

# EVIDENCE BASED STATEMENT

DOMAIN **07**, Statement **10**

TOPIC: “**Venous ulcer recurrence management**”

## SEARCH TERMS & SOURCES

(recurrence) AND (venous ulcer)

### INCLUSION CRITERIA

- Lower limb only
- Reviews
- Publication < 10 years, only ENG

## SEARCH RESULT BEFORE - AFTER SELECTION

99/10

### PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Rosenberg M, Fagerström C, Tuveesson H, Lindqvist G. Daily life after healing of a venous leg ulcer: A lifeworld phenomenological study. *Int J Qual Stud Health Well-being*. 2022 Dec;17(1):2054080.
2. Rocha MNB, Serna Gonzalez CV, Borges EL, Santos VLCG, Rabeh SAN, Nogueira PC. Incidence of Recurrent Venous Ulcer in Patients Treated at an Outpatient Clinic: Historical Cohort. *Int J Low Extrem Wounds*. 2022 Jan 4:15347346211065929.
3. Finlayson K, Wu ML, Edwards HE. Identifying risk factors and protective factors for venous leg ulcer recurrence using a theoretical approach: A longitudinal study. *Int J Nurs Stud*. 2015 Jun;52(6):1042-51

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## Domain 7; Statement 10

### IDENTIFIED REFERENCES

1. Qiu Y, Osadnik CR, Team V, et al. Effects of physical activity as an adjunct treatment on healing outcomes and recurrence of venous leg ulcers: A scoping review. *Wound Repair Regen*. 2022 Mar;30(2):172-185.
2. Bernatchez SF, Eysaman-Walker J, Weir D. Venous Leg Ulcers: A Review of Published Assessment and Treatment Algorithms. *Adv Wound Care (New Rochelle)*. 2022 Jan;11(1):28-41.
3. Goldschmidt E, Schafer K, Lurie F. A systematic review on the treatment of nonhealing venous ulcers following successful elimination of superficial venous reflux. *J Vasc Surg Venous Lymphat Disord*. 2021 Jul;9(4):1071-1076.e1.
4. Raffetto JD, Ligi D, Maniscalco R, et al.. Why Venous Leg Ulcers Have Difficulty Healing: Overview on Pathophysiology, Clinical Consequences, and Treatment. *J Clin Med*. 2020 Dec 24;10(1):29.
5. Shanley E, Moore Z, Patton D, O'Connor T, Nugent L, Budri AM, Avsar P. Patient education for preventing recurrence of venous leg ulcers: a systematic review. *J Wound Care*. 2020 Feb 2;29(2):79-91.
6. Health Quality Ontario. Compression Stockings for the Prevention of Venous Leg Ulcer Recurrence: A Health Technology Assessment. *Ont Health Technol Assess Ser*. 2019 Feb 19;19(2):1-86.
7. Xie T, Ye J, Rerkasem K, Mani R. The venous ulcer continues to be a clinical challenge: an update. *Burns Trauma*. 2018 Jun 15;6:18.
8. Lawson JA, Toonder IM. A review of a new Dutch guideline for management of recurrent varicose veins. *Phlebology*. 2016 Mar;31(1 Suppl):114-24.
9. Nelson EA, Bell-Syer SE. Compression for preventing recurrence of venous ulcers. *Cochrane Database Syst Rev*. 2014 Sep 9;2014(9):CD002303.
10. Raffetto JD. Which dressings reduce inflammation and improve venous leg ulcer healing. *Phlebology*. 2014 May;29(1 suppl):157-164.

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### TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 07, Statement 10 , TOPIC: “**Venous ulcer recurrence management**”

Despite the many advancement in the patho-physiology understanding and in the available therapeutic tools, venous ulcer recurrence remains a significant burden, with data reporting around 50% of incidence with 230 days from healing mean onset.

**\*[Rocha MNB, Serna Gonzalez CV, Borges EL, et al. Incidence of Recurrent Venous Ulcer in Patients Treated at an Outpatient Clinic: Historical Cohort. Int J Low Extrem Wounds. 2022 Jan 4:15347346211065929]**

The complexity and the multi-factorial aspects of the severe venous hypertension require proper management not only before and during the wound healing process, but also and equally in the post-treatment phase, when compression, validated venous active drugs, physical exercise and life-style in general can become of paramount importance.

**[Qiu Y, Osadnik CR, Team V, Weller CD. Effects of physical activity as an adjunct treatment on healing outcomes and recurrence of venous leg ulcers: A scoping review. Wound Repair Regen. 2022 Mar;30(2):172-185].**

Even in case of successful superficial venous reflux suppression, persistent ulceration has been reported from 2.3% at 2 years to 21.1% at 1 year. Repeated refluxing vein ablation led to a successful healing in 50% of cases, while 100% cases were solved by four-layer compression and 90% by compression and ablation of incompetent perforating veins.

In case of ulcer recurrence is fundamental to ascertain the absence of reflux in the superficial/deep/perforator systems. Post-thrombotic and/or central obstructions hemodynamic consequences must also be excluded

**[Goldschmidt E, Schafer K, Lurie F. A systematic review on the treatment of nonhealing venous ulcers following successful elimination of superficial venous reflux. J Vasc Surg Venous Lymphat Disord. 2021 Jul;9(4):1071-1076.e1].**

Patient disease awareness and related education have a fundamental role in the everyday practice observation. Yet, further studies are needed to identify the evidence-based real impact of the patient engagement, focusing in particular on the patient reported outcomes and cost-effectiveness measures

**[Shanley E, Moore Z, Patton D, O'Connor T, Nugent L, Budri AM, Avsar P. Patient education for preventing recurrence of venous leg ulcers: a systematic review. J Wound Care. 2020 Feb 2;29(2):79-91].**

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### STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 7, Statement 10

Ulcer recurrence remains frequent. Proper compression and management can reduce the risk of ulcer reappearance.  
A specialist follow up is needed.

### SELECTED REFERENCES

1. Rocha MNB, Serna Gonzalez CV, Borges EL, et al. Incidence of Recurrent Venous Ulcer in Patients Treated at an Outpatient Clinic: Historical Cohort. *Int J Low Extrem Wounds*. 2022 Jan 4:15347346211065929
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### identified LITERATURE BIAS

Lack of patient follow-up in outpatient clinics and adherence to treatment after healing

### SUGGESTED NEXT LINES OF RESEARCH

Real world data registry