A point prevalence audit on the number of inpatients with leg ulcers eligible for compression in a large NHS hospital

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Background

1.5% (730,000) of UK population have a leg ulcer.

They are painful, distressing, affect patients’ quality of life and also place a significant financial burden on Healthcare providers.

Compression therapy is the mainstay of treatment for venous leg ulceration to promote healing and prevent ulcer recurrence.

In recent years, several studies have evaluated leg ulcer management and compression therapy in the community.

However, little is known about leg ulcer population and use of compression in acute hospitals, where compression therapy is not often part of routine inpatient care.

Aim

To evaluate the proportion of inpatients with leg ulceration eligible for compression therapy.

Research Questions

How many hospital inpatients have leg ulceration in a large NHS hospital on a given day?

How many meet the criteria for full compression?

How many meet the criteria for reduced compression?

Methods

Data Collection Methods: Electronic live report of all patients with leg ulcers on the day; Leg ulcer paper audit form; Manual search of the electronic medical record of all individual patients on the day

Inclusion criteria: Patients with active leg ulcer; age ≥18 years.

Exclusion criteria: Patients with foot ulcer of any aetiology (an open wound distal to the malleoli) or wounds above the knee; maternity patients.

Data analysis: performed using SPSS software Version 26.

ABPI Assessment: ABPI assessment was utilised to determine whether patients were eligible for compression therapy.

Full compression criteria (40 mmHg at the ankle) was deemed acceptable if the ABPI 0.90 - 1.30 and no tendon exposure in the wound.

Modified/reduced compression (20 mmHg at the ankle) was deemed acceptable for ABPI 0.5 - 0.89.

Results

On 3rd December 2019, the audit identified 80 out of 931 (8.5%) of inpatients as having confirmed active leg ulceration.

The mean age of the 80 inpatients with leg ulcers was 79.3 (standard deviation [SD] 13.6). There were equal numbers of male and female inpatients with leg ulcers (n=40 for each).

Conclusion

This audit confirmed a significant proportion (8.5%) of inpatients have active leg ulcers in a large NHS hospital.

Of these, 36/80 (45%) were assessed for the eligibility of compression therapy, in which 25/36 (69.4%) were eligible for full compression, 2/36 (5.6%) for reduced compression and 9/36 (25%) were not eligible for compression due to arterial insufficiency and/or tendon exposure.

These findings have further confirmed the increasing need to develop pathways for inpatients with leg ulcers.

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Reference