Lower Limb Care Pathway

For people with lower limb oedema / lymphoedema, lymphorrhoea or ulceration including those with known or suspected heart failure



Initial Presentation

Are there any red flags present for the application of compression?

- Acute infection of leg or foot (e.g. increasing unilateral erythema, oedema, pain, heat, pus)
- Symptoms of sepsis
 Acute or chronic limb threatening
- ischaemia
- Suspected acute deep thrombosis (DVT)
 Suspected skin cancer
- Bleeding varicose veins
 If any red flags present, do not apply compression and follow Guidance 1 overleaf



(acute deterioration of any of the below symptoms in the last 7 days) • Increasing breathlessness (either at rest or on exertion)

- Presence of truncal oedema
 Increased reports of waking up due to
- breathlessness (PND)

 Rapid increase in weight
- Inability to lay flat due to breathlessness (orthopnoea)

If patient is already in established compression (i.e. not actively decongesting oedema from limbs) and has an acute episode of deteriorating heart failure – DO NOT REMOVE COMPRESSION

If any red flags present, do not apply compression and follow Guidance 2 overleaf

Immediate and Necessary Compression

Apply 20mmHg compression therapy to both legs, arrange for holistic lower limb assessment, including assessment of vascular status (E.g. ankle brachial pressure index (ABPI)

Depending on limb shape, apply hosiery liners, reduced compression bandage or wrap system, see Guidance 3



In addition to compression, if ulceration/lymphorrhoea present:

- Select appropriate dressing using TIMES wound assessment and formulary (see Guidance 4)
- Refer to AMBL2 tool to identify signs of infection
- Refer to exudate management pathway

2 Weeks

Complete holistic lower limb assessment within 14 days, including assessment of vascular status (Including ankle brachial pressure index (ABPI)) Depending on limb shape, and results

of holistic lower limb assessment, where safe to do so apply compression bandage, hosiery or wrap system aiming to apply 40mmHg

NB Wraps are not to be used for patients with open wounds as there is no current evidence to support this

If chronic oedema present (with or without a wound and/or heart failure), has there been 2 or more episodes of cellulitis in the past year?

If yes, refer to GP for prophylactic antibiotic therapy (BLS Consensus Document on the Management of Cellulitis in Lymphoedema 2nd Edition, 2016; SCAN guidelines 2021,)

Diagnosis

For patients with peripheral arterial disease only ABPI <0.6

For patients with suspected venous disease and peripheral arterial disease (mixed aetiology) ABPI 0.6 to 0.8

For patients with suspected venous disease with adequate arterial supply ARPL 0.81 - < 1.3

For patients with other or uncertain aetiology ABPI >1.3

Treatment

Urgent referral to vascular STOP COMPRESSION

Refer to vascular & Tissue Viability.

Continue with ≤ 20mmHq

Refer to vascular for venous duplex sca and possible sclerotherapy.

Heart Failure Red flags present (see Guidance 2): Patient to remain in ≤ 20mmHg compression and escalate to appropriate practitioner (e.g. GP or Heart

If evidence of Acute Cellulitis, **Bilateral** or **Soft** Pitting Oedema, follow staged approach to compression therapy. See Guidance 5.

If none of the above are present, apply 40mmHg of compression therapy to the affected limb(s).

Implement an ongoing heart failure red flag assessment care plan for patient and reassess red flags for acute decompensated heart failure after 14 days.

If no new signs of acute heart failure present, continue with 40mmHg.

Consider review requirements.

Consider calcification. Assess foot pulses, doppler waveform. If unsure consider referral to vascular & Tissue Viability.

Continue with ≤ 20mmHg

Compression Options Regular limb shape/mild oedema

Apply leg ulcer hosiery kit if ulcer present.

If ulceration is extensive and/or very wet consider compression bandaging. Educate patient on their condition and ongoing treatment.

Implement ongoing red flag assessment care plan

Moderate-severe oedema and/or distorted limb shape

Consider full leg (including toes & thighs) if swelling above the knee. Patient may require toe caps, stump bandaging and/or thigh high compression. If patient able to self-care, consider referral to TV for an appropriate compression wrap system Apply short stretch compression bandage to decongest limb.

