

Varicose Eczema Pathway

For use by community nurses and practice nurses within BOB ICS

ASSESSMENT CONFIRMS VARICOSE ECZEMA

History, signs of venous disease, doppler & lower limb assessment, allergies previous treatments & referrals

If leg ulcer also present refer to vascular for duplex scans and possible sclerotherapy

CHRONIC VARICOSE ECZEMA

Dry, scaly itchy patches on the lower leg

ACUTE VARICOSE ECZEMA

Inflamed, wet and itchy areas on the lower leg. Sometimes vesicles that break down into superficial lesions

SKIN CARE

- No soap – use emollient* as soap substitute – refer to wound/BOB emollient formulary. *Fire Risk with Paraffin-Based Emollients
- Hyperkeratosis – this will aggravate the eczema and needs removing & preventing from building up. Use clean flannel and emollient ointment (refer to Wound Formulary/BOB Emollient Guidance) and gentle circular motions.
- Use urea-based emollient as leave on emollient (refer to Wound Formulary/BOB Emollient Guidance).

COMPRESSION

Apply full compression – or as much as assessment supports.
If possible, facilitate self care with a hosiery kit or wraps to enable daily skin care.

4 WEEKS PASTE BANDAGES (e.g., Ichthopaste or Viscopaste)

Apply directly to the skin after cleansing and drying and NOT in conjunction with topical steroids.

MUST be applied using either a pleating or patch method to allow for any leg swelling. Patch method better for treating smaller areas, pleating method better for whole limb coverage.

Treat the paste bandage as the primary dressing applying absorbent pads and compression over the top. STOP AFTER 4 WEEKS.

NOT RESOLVED

RESOLVED

4 WEEK COURSE TOPICAL STEROIDS – in discussion with GP

It's important as much hyperkeratosis as possible has been removed, without causing trauma, so the steroid can get to the inflamed eczema beneath.

Ideally apply emollient 1st and leave to soak in for 30 mins (or as long as possible). For severe eczema apply the steroid 1st

Week 1 & 2 – POTENT STEROID OINTMENT (e.g., Dermovate - Clobetasol propionate 0.05%) – Apply to all affected areas 3 x per week using appropriate fingertip units*. Prescribe 1 x 30g tube for duration of episode.

Week 3 & 4 – MODERATE STEROID OINTMENT (e.g., Betnovate - Betamethasone 0.1%) - Apply to all affected areas 3 x per week using appropriate fingertip units*. Prescribe 1 x 30g tube for duration of episode.

THEN STOP.

Either smear the steroid ointment over clean gloved hands and smear over the affected area OR for wet eczema, smear onto Atrauman and apply.

*4 fingertip units (FTU) for an entire leg and foot below the knee, or 1/2 FTU for an area the size of an adult hand.

RESOLVED

ONGOING MANAGEMENT

- Patient to sleep in bed not chair
- Mix exercise with rest and elevation
- Patient needs life long compression
- Skin care & emollients
- When and who to contact
- Annual re-assessment/hosiery
- Provide leaflet
- Manage any flare up promptly

NOT RESOLVED

ONWARD REFERRAL

- Discuss dermatology referral with GP.
- Consider referral to Tissue Viability for interim support and review treatment plan/select appropriate dressing using TIMES and wound care formulary.