

The VEU™

The Vascular & Endovascular Update

Spring 2020

The Powerful Impact of Venous Stasis Ulcers



But for a leg ulcer, one of England's most infamous rulers might be just another footnote in history. When Henry VIII was just 44 years old, a varicose vein on his left leg burst, causing a leg ulcer that never healed. Because of the pain and constant infections, Henry's once active and athletic lifestyle deteriorated, and more ulcers appeared, further compromising his lifestyle. In just 11 years, the King many had called an "Adonis" grew from a 32" waist to a 52" waist, weighing at least 300 pounds.

Historians believe that Henry's crumbling quality of life are what changed his formerly charming personality into the ruthless, irritable and vindictive Henry more commonly known today.

What was the name of Henry's fifth wife? How did that marriage end? See inside for the answer.

Today, venous stasis ulcers will still ruin quality of life when left untreated. In the United States, nearly 600,000 people suffer from venous stasis ulcers each year, causing about 90% of all leg ulcers. Women are most likely to experience a venous stasis ulcer, and they are most likely to occur between the ages of 40 and 49. For men, the highest risk occurs between the ages of 70 and 79. Fortunately, modern medical diagnosis, treatments and prevention can turn lives around.

What is a Venous Stasis Ulcer?

A venous stasis ulcer, also called a venous skin ulcer or a stasis leg ulcer, is an open wound or sore that won't heal or keeps reopening.



They are generally found in the lower leg around the ankle area. Venous stasis ulcers are shallow but can be very large, spreading in severe cases to fill almost the entire lower extremity area.

Who is at risk?

Your patients with these conditions are at risk for a venous stasis ulcer:

- Poor arterial circulation
- Venous insufficiency - when valves in the veins of the leg fail, no longer pushing blood back to the heart and causing blood to pool
- Deep vein thrombosis
- Lack of exercise and physical activity
- Arteriosclerosis
- Lymphedema - accumulated fluid pools in the legs and feet causing swelling
- Phlebitis
- Diabetes
- Renal failure
- Smoking and tobacco use
- Varicose veins
- Obesity
- High blood pressure
- High cholesterol
- Standing or sitting for long periods of time.

What are the physical signs that a patient is likely to develop a venous stasis ulcer?

Development of a venous stasis ulcer may be preceded by the following signs and symptoms:

- Varicose veins
- Brawny discoloration (*photo, below*)
- Swelling in the lower legs and ankles
- Itchy, scaly skin
- Achy, throbbing, heavy legs

All of the above are also signs and symptoms of venous insufficiency, which, most of the time, is the underlying pathology of a non-healing venous stasis ulcer.



How do venous stasis ulcers develop?

When a patient has compromised venous circulation, blood pools in the veins, resulting in fluid leaking from veins into surrounding tissues, causing swelling. Over time, swelling weakens the tissue and skin. A simple scratch or blister may lead to a non-healing venous ulcer.

How can venous stasis ulcer be prevented?

When your patients have venous insufficiency along with varicose veins, or other risk factors,

education is the first step. Explain the probability of developing a venous stasis ulcer and how having one will severely restrict their quality of life.

Recommend that your patients who are at risk:

- Stop smoking and using tobacco products immediately
- Maintain a healthy weight
- Wear compression stockings during all waking hours
- Walk at least 20 minutes each day
- Manage and control blood sugar, cholesterol levels and blood pressure
- Avoid standing for long periods of time
- Elevate legs as often as possible, especially when swelling is present
- Keep skin on the legs and feet in good condition, without dryness, itching or cracking
- Drink water 8 glasses of water daily
- Eat a healthy diet of fresh fruits and vegetables and lean meats
- Get 7-9 hours of sleep each day



How do I know if it's a venous stasis ulcer, or just a wound?

Evaluate your patient's medical history and risk factors. Ask how long the wound has been open and what treatments have been done.

