## Lower Leg Wound Guidance





Rotherham Doncaster and South Humber NHS Foundation Trust Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

## To establish the potential wound type for wounds below the knee to the malleolus (ankle).

Lower limb inflammation Red Legs	Lymphoedema (Chronic Oedema)	Lymphorrhoea (wet legs)	Cellulitis	Haematoma	Skin Tear	Leg Ulcer Venous	Leg Ulcer Mixed	Leg Ulcer Arterial
Definitions								
Armentary Control of C								
Lower Limb Inflammation (Red Legs) can be acute but is more likely to be chronic, often present for weeks and months. Chronic discolouration can also be seen following cellulitis. Always treat the underlying conditions e.g. athletes' foot. (BLS 2020). Refer to the <u>Guidance for</u> <u>identifying lower</u> <u>limb cellulitis or red</u> <u>legs/inflammation</u>	An abnormality of the lymphatic system (either primary Lymphoedema from birth or secondary Lymphoedema/ Chronic Oedema following damage to the system with more than 3 months of symptoms) causing presence of swelling from the accumulation of excess fluid within the interstitial space. <u>Refer to the</u> Lymphoedema Pathway	Leaking lymphatic fluid (lymph) through the skin surface due to damage of the lymphatic system that looks like beads of fluid which leak from the affected oedematous area, increasing the risk of cellulitis and skin damage. Refer to the Lymphoedema Pathway	An inflammatory skin condition caused by acute infection of the skin, characterised by a superficial, diffuse, spreading skin infection without underlying collection of pus. Bilateral leg cellulitis is very rare. (Atkins 2016) (NICE 2015). Guidance for identifying lower limb cellulitis or red legs/inflammation	A bruise or collection of blood in the tissues. They appear as a dark red/black collection of blood standing proud of the skin. (Beldon 2011). (Collins et al, 2002). <u>Refer to the</u> <u>Pathway for a Limb</u> <u>Haematoma</u>	A skin tear is a traumatic wound caused by mechanical forces, including the removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer). (Le Blanc K et al 2018). <u>Refer to the Skin</u> <u>Tear Pathway</u>	than 14 days, with no di	A break in the skin that has been present for more than 14 days, in the presence of Venous Disease and Peripheral Arterial Disease. (Harding 2015). <u>Refer to the Leg</u> <u>Ulcer Pathway</u> skin that has been present agnosis of Venous Disease d as a Leg Ulcer – Unknow	or Peripheral

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.

Reference: NICE (2020) Leg Ulcer Pathway. Grey, J. et al (2006) Venous and arterial leg ulcer. ABC of wound healing. British Medical Journal. Newton, H. (2011) Leg ulcers: Differences between venous and arterial. Wounds Essential. National Wound Care Strategy Programme (2020) Lower Limb Recommendations for Clinical Care. Developed by: Tissue Viability and Lymphoedema Service and The Skin Integrity Team. Updated July 2024 v3. For review July 2027 Photographs provided with permission to share from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts, Essity and Urgo Medical.