [VLUs]). Furthermore, wounds that are in difficult-to-dress areas (e.g. between toes) or those with a high risk of infection (such as diabetic foot ulcers [DFUs]) require dressings that are easy to apply, highly conformable, and suitable for long-term use, while ensuring gentle yet effective wound coverage.

This publication aims to highlight the unique abilities of Mepilex® Up in meeting the challenges associated with lower limb wounds, offering practical solutions grounded in evidence-based advancements in wound dressing technologies.

These innovations support UK clinicians in delivering standardised care aligned with global and national guidelines (National Wound Care Strategy Programme [NWCSP], 2023; International Working Group on the Diabetic Foot [IWGDF], 2023).
Additionally, through case studies, this publication demonstrates how Mepilex® Up supports timely intervention, effective exudate management, consistent wound coverage, optimised compression therapy, and an enhanced quality of life (QoL) for patients.

Standardising the definition of lower limb wounds — an unmet need

Defining lower limb wounds

There are numerous terminologies currently in use for lower limb wounds. These include leg ulcers and foot ulcers. Clearly defining lower limb wounds is a crucial first step in understanding how lower limb wounds occur. **Figure 1** depicts these differences. The terminology 'lower limb wounds' includes both lower leg and foot ulcers. Lower leg ulcers (e.g. VLUs) originate below the knee on or above the malleolus. Foot ulcers (e.g. DFUs) occur below the malleolus. It is important for clinicians to use this standardised terminology to ensure accurate diagnosis and recordkeeping.

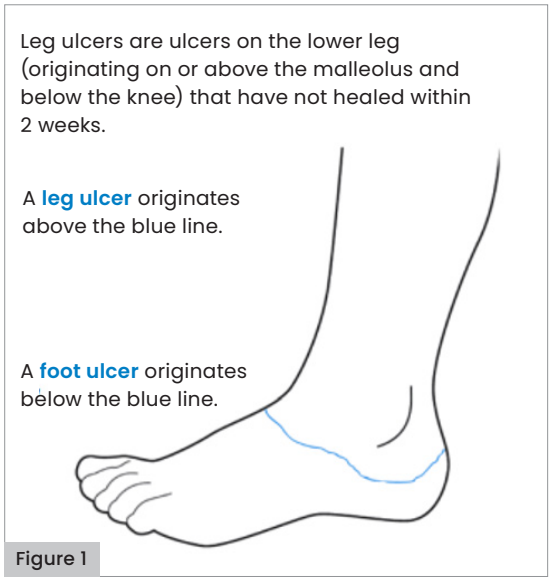

Figure 1: Lower limb wounds (adapted from Legs Matter, 2024).

Declarations

These meetings and report were supported by Mölnlycke Health Care.

All clinical images used in this publication have appropriate patient consent.

Defining leaky legs

In addition to ulcers (i.e. open wounds), the lower leg may also exude fluid without signs of an obvious area of ulceration. This is often referred to as leaky legs; fluid leakage occurs from the skin pores (Gardner, 2024). Leaky legs are a manifestation of disorders affecting lower limbs, such as acute oedema, lymphoedema or phlebolymphoedema (Gardner, 2024). Eventually, if left untreated, skin breakdown can occur, leading to an open wound. It is, therefore, important to recognise that both leaky legs and lower limb wounds can produce high volumes of fluid, and to identify the underlying cause.

In individuals with leaky legs but no visible loss of epithelial tissue, early screening to determine the underlying cause can help prevent leg ulcer development through timely intervention.Early recognition of the underlying pathology (e.g. lymphoedema, venous hypertension, or infection) is crucial to ensure appropriate management, such as compression therapy, and to prevent ulceration.

Challenges in managing lower limb wounds

The following statement accurately and succinctly highlights the complexities of the challenges that clinicians routinely face in managing patients with lower leg wounds: '*Legs are complicated — they swell, ulcerate, leak, change shape, colour and texture, often due to mixed and complex aetiologies*' (Wound Care Today, 2020).

