

WOUND CARE PATIENT SELF-MANAGEMENT PROGRAM

YOUR GUIDE TO WOUND CARE

VENOUS LEG ULCERS

THE PROGRAM

This booklet will help you

Prevent new wounds.

Manage your wound at home Improve and maintain your health and quality of life

Keep track of information about your care

ou can use this booklet and the accompanying passport to:

Guide your day-to-day wound care

Know when you need to call your GP, Home Care Nurse and/or Specialist

Ensure that your wound is being managed in the best possible

our team looks forward to working with OU to Heal/Take Control of Your Wound.



You have developed some personal goals passport is your tool to keeping track of of your care, as you begin managing your at home.

To heal your wound you will need to tak yourself and pay attention to your body, but not mean you need to stop doing the things to do, and this booklet is here to help!

Keep this booklet and your passport near convenient spot, so you can refer to them notes about your healing journey. It helps bit more about your particular wound.

VENOUS LEG ULCERS

You have a venous leg ulcer. A venous ulcer is a wound caused by problems with blood flow in the legs. Blood flow is carried down to the legs by arteries and back from the legs by veins.

Veins move blood from the feet and lower legs "uphill" to the heart. Veins can pump blood "up-hill" because they have valves that keep the blood from backing up. As you walk, your leg muscles also help pump blood back up to the heart. When the vein valves don't open and close correctly, or the muscles are weak, blood backs up in the veins and causes swelling (also called edema).

HOW DID THIS HAPPEN TO ME?

- Family history of venous disease
- Impaired circulation
- Reflux of blood through the venous valves (valves in your veins that keep blood flowing in one direction)
- Deep vein thrombosis may cause blockages in the veins
- Obesity
- Impaired pumping of the calf muscle due to decreased lower leg movements –sedentary lifestyle, prolonged standing, reduced mobility
- Multiple Pregnancies causes pressure on the veins in the lower legs
- Leg trauma causing damage to walls of valves in the veins

HOW TO HELP HEAL

Knowing what caused your venous ulcer will help you manage your wound and prevent future venous ulcers. In order to be YOUR healthiest, you should:

- Exercise Daily. Walking strengthens and exercises your calf muscles, causing an increase in the pumping of blood in your legs. Your nurse may put you on a graduated walking program.
- Check your feet and legs daily for signs of ulcers. Wear compression stockings. Keep skin on the legs clean and moisturized. Avoid extremes in temperature.
- 3. Keep your legs up higher than your heart (example put your feet up on pillows when lying in bed or on the couch) for at least 20 minutes three times a day (morning, afternoon and evening) to help swelling down. Don't cross legs when sitting.
- 4. Protect your legs from bumps or scrapes by padding sharp corners on furniture, and not engaging in activities that could cause injury to legs.
- Eat a balanced diet, high in protein, which keeps your skin strong and helps wounds heal.
- 6. If you smoke, QUIT! It's bad for blood flow, your skin, and your body. Your team will talk to you about options that will help you kick the habit! It's truly one of the best things you can do for your body at any age. For more information please visit www.quitnow.ca.
- 7. Compression wraps and garments are necessary for venous leg ulcer healing; they are worn over top of the dressing. Advanced dressing are likely not enough on their own. This helps bring blood from your legs back to your heart to bring down swelling that keeps your wound open. Wound dressings are worn under the compression to absorb drainage and help your ulcer heal. Compression garments will need to be worn daily even after wounds are closed (healed) to prevent swelling and occurrence of new wounds.
- 8. Once the ulcer is healed, you will need to wear compression stockings every day for the rest of your life. They should be put on first thing in the morning and removed at bedtime. This will help to prevent the ulcer from coming back by controlling the swelling. You will need new stockings every 3 to 6 months, as they wear out. Read the label: Be sure to follow directions for washing and replacing stockings.

