Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOUND CARE

Leg ulcers
compression heals them; dressings alone do not

A leg ulcer is a break in the skin below the knee that has not healed within two weeks. Most are venous, caused by long-standing pressure in the leg veins. The single most important fact about treating them is that the dressing is secondary — compression is what heals the ulcer.

Seek urgent assessment if there is

- **spreading redness, heat and swelling**, or a fever
- **increasing pain**, particularly severe pain at night relieved by hanging the leg down
- a **foot that is pale, cold, blue or numb**
- **black tissue**, or a sudden increase in size or foul smell
- an ulcer in someone with **diabetes** — same-day assessment
- an ulcer that is **not healing after three months** of proper treatment

Night pain relieved by dangling the leg suggests arterial disease, in which compression is dangerous. Any ulcer on a diabetic foot needs same-day specialist assessment. Ulcers that will not heal despite proper treatment occasionally turn out to be skin cancers and may need a biopsy.

Which type

- **Venous** — around 80%. Above the ankle, often on the inner side, shallow with irregular edges, with brown staining, swelling and eczema around it. Aching, relieved by elevation.
- **Arterial** — on the foot, toes or heel, deep with a punched-out edge, painful especially at night and when the leg is raised, with a cold, hairless, pale foot and weak pulses.
- **Diabetic (neuropathic)** — on pressure points of the sole, often painless because of nerve damage, surrounded by hard callus. Painlessness is why they are found late.
- **Mixed** — both venous and arterial, which changes how much compression is safe.

The arterial check must come before compression

Compression bandaging heals venous ulcers extremely effectively. Applied to a leg with poor arterial supply it can cause tissue death and, at worst, amputation. Before compression, the **ankle-brachial pressure index** must be measured — a simple bedside test comparing blood pressure at the ankle and arm using a Doppler probe. Any leg ulcer treated with compression without that measurement has been treated unsafely.

Treatment

Compression

the treatment — heals most within 12–24 weeks

Dressings

keep the wound moist and comfortable, nothing more

Walking

the calf pump is part of the treatment

- **Compression bandaging or hosiery**, applied by someone trained, changed weekly or as advised.
- **A simple non-adherent dressing** underneath. Expensive antimicrobial dressings are not routinely needed and do not speed healing.
- **Elevate the leg above heart level** whenever sitting — not on a footstool, but genuinely raised.
- **Keep walking.** Immobility removes the calf pump, which is doing much of the work.
- **Moisturise the surrounding skin** daily to prevent eczema and further breakdown.
- **Antibiotics only for clinical infection** — all ulcers grow bacteria on a swab, and treating colonisation achieves nothing but resistance.
- **Treating the underlying vein reflux** speeds healing and substantially reduces recurrence.

Preventing the next one

Recurrence is common and largely preventable. Once healed, **compression hosiery should be worn for life** unless there is a reason not to — this is the single most effective preventive measure. Replace stockings every three to six months, keep the skin moisturised, elevate the legs daily, stay active, and have the veins treated where reflux is present.

Living with it

- Pain, odour and leakage are common and under-reported — all can be improved, so say so.
- Ulcers are isolating and affect sleep, work and mood. That is worth mentioning too.
- Good nutrition matters — protein, vitamin C and zinc all affect healing.
- Stopping smoking improves healing measurably.

Why come to us. Leg ulcers need consistency: the same team, regular reviews, and someone who measures before they compress. We assess the ulcer, perform the **ankle-brachial pressure measurement and venous duplex ultrasound on site**, apply and monitor compression, take swabs and bloods in-house, and arrange vascular referral where the veins need treating. We are open seven days a week, so dressing changes and reviews fit around work, and you see people who know your leg.

Assessed, scanned and compressed — safely

Doppler and ultrasound on site, regular reviews seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Ultrasound Scans** · **Minor Surgery** · **Private GP Services** · **Diabetes Screening** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on venous, arterial and diabetic leg ulcers. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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