Educate patient on their condition and

ongoing treatment.
Implement ongoing red flag assessment
care plan

For maintenance garments refer to guidance

Wound Care

At every dressing change for ulceration/ lymphorrhea:

Review for red flags.
Select appropriate dressing using TIMES wound assessment and formulary.
Refer to AMBL2 tool to identify signs of infection and management options.
Refer to exudate management pathway.
Offer analgesia if required.
If needed, treat skin conditions e.g. varicose eczema pathway.
If being treated with compression, review ankle circumference and adapt as

Offer appropriate nutritional and lifestyle advice.

appropriate

Provide verbal and written advice about care.

Discuss and incorporate opportunities for supported self-management

At 4-weekly intervals (or more frequently, if concerned):

Monitor healing by:
Completing ulcer assessment.
Recording digital image(s) and
comparing with previous images.
Measuring ankle circumference for
reduction in limb swelling.
Review effectiveness of treatment
plan and escalate if deteriorating or
no progress towards healing.
If <40% wound area reduction at 4
weeks, refer to Tissue Viability

At 12 weeks: Monitor healing by:

Completing comprehensive reassessment.

Recording a digital image and

comparing with previous images.
Measuring ankle circumference for reduction in limb swelling.
If wound remains unhealed at 12 weeks, refer to Tissue Viability

Guidance 1 DO NOT APPLY COMPRESSION

- · Treat infection
- · If symptoms of sepsis, immediately escalate
- If patient has limb threatening ischaemia refer urgently to vascular service
- If the patient has diabetes and the wound is on the foot refer urgently to OCDEM
- · Any other urgent concerns discuss with GP urgently
- · Refer to Tissue Viability
- · Prior to referral, consider if patient is in the last few days of life

Guidance 5

Staged Approach to Compression Therapy starting with 20mmHg

- Continue with 20mmHg on both legs for 14 days
- Reassess red flags for acute decompensated heart failure assessment
- If no new signs of acute heart failure present, apply 40mmHg to one leg, below knee
- Reassess red flags for acute decompensated heart failure after 7 days
- If no new signs of acute decompensated heart failure apply 40mmHg to second leg, below knee
- Once below knee compression successfully implemented, apply thigh high compression if required, following the same staged approach
- · Implement an ongoing red flag assessment care plan for patient

References: National Wound Care Strategy Programme: (2023) Recommendations for Leg Ulcers. British Lymphology Society and Lymphoedema Support Network (2022) Guidelines on the Management of Cellulitis in Lymphoedema. South Central Antimicrobial Network (SCAN Guidelines). How to cite this document: Wounds UK (2023) Best Practice Statement: The use of compression therapy for peripheral oedema:

considerations in people with heart failure. Wounds UK, London. Available to download

from: www.wounds-uk.com.

Guidance 2

DO NOT APPLY COMPRESSION Escalate to appropriate practitioner

If leg is weeping use wadding and retention bandage until results available, ensure regular leg elevation and ensure sleeping in bed at night.

Consideration:

If no previous diagnosis of heart failure, but it is suspected*, Refer to GP to request a NT pro BNP blood test (gold top) to rule out heart failure THEN

refer to Tissue Viability, & if HFrEF, the Heart Failure Nurses for ongoing management advice

Please refer to supporting Lower Limb Care Guidance booklet

ABPI assessment for those with lymphoedema is not essential in the absence of significant cardiovascular risk factors and clinical signs or symptoms of PAD provided the vascular status has been thoroughly assessed.

Please refer to supporting Lower Limb Care Guidance booklet

Guidance 3

Consideration: 20mmHg compression options:

- Hosiery liners
- · Reduced compression bandage system
- Wraps (under TV guidance)! Many wraps provide full not reduced compression, please seek TV advice before commencing this.

Guidance 4

DO NOT USE ADHESIVE DRESSINGS ON LEGS EXCEPT FOR SILICONE BORDERED DRESSINGS!

DO NOT DEBRIDE A SUSPECTED ARTERIAL WOUND WITHOUT TV ADVICE



National Wound Care Strategy Programme: Lower Limb Recommendations



Best Practice Statement: The use of compression therapy for peripheral oedema: considerations in people with heart failure



BLS/LSN: Guidelines on the Management of Cellulitis in Lymphoedema



ABML2 Tool



Oxford Health Wound Care Formulary

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