It is important to note that the term 'mixed aetiologies' refers to the presence of multiple wound causes occurring at the same time (e.g. when a patient has both venous and lymphatic insufficiency). Therefore, it is crucial to use clear terminology when describing the healing impediment. For example, mixed ulcers that occur due to combined venous and arterial insufficiency (CAVI) should be described as 'CAVI ulcers' and not as 'mixed aetiology ulcers' (Nair et al, 2024).

Patients face many challenges and barriers in the management of their lower limb wound; these are summarised below.

The need for effective exudate management

Wounds produce exudate as part of the healing process. Once haemostasis has occurred, inflammation begins in the affected area. This inflammation leads to the production of fluid (i.e. exudate), which contains water, growth factors, inflammatory modulators, nutrients, and other biological materials.
These materials include cell debris, proteases, and components of the immune system (World Union of Wound Healing Societies [WUWHS], 2025). The primary function of this exudate is to ensure wound healing proceeds in a timely manner. If the inflammatory phase proceeds normally, exudate production decreases over time as the wound heals. However, in cases of persistent inflammation, such as in disorders that cause lower leg wounds **[Table 1]**, a high level of exudate continues to be produced. This excessive exudate inhibits healing and causes distress for the patient. It also creates significant challenges for clinicians in wound dressing and overall patient management. For more details, see **Case study 1** (Saghdaoui et al, 2023; Gardner, 2024; National Institute for Health and Care Excellence, 2024).

Several disorders and factors exacerbate inflammation (e.g. diabetes, immune system dysfunction, malnutrition, certain medications that impair healing), leading to a persistent, high level of exudate, the quantity of which may vary, depending upon the comorbidities; some of these conditions may also be present simultaneosly, especially in ageing patients (WUWHS, 2025). For example, ongoing inflammation in the lower leg tissues caused by venous hypertension, oedema, or lymphoedema can lead to high levels of exudate. This fluid builds up in the wound bed and surrounding tissues, often requiring frequent dressing changes (WUWHS, 2025). Furthermore, upon initiation of compression therapy — the gold standard treatment for several of the lower limb disorders listed in **Table 1** — wound exudate may initially increase, requiring a dressing that can manage varying fluid levels without compromising compression effectiveness and treatment continuity. This initial increase in exudate occurs due to the removal of the built-up fluid that has failed to return to blood circulation due to the underlying lower limb disorder (e.g. lymphoedema). Once compression therapy has removed this excessive fluid and improved circulation, the resultant decrease in inflammation helps to reduce wound exudate.

This variation of exudate quantity often makes it difficult for clinicians to select an appropriate dressing that can be applied throughout the wound healing journey.

The impact of gravity on exudate absorption

The way dressings absorb fluid varies: some may only absorb where there is contact; others may absorb at the point of contact but spread the fluid across the whole dressing. To allow for this, correct placement of the dressing is important. Many dressings manage fluid by allowing it to flow downward due to gravity — once absorbed, the fluid naturally moves to the

Key point:

Leaky legs should be recognised as a potential precursor to lower leg wounds. Early identification and management of the underlying causes, such as lymphoedema or venous hypertension, are essential to prevent ulceration. Clinician education on appropriate use of compression therapy is key.

Table 1: Lower leg wounds that produce high levels of exudate (Lee, 2020; Shi et al, 2020; Fletcher et al, 2024a; 2024b). Images copyrighted to: Mid Yorkshire NHS Trust; North Cumbria Integrated Care NHS Foundation Trust; London North West Healthcare NHS Trust).

Types of highly exuding lower leg wounds	Dressing-related challenges	Example images
VLUs (a symptom of venous hypertension)	High fluid retention in lower leg; wet/leaky legs; increased risk of skin breaks and infections; high levels of exudate if an ulcer is present	
Lymphoedema-related wounds	Swollen/misshapen legs; leaky legs; increased risk of skin breaks and infections	
A combination of venous and lymphatic insufficiency	Swollen/misshapen legs; increased risk of skin breaks and infections	
DFUs (pre-surgical DFU; a symptom of diabetic foot disorders)	Presence of infection, shape-related changes/ deformities, small spaces in which to place dressings can limit absorption	 
Post-surgical DFUs	Missing digits/deformed foot shape; hard-to-seal area	 

lowest point within the dressing.

