

Venous leg ulcers and lower leg oedema

Exercise advice



Information for patients



In hospital and in the community

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Venous leg ulcers and lower leg oedema: Exercise advice

Venous leg ulcers occur when the veins in the leg are not working well, this can be due to damage or obstruction in the vein. For example; injury to the leg due to a fall, deep vein thrombosis, or occasionally damage from surgery.

Leg oedema (swelling) is a risk factor for developing venous leg ulcers and those with decreased mobility are at further risk. Therefore the guidance in this leaflet is also applicable to you if you suffer from leg oedema. It should be noted however, **that this information does not apply to patients with diabetic foot ulcers.**

Venous leg ulcers can occur if the calf muscle is not working effectively due to reduced mobility and ankle movement. Other risk factors include; obesity, diabetes, smoking and prolonged sitting.

The treatments provided by the community nurses include; wound assessment and compression either with compression bandaging or compression hosiery.

However there are things you can do to help your ulcers heal more quickly, prevent them getting worse or prevent them developing at all.

Benefits of Exercise

It has been found that exercising and walking are beneficial to ulcer healing and general well-being.

The benefits include:

- Faster ulcer healing
- Improved function of your calf muscle
- Improved ankle movement and flexibility
- Increased ability to walk with or without aids
- Better ability to get in and out of your bed or chair
- Increased independence and general overall function

When exercising it is advisable to start by doing a few of each exercise (e.g. 5). Then, if you feel comfortable, slowly increase the number you perform or perhaps do them more often in the day.

These exercises should not be painful but it is normal to feel slight muscle ache after exercising.

Elevation

It is important to elevate your legs as often as possible, when you are not exercising. Specialist nurses advise trying to elevate your legs for at least 2 hours every afternoon, ideally while lying on your bed. If you are struggling to get in or out of your bed, it is very important that you discuss this as soon as possible with your nurse or therapist.

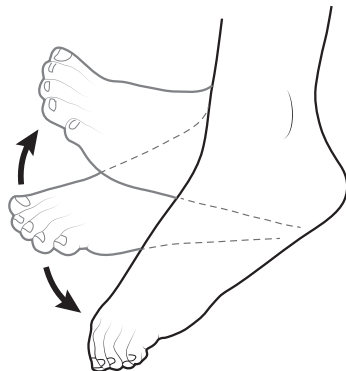
Types of Exercise

These are examples of some simple exercises you can complete regularly **while sitting in your chair**:

1. Foot up and down

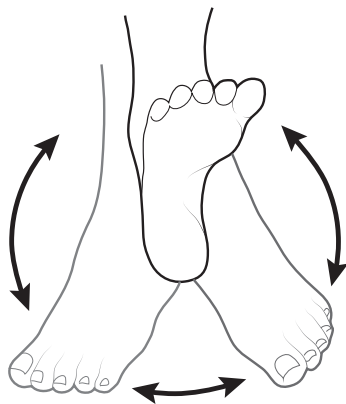
Pull your foot up towards you as far as possible and then point it down as far as possible.

This can also be performed in bed.



2. Ankle circles

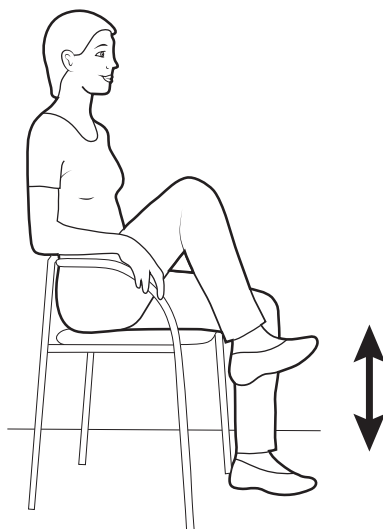
Rotate your ankle in as large a circle as possible. Repeat in other direction and on both feet.



3. Seated marching

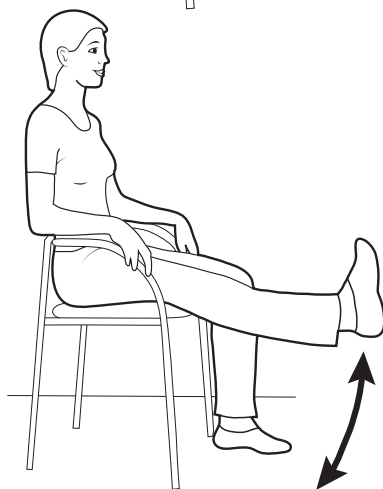
Bring your knee up towards your chest and then repeat with the other leg as if you are marching in your chair.

This can also be performed in bed.



4. Leg straighten and hold

Straighten one leg, keeping the thigh on the chair. Hold for 3 - 5 seconds then slowly lower. Repeat on each leg.



Walking

Start with a distance that is comfortable for you then increase the distance or frequency as you feel able. If possible perform this on a daily basis.

Only perform this if you are already able to walk and feel safe in doing this on your own. This can also be completed with the support of a family member.

Advice

Make sure you are well hydrated with water before and after completing the exercises.

Only complete exercises if you feel comfortable and safe in doing so.

If you feel unwell or have increased pain, stop exercising. If the pain continues please inform your community nurse or GP.

If you suffer from leg oedema and this increases, stop exercising and contact your community nurse or GP immediately.

Who should I contact?

If you are struggling with exercising, walking or getting in and out of your bed or chair please ask your community nurse or GP to refer you to a physiotherapist.

If you are able to complete the exercises and walking programme but feel you would benefit from further physiotherapy input, contact your community nurse or GP.

If you are already seeing a physiotherapist you can discuss any concerns with them.

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