

EVIDENCE BASED STATEMENT

DOMAIN **07**, Statement **2**

TOPIC: “**Venous ulcer proper description**”

SEARCH TERMS & SOURCES

("Varicose Ulcer/classification"[Mesh] OR "Varicose Ulcer/diagnosis"[Mesh])

INCLUSION CRITERIA

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

SEARCH RESULT BEFORE - AFTER SELECTION

8/5

PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. Hess C. T. (2020). Venous Ulcer Assessment and Management: Using the Updated CEAP Classification System. *Advances in skin & wound care*, 33(11), 614–615.
2. Bowers S. Chronic Wounds: Evaluation and Management. *Am Fam Physician*. 2020 Feb 1;101(3):159-166.
3. Bonkemeyer Millan S, Gan R, Townsend PE. Venous Ulcers: Diagnosis and Treatment. *Am Fam Physician*. 2019 Sep 1;100(5):298-305.
4. Singer AJ, Tassiopoulos A, Kirsner RS. Evaluation and Management of Lower-Extremity Ulcers. *N Engl J Med*. 2017 Oct 19;377(16):1559-1567
5. Kirsner RS, Vivas AC. Lower-extremity ulcers: diagnosis and management. *Br J Dermatol*. 2015 Aug;173(2):379-90
6. Marston W. Evaluation and treatment of leg ulcers associated with chronic venous insufficiency. *Clin Plast Surg*. 2007 Oct;34(4):717-30
7. Pernot, C., Zwiers, I., Ten Cate-Hoek, A. J., & Wittens, C. (2018). The need for a timely diagnostic workup for patients with venous leg ulcers. *Journal of wound care*, 27(11), 758–763.

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IDENTIFIED REFERENCES

1. Nag F, Chatterjee G, Ghosh A, et al. Clinico-Etiological Evaluation of Chronic Leg Ulcer in a Tertiary Care Center of Eastern India. *Indian J Dermatol*. 2020 Nov-Dec;65(6):495-499.
2. Cheng Q, Kularatna S, Lee XJ, et al. Comparison of EQ-5D-5L and SPVU-5D for measuring quality of life in patients with venous leg ulcers in an Australian setting. *Qual Life Res*. 2019 Jul;28(7):1903-1911
3. Melikian R, O'Donnell TF Jr, Suarez L, et al. Risk factors associated with the venous leg ulcer that fails to heal after 1 year of treatment. *J Vasc Surg Venous Lymphat Disord*. 2019 Jan;7(1):98-105.
4. Dua A, Heller JA. Advanced Chronic Venous Insufficiency. *Vasc Endovascular Surg*. 2017 Jan;51(1):12-16.
5. Matutina RE, Mueller M, Kelechi TJ. Racial differences in pain reports between Black and White participants with chronic venous disorders treated with cryotherapy compared to usual care. *Ethn Dis*. 2011 Autumn;21(4):451-7.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 07, Statement , TOPIC: “**Venous Ulcer proper description** ”

Venous leg ulcers are usually located at the distal part of the leg.

A proper description of the lesion must take into account the tissue characteristics, the margin features, the surrounding skin involvement and the possible exudate.

Once the site has been identified, the size and shape should be described accurately, taking into consideration also the margin (variable, regular or irregular). The edge can be sloping, tender, everted, punched out.

[Marston W. Evaluation and treatment of leg ulcers associated with chronic venous insufficiency. Clin Plast Surg. 2007 Oct;34(4):717-30]

The floor might show necrosis, slough or granulation, while the tissue can be mobile or fixed.

The tendency to bleed or not should also be noted. The surrounding skin can present edema, eczema, pigmentation, atrophie blanche and varicosities.

***[Singer AJ, Tassiopoulos A, Kirsner RS. Evaluation and Management of Lower-Extremity Ulcers. N Engl J Med. 2017 Oct 19;377(16):1559-1567]**

The exudate must be properly described as well and it can be serous, thin, watery: it is usually associated with an inflammatory stage. This condition can be also associated with sanguineous characteristics. In case of thick, yellow/green/brown exudate, an infection must be promptly excluded.

The amount of exudate can be gathered by the dressing removal observation and it can be none, scant, minimal (wetting less than 25% of the dressing), moderate (25-75% dressing wetting) or large.

[Bowers S, Franco E. Chronic Wounds: Evaluation and Management. Am Fam Physician. 2020 Feb 1;101(3):159-166]

The consistency of the same exudate must be noted, together with the odor: two other hints for possible infections.

Irregular clinical aspects must immediately lead to the suspect of malignancies.

[Bonkemeyer Millan S, Gan R, Townsend PE. Venous Ulcers: Diagnosis and Treatment. Am Fam Physician. 2019 Sep 1;100(5):298-305].

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 7, Statement 2

Proper assessment of a venous ulcer must report location, size, shape, surrounding area description, type of floor, edge & discharge.

SELECTED REFERENCES

1. Marston W. Evaluation and treatment of leg ulcers associated with chronic venous insufficiency. Clin Plast Surg. 2007 Oct;34(4):717-30
2. Singer AJ, Tassiopoulos A, Kirsner RS. Evaluation and Management of Lower-Extremity Ulcers. N Engl J Med. 2017 Oct 19;377(16):1559-1567
3. Bowers S, Franco E. Chronic Wounds: Evaluation and Management. Am Fam Physician. 2020 Feb 1;101(3):159-166
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identified LITERATURE BIAS

Lack of infected and complicated ulcer inclusion in the majority of published investigations

SUGGESTED NEXT LINES OF RESEARCH

Real world wound care data