As dressings absorb fluid and become heavier, they may slip or sag, compromising their position and effectiveness. This gravity-induced slippage can lead to areas of deficient wound coverage, exudate leakage, periwound skin damage and increased infection risk.

Poor dressing fit, particularly if the dressing rolls and is thicker in some areas, can also result in compression dose variation along the limb, and often causes patient distress (e.g. discomfort when walking, wet clothing, malodour), as well as increased clinician burden. Heavily saturated or bulky dressings compromise appropriate compression, require time-consuming re-adjustment and are often only identified at follow-up.

The need to adjust dressing size

Because lower limb wounds present in a variety of shapes/sizes, it is crucial that the dressing size can be adjusted as per patient need, wound size and exudate level. Superabsorbent dressings typically cannot be trimmed to size, leading to limited product options, increased waste, and potential discomfort for patients.

Furthermore, protection of the skin surrounding the wound is important to prevent maceration (Whitehead et al, 2017), which can occur if the dressing allows exudate to spill onto the skin.

The need for conformability

Clinicians managing lower limb wounds often face challenges due to the limb's shape and the wound's size and location, making it difficult to achieve an effective dressing seal. This is further complicated when the available dressing cannot be cut to achieve the size and shape that may be required for conformability. Therefore, there is a need to employ versatile dressings that are highly conformable and compatible with other treatments that patients with lower limb wounds require (e.g. compression therapy and/or offloading).

Dressing compatibility with compression therapy

Prompt and early compression therapy is the gold-standard treatment for major lower limb wounds, such as those associated with VLUs or lymphoedema (Conde Montero et al, 2020; Fletcher et al, 2024a). The NWCSP (2024) recommends initiating compression therapy on the leg as soon as possible: '*Those without red flag symptoms and at low risk of pressure damage over bony prominences…consider offering first line mild graduated compression (20mmHg or less at the ankle).*'

This first-line, low-dose compression therapy is the initial treatment of choice to prevent the wound from becoming non-healing. After completing a thorough patient and wound assessment and ruling out any red flags for higher levels of compression, the application of consistent and appropriate compression therapy is essential for both the prevention and healing of lower limb wounds (NWCSP, 2024). It is important to note that dressings must be fully compatible with compression therapy. As they absorb exudate, they must maintain their structural integrity and not compromise the delivery of the prescribed compression dose. Any interference with compression levels can hinder therapeutic outcomes and delay healing (Ward, 2021).

Due to the crucial role of compression therapy in the healing process, clinicians need effective dressings that support this treatment. These dressings must be easy to apply to swollen or distorted leg shapes and be capable of managing varying levels of exudate. Importantly, they should do so without causing maceration or creating high points of pressure, which can be seen as dressing-shaped indentations on the skin (Fletcher et al, 2024a).

Figure 2

Figure 2: The variety of leg and foot deformities in patients with lower limb wounds. **a)** a large, highly exuding lower leg fasciotomy wound showing considerable maceration at the edges. Image copyrighted to the North Cumbria Integrated Care NHS Foundation Trust; **b)** champagne bottle-leg shape in phlebolymphoedema (i.e. chronic venous insufficiency with secondary lymphoedema) highlighting the complexity for dressing and compression therapy. Image copyrighted to the Mid Yorkshire NHS Trust; **c)** a post-amputation DFU showing limited space in which to place the dressing. Image copyrighted to the North Cumbria Integrated Care NHS Foundation Trust; **d)** a post-amputation DFU with osteomyelitis demonstrating complex planes of the wound. Image copyrighted to the North Cumbria Integrated Care NHS Foundation Trust.

