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Strategies and challenges in the treatment of chronic venous leg ulcers

chronic venous leg ulcers

Abstract

Evaluating patients with CVLUs is essential to find the underlying etiology. The basic tenets in managing CVLUs are to remove the etiological causes, to address systemic and metabolic conditions, to examine the ulcers and artery pulses, and to control wound infection with debridement and eliminating excessive pressure on the wound. The first-line treatments of CVLUs remain wound care, debridement, bed rest with leg elevation, and compression. Robust evidence to support the efficacy of silver-based dressings in healing CLVUs is little. Hydrogen peroxide is harmful to the growth of granulation tissue in the wound. Surgery options include a high ligation with or without stripping or ablation of the great saphenous veins depending on venous reflux or insufficiency. Yet, not all CVLUs are candidates for surgical treatment because of comorbidities. When standard care of wound for 4 wk failed to heal CVLUs effectively, advanced wound care should be considered to use based on the available evidence. Negative pressure wound therapy facilitates granulation tissue development thereby helping closure of CVLUs. Autologous split-thickness skin grafting is still the gold

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**Therapeutic Interventions F...****Venous Ulcer Management****Compliance**

Compression therapy continues to be the cornerstone of conservative treatment.⁴ Consistent compression therapy is reported to improve ulcer healing rates, reduce incidence of recurrence, and prolong the time to first recurrence. Between 50% and 60% of patients heal with compression therapy alone during a six-month period.⁵ Determining a treatment regimen will be driven by many factors: age, overall health and medical history, severity of disease, signs and symptoms, toleranc...

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5.4.1 **Managing patients with venous leg ulcers** between primary and secondary **health-care settings** 43 5.4.2 The multidisciplinary team in **venous leg ulcer management** 43 5.4.3 Clinical practice statements 46 5.5 Secondary prevention 47 Need for services/education in place to monitor patients with a **healed venous leg ulcer** 47

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Patient education for preventing venous leg ulceration

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6486020>

Nov 17, 2017 · However, with prevention of **ulcer recurrence**, one of the challenges is to reduce the risk factors associated with **peripheral vascular disease**, whilst actively promoting adherence to **prevention strategies**. These **strategies** include lifestyle modifications, increased physical activity, elevation and skin care.

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Elevate your **legs** while sitting and lying down, with your **legs** elevated above the level of your heart. Wear compression stockings. Take antibiotics as needed to **treat skin infections**. Practice good **skin hygiene**. The goals of **treatment** are to reduce the pooling of blood and prevent **leg ulcers**. Compression Stockings

PEOPLE ALSO ASK

What are the management strategies for a venous leg ulcer?



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Leg and Foot Ulcers Management and Treatment | Cleveland ...

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Venous Ulcer Treatment Venous ulcers are treated with **compression** of the leg to **minimize edema** or **swelling**. Compression treatments include **wearing compression stockings**, **multi-layer compression wraps**, or wrapping an **ACE bandage** or dressing from the toes or foot to the area below the knee.

PEOPLE ALSO ASK

What are the management strategies for a venous leg ulcer? ▾

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Can compression therapy help an ulcer? ▾

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Feedback

Venous leg ulcer prevention 3: supporting patients to self ...