CARING FOR YOUR WOUND

Here are the steps you'll need to take to properly care for your wound:

PREPARE

Get your supplies together and clean a work surface with plenty of room

WASH HANDS

- Remove all jewelry and point hands down, under warm water
- Add soap and wash for 15 to 30 seconds, cleaning under your nails
- Rinse and dry well with a clean towel

REMOVING DRESSING

- Carefully loosen the dressing and pull off gently
- If the dressing sticks, soak it off with saline
- Put old dressing in a plastic bag and set aside
- Wash your hands AGAIN

INSPECT

Inspect wound for any drainage, redness, pain or swelling

CLEAN WOUND

- Fill the syringe with recommended fluid
- Hold 3 to 4 inches away from the wound and spray gently
- Use soft, dry cloth or piece of gauze to pat the wound dry
- Ask physician / health care provider if showering permitted

APPLY DRESSING

- Place and secure the clean dressing onto your wound
- Remember, use a dressing only ONCE, and never reuse

FINISH

- Apply compression if directed by your nurse
- Throw used supplies into waterproof, tightly closed, double plastic bag
- Wash your hands AGAIN
- Wash any soiled laundry separately

SIGNS OF TROUBLE

Your wound will change throughout the healing process. Changing your dressing gives you a chance to take a closer look at your wound.

Call your nurse if you see the following changes:

- More redness, pain, swelling, or bleeding
- The wound is larger or deeper
- The wound looks dried out or dark
- The drainage coming from the wound is increasing
- The drainage coming from the wound changes or smells bad
- Your temperature is above 100 $^{\circ}$ F (37.8 $^{\circ}$ C) for more than 2 hours

RED FLAGS

IF YOU EXPERIENCE ANY OF THESE, CALL 911 OR GO TO THE EMERGENCY ROOM IMMEDIATELY!

- Your temperature is above 100 °F (37.8 °C) for more than 4 hours
- You have difficulty breathing
- You feel confused
- You have fever, chills, or light-headedness
- Your wound is bleeding and does NOT stop

HOW DO I KNOW MY WOUND IS HEALING?

Here are a few scenarios that will help you to judge how your healing is progressing:

Your wound may look very similar to the last dressing change. There is no redness, inflammation, pain, bleeding and the discharge looks the same. You wound may look smaller and the discharge may be less.

SAFE! Your wound is healthy.

Your wound looks larger or deeper. There is some redness and it looks swollen. There is no bleeding but the discharge is different, or this is more than usual.

CAUTION! Your wound may be in trouble, call your nurse.

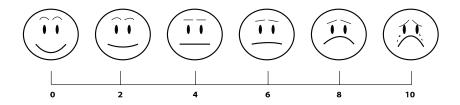
You wound looks much larger or deeper. There is redness, welling, and bleeding that isn't stopping. The discharge is very different or there is much more of it. You have pain and a fever.

DANGER! Call your nurse or follow up with your primary care provider. If there is an emergency, call 911.

DAILY ACTIVITIES

Please note the following daily activities

- Check your dressing daily. Ensure your dressing is dry and stable. Check to see if a dressing change is required.
- Inspect your skin and body.
- Assess your wound for any changes daily or with each dressing change.
- Eat three meals a day based on Canada's Food Guide.
- Assess how you generally feel today.
- Follow your exercise plan.
- Assess your pain level. The scale below may help you to assess your pain level. You may review this with your nurse at appointments.



MY DRESSING CHANGE

Keep the following list handy and use it to help you remember the types of dressings you will use for your wound and when to change your dressings.

I CHANGE MY DRESSINGS (i.e. daily, weekly, etc.):	
I CLEAN MY WOUND WITH:	
THE 1ST DRESSING I APPLY:	
THE 2ND DRESSING I APPLY:	
THE 3RD DRESSING I APPLY:	
I APPLY MY COMPRESSION:	
IF MY DRESSING LEAKS:	

CONTACT INFORMATION

Use this worksheet to record important numbers and information while you manage your wound at home.

My Nurse's Name:	
Office Number:	
My Care Coordinator:	
Office Number:	_
My Physician:	
Office Number:	

NOTES







This Wound Care booklet and accompanying materials have been developed in partnership by the Nanaimo Division of Family Practice and Vancouver Island Health Authority. Funding has been provided by Shared Care. Original content was developed and provided courtesy of North East Health Line (Ontario).