Dressing compatibility with offloading

The global prevalence and incidence of both obesity and type 2 diabetes is increasing (GBD 2021 Diabetes Collaborators, 2023; World Health Organization [WHO], 2024). Diabetes results in many foot complications, including sensory neuropathy (which alters sensory perception) and motor neuropathy (National Library of Medicine, 2024). Motor neuropathy

can cause weakness of the small muscles that maintain normal foot shape, resulting in a change to foot shape. The foot may develop a high arched shape with clawing of the toes (Pes cavus). In addition, the high prevalence of peripheral arterial disease, combined with sensory neuropathy, often leads not only to ulceration but also to minor amputations of toes or parts of the foot, resulting in altered or abnormal foot shapes (Reardon et al, 2020; Anwander et al, 2023; Fletcher et al, 2024b, see **Case study 2**). The amputations alter weight-bearing across the foot and deteriorate mobility and bone/joint functions (Anwander et al, 2023).

A key to reducing these DFU-related complications is the use of customised offloading devices alongside dressings that effectively manage wound exudate and reduce the chances of infection (IWGDF, 2023a).

The offloading devices must support the foot and minimise movement in order to prevent damage to the tissues by decreasing the impact of mechanical forces (pressure, shear and tension). As per IWGDF guidelines (2023b), '*Offloading is arguably the most important of multiple interventions needed to heal a neuropathic plantar foot ulcer in a person with diabetes*'.

To be effective, offloading devices must have intimate contact with the foot to best distribute the weight (i.e. load). Therefore, DFU dressings must conform well to the wound and have a very low profile to prevent changes to the internal pressure.

To support patient comfort, mobility, and the use of appropriate footwear, clinicians should use DFU dressings that are thin, highly conformable, and absorbent, as these minimise added pressure and mechanical load (Samuelson et al, 2021).

Dressing compatibility with patient needs

Bulky dressings may also negatively impact patients, including:

- Limiting footwear and clothing choices for the patients
- Interfering with life activities
- Reducing confidence and self-esteem
- Decreasing adherence to treatment
- Increasing the risk of falls.

Mepilex® Up — a tool for managing versatile wound aetiologies with varying levels of exudate and complex wound presentations

Mepilex® Up is an innovative, highly absorbent foam dressing designed to support clinicians and patients through effective exudate management, high conformability, low profile, minimal slippage during fluid absorption, and compatibility with compression therapy and offloading.

Mepilex® Up evidence base

Mepilex® Up currently sits within the high absorbency category as defined by the National Health Service (NHS) supply chain in their most recent framework agreement tender (Mölnlycke, 2025). It is a non-bordered dressing with a proprietary dimpled surface pattern. It offers an even spread of exudate in all directions, even against the gravitational force **[Figure 3]**. The even spread can help reduce exudate leakage and dressing slippage, and may lead to fewer dressing changes. Based on clinical judgment and established practice, Mepilex® Up may remain in place for several days without requiring a dressing change. Furthermore, with its low profile, it conforms well to difficult-to-dress areas of the body.

As previously mentioned, people with highly exuding lower limb wounds often have a diminished QoL. Regardless of their care setting or the nature of the wound (acute versus chronic), these patients should receive appropriate evidence-based assessment, diagnosis and care as recommended by the NWCSP (2024). Decisions should be tailored to the desired long-term outcomes. For example, if a patient has a highly exuding wound that requires daily reviews, using a highly absorbent dressing, such as Mepilex® Up, can help reduce

