What Can I Do to Help With My Arterial Leg Ulcer?

- Change your dressing as instructed by your nurse if it gets dirty, falls off, or leaks through. If you or a family member, friend, or neighbor is able to change the dressing, you WILL BE TAUGHT to do so.
- Know the signs of infection and get help right away (redness, heat, warmth, swelling, temperature above 38°C, or red streaks up the leg).
- Don’t take long, hot baths or use antiseptics or salt in your bath water (unless your surgeon has told you so).
- Wash your legs and feet daily using warm water and a mild, non-scented soap, i.e. Dove. Gently pat dry using a clean towel (never rub dry as this can damage the skin).
- Moisturize your legs and feet daily (twice daily if they are very dry). It’s best to moisturize right after you wash them, using a non-scented, pH balanced lotion, like Cliniderm Glaxal Base, Vaseline petrolatum ointment, or Moisturel. Don’t put lotion between your toes.
- Don’t scratch your legs.
- Exercise daily (walking is great, but don’t shuffle your feet). Walking can reduce your leg pain.
- Don’t stand or sit for long periods of time. If standing or sitting in one place is part of your job, do regular ankle exercises.
- If you are travelling for a long distance, get up and stretch, walk or move your feet for at least five minutes every hour.
- Don’t cross your legs or wear high heeled shoes.
- Don’t sit in a seat so that the edge of the seat is pressed against the back of your legs.
- Keep your legs and feet warm, but stay away from direct heat.
- Avoid injury to your legs.
- Stop smoking.
- Eat a well-balanced diet with lots of protein (meat, eggs, and nuts), and drink lots of non-caffeinated fluids.
- Take your medications as instructed by your doctor.
- Keep your blood sugars in good control (if you have diabetes).
- Get enough sleep/rest, and/or.
- Keep your pain in control.

Pain Control in Arterial Leg Disease

Arterial leg disease can be painful. This pain can affect your appetite, emotions, quality of life, and your ability to sleep, work, and move. Arterial pain is described as “shooting, stabbing, aching, burning, searing, or electric shock”, and is worse at the end of the day, with leg elevation, and when walking and climbing stairs. It is important to tell your nurse or doctor about your pain, and to take any pain medications or antibiotics as directed by your doctor. Your nurse will assess your pain regularly and talk with you and your health care team about it. Ways to control pain may include:

- Pain medications,
- Medications that help the pain medications work better,
- Avoiding nicotine, caffeine, tight socks/shoes,
- Using a bed cradle,
- Propping the head of your bed up 4-6” with blocks,
- Avoiding heating pads and ice packs,
- Avoiding elevating your legs, and/or,
- Wearing warm loose socks to bed.

For more information on leg ulcers, nutrition, wound healing, and for community resources, go to: swrwoundcareprogram.ca
My Arterial Leg Ulcer

What’s an Arterial Leg Ulcer?
An arterial leg ulcer is a sore on the leg, ankle or foot of someone with poor blood flow to their leg (a.k.a. peripheral arterial disease). This poor blood flow is from hardening, narrowing or blockage of the arteries in the legs (arteries are blood vessels that carry oxygen and nutrient rich blood throughout your body). This can be something you are born with or that you get over time from:
- Smoking,
- Diabetes,
- High cholesterol and/or blood pressure,
- Heart disease, anemia, stroke,
- Obesity and/or a fatty diet,
- Inactive lifestyle,
- Arthritis, and/or
- Stress.

What are the Signs of Peripheral Arterial Disease?
- Cool legs/feet (in a warm environment),
- Shiny, tight leg skin,
- Loss of hair on the feet/lower legs,
- Pale or blue/purple/red feet (not bruising),
- Feet that go pale when they are above the level of the heart, and that go red/purple when they are down,
- Pain (heavy, tight, cramping pain) in the calves, thighs, or hips when walking and climbing stairs, that goes away with rest,
- Pain with elevation of the legs above the level of the heart that goes away when you put your legs down,
- Pain in the buttocks,
- Tingling or numbness and weakness in the legs and feet,
- Thick toenails, and/or,
- Black toes or black ‘scabs’ on the toes, feet, ankles, or legs.

What Do Arterial Ulcers Look Like?
Arterial leg ulcers usually happen when there is an injury to the skin on the foot, ankle, or leg of a person with arterial disease. These wounds often have smooth, round edges, and drain small amounts of fluid. Arterial ulcers usually have a pale pink or white base (due to the lack of blood flow) with yellow or black tissue in it. Arterial wounds can also be black toes or black scabs on toes (a.k.a. gangrene).

A health care provider will assess you to figure out the cause of your leg ulcer, i.e. whether it is arterial or due to something else. This exam will include an ankle-brachial pressure index (ABPI) test.

What is an ABPI Test?
An ABPI test is done by a health care provider in a clinic, your home, or in the hospital. This test helps to find out how well the blood is flowing to your legs, and guides treatment. ABPI tests are done with a blood pressure cuff (put on your arms and lower legs) and a small ultrasound machine. You must lie as flat as you can for 15 minutes before the test, stay lying during the test, and not smoke or drink/eat caffeine 30 minutes before the test. If the tester cannot get a good result you may have to have other testing at a hospital or see a vascular surgeon.

If you are sent to a vascular surgeon, they may do their own tests and may talk to you about leg surgery. However, if you have other health problems leg surgery may not be safe for you. The surgeon will tell you if surgery is safe and will talk to you about the risks and benefits of surgery.

What is the Treatment for an Arterial Leg Ulcer?
If you have peripheral arterial disease your wounds are “non-healable”, unless and until you have the blood flow to your legs fixed. This is because your wound isn’t getting enough blood to heal. In this case the goal is not to close the wound, but to keep it from getting any bigger or infected. This is done by drying the wound out using antiseptics, dry gauze, and non-stick dressings, and by preventing any further trauma. Depending on your dressings, they may not need changed every day; but they MUST be kept clean and dry. If your dressing leaks through, falls off, or gets dirty you must call your nurse, or clean the wound and change the dressing as instructed by your nurse.

If you have a black toe (gangrene) and you are not a surgical candidate, the goal will not be to “heal” the toe, but to dry the toe out and allow it to fall off on its own. This may take many weeks or months. Once the toe falls off, the skin under the toe is usually closed over.

If a dried out wound or dried out black toe gets soggy, starts to drain more than usual, if the edges start to lift, or if there are signs of infection, let your nurse or doctor know IMMEDIATELY.