Generally, the base of a venous stasis ulcer is red, but could be covered in yellow fibrous tissue, and be "weeping" with clear, serious fluid. Venous stasis ulcers are usually asymmetrical, with irregular borders. The venous stasis ulcer might be infected if there is a foul odor, surrounding skin is red, swollen and tender, while the wound itself may be painless.

Instruct your patients to call your office immediately if they think the wound is infected.

What are treatment options for a venous stasis ulcer?

If an infection is present, begin with antibiotics. Immediately thereafter, the wound should be evaluated by a vascular surgeon. Your vascular surgeon will perform a comprehensive physical exam and screen for underlying chronic medical conditions that may be contributing to the ulcer. Your vascular surgeon may obtain noninvasive studies to either rule out or rule in venous insufficiency in the greater and lesser saphenous veins as well as in perforator veins.

Upon evaluation of the venous ulcer, your vascular surgeon may decide to debride the wound to remove necrotic tissue. Debridement may be autolytic, when cells and enzymes break down the dead tissue. Biological debridement introduces sterile larvae into the wound to ingest the dead tissue. Enzymatic debridement uses an enzyme to debride bacteria, detaching the necrotic tissue. Surgical debridement is implemented in

more advanced venous stasis ulcer, using sharp instruments to remove devitalized tissue.

Specialized dressings could be employed, depending upon the severity, size and characteristics of the wound.

Your vascular surgeon's evaluation of the wound will determine the type of dressing used.

- 1) Hydrocolloid dressing
- 2) Alginate dressing
- 3) Collagen impregnated dressing
- 4) Hydrogel dressing
- 5) VAC dressing (photo, below)



Each type of dressing serves a purpose and, at times, a combination of dressings are required for optimal wound healing.

Some ulcers may take up to two years to heal - and about 15% will never heal, so it's vital to do all we can to prevent venous stasis ulcer in our patients to maintain their health, mobility, and quality of life.

Help your patients prevent venous stasis ulcers by giving them an informational bookmark when you see a patient who may be at risk. Email your mailing address to vascular.edu.foundation@gmail.com. We'll send you a free packet of 50 bookmarks to help you provide exceptional patient care.



About the author, Dr. Eugene Tanquilut

Award-winning and recognized as a Vitals Top 10 Doctor and a Patient's Choice Doctor, **Dr. Eugene Tanquilut** is board-certified in both vascular and endovascular surgery. He earned Vascular and Endovascular Fellowships at Cleveland Clinic.

Dr. Tanquilut is the President of Vascular Specialists in Tinley Park and has participated in numerous research studies, published papers and is a widely-requested speaker.

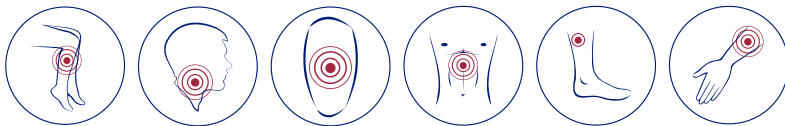


What was the name of Henry's fifth wife? How did that marriage end?

ANSWER:

Henry VIII's fifth wife was Catherine Howard. The marriage ended on February 13, 1542 when Catherine was beheaded for having had intimate relations before her marriage to Henry. Henry had six wives in this marriage sequence: "Divorced. Beheaded. Died. Divorced. Beheaded. Survived."

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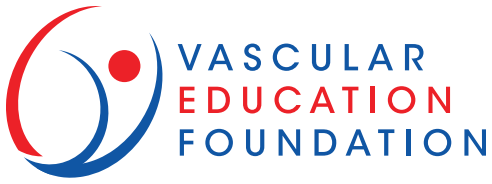
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Talk to your vascular surgeon partner to ensure that your patient is getting the best treatment for their unique physiology, medical history and condition.

When you have questions, reach out to Vascular Education Founder and vascular surgeon Dr. Eugene Tanquilut at 708-305-0248.



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Inside: Venous Stasis Ulcers - Diagnosis, Treatment and Prevention

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