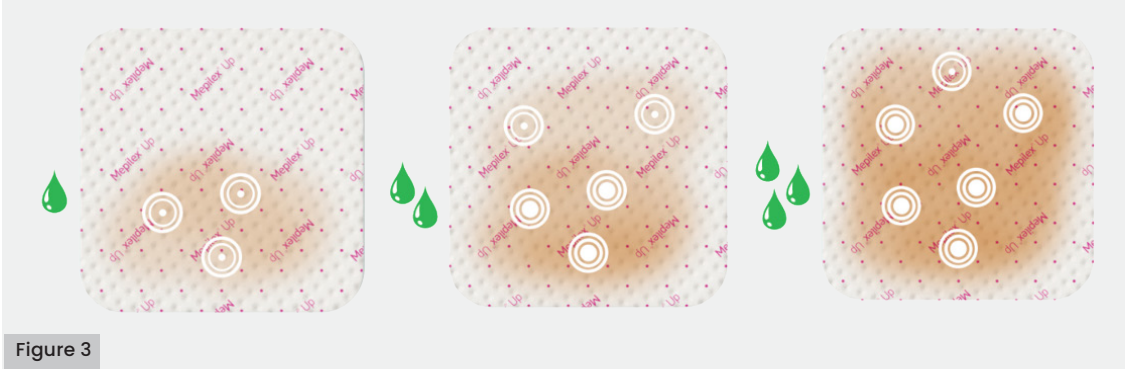

Figure 3

Figure 3: From left to right: Mepilex® Up provides even absorption of wound exudate, enabling it to work effectively against gravity and reducing the risk of leakage. This may decrease the need for frequent dressing changes and support improved patient quality of life and engagement.

Table 2: Characteristics of superabsorbent versus highly absorbent foam dressings for managing lower leg wounds.	
Superabsorbent dressings	**Highly absorbent foam dressings (e.g. Mepilex® Up)**
High conformability	Highly conformable to the leg, yet easily adaptable to localised wound areas
Suitable for highly exuding leg wounds	Suitable for highly exuding wounds due to high fluid management despite appearing smaller/slimmer in size compared to superabsorbent dressings
Cannot be cut to adjust to required size	Can be cut to adjust to the required size, improving tailored treatment and discrete wear
May be harder to maintain consistent compression therapy after application	Easier to ensure there is an evenly applied pressure during compression therapy
Will become heavier upon absorbing wound exudate; may slip down due to gravity	Designed to remain securely in place even as it absorbs exudate. Features a Silicone Safetac® interface that protects the periwound area, ensures secure adhesion, allows for easy application, and enables atraumatic removal
The gravity-induced slippage can cause areas of deficient wound coverage, which can compromise skin integrity and cause soreness	The even spread of absorbed exudate does not lead to areas of exposure, while also defying gravity's impact
The long-term cost of sub-optimal healing may be higher	May provide a cost-effective solution in the long-term by improving healing outcomes, reducing visits and freeing up clinical time
Copes with areas of high exudate but may stick on dry areas	Ability to cope with varying exudate levels and with wet and dry areas (e.g. within the same DFU), without sticking to the wound
Variable ease of removal	Easier removal (in the experience of the panel)
Further benefits of highly absorbent foam dressings include the following: • Can be used as a wound dressing when compression is not or no longer required • Can be applied with/without antimicrobials underneath the dressing.	

frequent dressing changes and improve a patient's QoL.

Impact of wound aetiologies on the choice of highly absorbent foam versus superabsorbent dressings

In addition to improved outcomes and greater ease of use compared to superabsorbent dressings, Mepilex® Up offers several advantages for managing patients with diverse lower leg wound types and presentations, see **Table 2**.

How to apply Mepilex® Up for highly exuding lower limb wound and DFUs

Mepilex® Up should cover the wound bed as well as the surrounding skin. The following steps may be useful in applying Mepilex® Up on highly exuding lower limb wounds and DFUs:

1. Assess the wound area and match it to the appropriate size of Mepilex® Up. Based on the panel's experience, managing a lower limb wound with compression therapy may require a larger dressing to minimise indentation and ensure effective exudate management.
2. Cut the dressing to adjust the size, if necessary.
3. Apply a barrier product to protect the periwound/surrounding skin, if needed.
4. For moderately to highly exuding wounds, regardless of wound size, the dressing should cover the surrounding skin by at least 5 cm in all directions to ensure effective periwound protection. The dressing may be cut to suit various wound shapes and locations.
5. If required, apply compression therapy over the dressing as per national clinical guidelines. For DFUs, follow the national clinical guidelines for offloading and long-term management.

Care must be taken to ensure the dressing size is suitable for each patient's needs (e.g. presence of oedema and indentation must be considered). **Case study 3** depicts how Mepilex® Up can support

Key point:

Mepilex® Up does not need to be applied around the entire circumference of the leg to provide full coverage. As a highly absorbent dressing, it effectively manages high levels of exudate while avoiding contact with healthy skin. Consequently, it can be applied directly to the wound.

Case study 1 (courtesy of Jane Todhunter)

Treatment: A 56-year-old male with type 2 diabetes presented with critical limb ischaemia. He had undergone a redo femoral distal bypass graft which subsequently occluded. He had received no further re-vascularisation. He had a fasciotomy wound [Figure 4a]. The wound was moderately exuding and contained 100% granulation tissue. He relied on crutches to stay mobile, but mentioned that the wound on his lower leg was limiting his movement. He also reported itching, further adding to his distress.

After wound assessment, twice-weekly application of Mepilex® Up dressing, along with wool and crepe bandage, was selected to manage the wound exudate and promote healing. Compression therapy was inappropriate due to peripheral arterial disease. It was determined that healing would be challenging due to the reduced blood flow to the leg. Prior to each dressing application, the skin was washed with an emollient.

Results: Mepilex® Up performance was found to be good overall, with no wound maceration noted. Ease of application and removal was considered 'excellent', with pain-free removal reported by the patient. The clinician observed that the dressing conformed well and emphasized that using a dressing significantly larger than the wound was not necessary to manage the exudate effectively [see Figure 4b-g].

The patient remained engaged with their treatment and wound healing progressed slowly. The clinician specifically highlighted the following benefits of Mepilex® Up:

- Easy application
- Safe application on fragile skin
- Effective management of high volumes of fluids
- Remained *in situ*
- Easy removal and gentle adherence to intact skin, ensuring pain-free removal
- Reduced visits, freeing up clinical time.

Figure 4: a) upon presentation; **b-c**, **d-e** and **f-g)** depict healing stages and respective exudate management with Mepilex® Up. Images copyrighted to the North Cumbria Integrated Care NHS Foundation Trust.

patients with highly complex wounds and challenging presentations.

Conclusions

Over the past few decades, care pathways for treating patients with lower limb wounds have developed in the UK. However, managing these patients still places a significant workload on clinicians, and practice variations persist despite the release of national guidelines and pathways.

This publication outlines some of the barriers to improving outcomes for patients with these wounds and provides practical solutions demonstrated through implementation of Mepilex® Up. As demonstrated by the case studies, Mepilex® Up is an easy-to-use dressing that is highly compatible with compression and offloading therapies, offers thorough coverage for DFUs and post-amputation diabetic foot wounds, and can be worn discreetly by patients.

It is important that these recommendations are evaluated in a range of clinical settings in the UK to implement and validate these findings. ●

Case study 2 (courtesy of Jane Todhunter)

Treatment: An 51-year-old female patient with diabetes presented with an advanced-stage diabetic foot infection. Post-assessment, an amputation of the 2nd toe was undertaken, followed by extended antibiotic therapy to control the infection. Major challenges included the management of metabolic parameters and high wound exudate levels **[Figure 5a-d]**.

It was logistically difficult to employ successful negative pressure wound therapy for exudate management due to lack of trained staff. Due to the shape of the wound, it was difficult to achieve a good seal around the wound with a superabsorbent dressing; furthermore, frequent dressing changes were required due to seepage from under the edges of the dressing. Therefore, Mepilex® Up was employed to effectively manage the exudate and provide complete coverage.

Results: After an initial application period where Mepilex® Up was changed every other day, the frequency was reduced to twice-weekly.

Mepilex® Up prevented maceration and supported wound healing. Conformability of the dressing helped achieve a good seal around the wound, with no leakage noted at any stage.

Healing progression was recorded and effective exudate management achieved.

The following advantages of Mepilex® Up were highlighted by the clinician:

- Easy application
- Safe application on fragile skin
- Effective management of high volumes of fluids
- Remained *in situ*
- Easy removal and gentle adherence to intact skin, ensuring pain-free removal
- Reduced visits, freeing up clinical time
- Provided a cost-effective option compared with the long-term cost of sub-optimal wound care
- Promoted self-care
- More sustainable and readily available.

Figure 5: a-b) wound shape highlighting anatomically challenging dressing needs; **c)** conformability of Mepilex® Up was helpful in achieving close contact with wound bed and prevention of seepage from dressing edges); **d)** healing state after 4 weeks of dressing – wound healing improved, with no maceration noted despite high levels of exudate. Images copyrighted to the North Cumbria Integrated Care NHS Foundation Trust.

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Case study 3 (courtesy of Luxmi Dhoonmoon)

Although this case study does not depict a lower limb wound, it was included in this publication to demonstrate the strength and impact of Mepilex® Up in managing wounds with complex presentation and dry and wet areas in a body location where achieving a good fit and seal is difficult to achieve.

Treatment: A 59-year-old male presented with a large sacral wound [Figure 6a] following an unwitnessed fall. The patient had a high body mass index and a history of type 2 diabetes and arterial foot ulcers.

Surgical debridement was undertaken to reveal a large, category 4 pressure ulcer to his sacrum and across both buttocks. The wound was initially managed with negative pressure wound therapy. However a degree of over-granulation was recorded and fresh bleeding noted. At this stage, the treatment plan was reviewed, and conservative management with antimicrobial dressings was implemented.

A highly absorbent dressing was required; however, the wound's location presented a significant challenge in achieving a secure fit in hard-to-seal areas. Additionally, the patient reported skin tenderness upon dressing removal. At this stage, it became clear that the patient needed a dressing capable of managing high levels of exudate, minimising the risk of maceration, providing comfort with pain-free removal, and ensuring that the primary dressing remained in place within the wound cavity. To achieve these goals, Mepilex® Up was selected as the secondary dressing on top of a primary, antimicrobial dressing for the cavity. Dressing changes were carried out on alternate days, unless excessive strikethrough was noted by the staff.

Results: By week 2 [Figure 6b], an improvement was noted in the wound bed, along with healthy epithelial tissue. No further bleeding was observed and wound exudate remained fully contained within the Mepilex® Up dressing. Mepilex® Up was also found to be atraumatic upon removal. During week 2, the patient was able to sit with the support of a therapist, and also engaged with essential rehabilitation.

By week 3, the skin surrounding the wound had healed [Figure 6c]. The patient reported no tenderness and noted an improvement in their condition. Wound healing was expected to continue, including in the coccyx region. Additional patient outcomes may be reported at a later date.

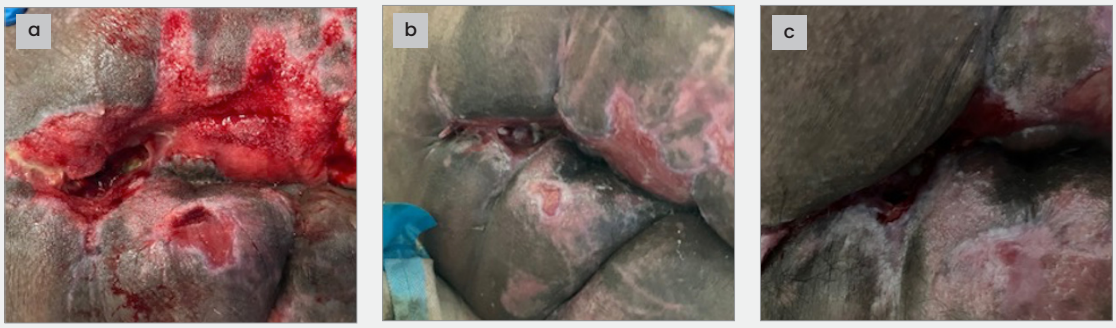

Figure 6: a) week 1, upon presentation and treatment initiation; **b)** week 2; **c)** week 3. Images copyrighted to the London North West Healthcare NHS Trust.

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