

Varicose Eczema Pathway

For use by OHFT community nurses and practice nurses in discussion with GP

ASSESSMENT CONFIRMS VARICOSE ECZEMA

History, signs of venous disease (use CHROSS checker tool), doppler & lower limb assessment, allergies previous treatments & referrals

If leg ulcer also present refer to vascular for duplex scans and possible sclerotherapy

COMPRESSION

Apply full compression – or as much as assessment supports
If possible facilitate self care with a hosiery kit or Wraps to enable daily skin care

SKIN CARE

- No soap – use emollients as soap substitute – refer to wound formulary
- Hyperkeratosis – this will aggravate the eczema and needs removing & preventing from building up. Use clean flannel and Zeroderm/Hydromol ointment and gentle circular motions
- Use urea based emollient as leave on emollient – Balneum or Imuderm

CHRONIC VARICOSE ECZEMA

Dry, scaly itchy patches on the lower leg

ACUTE VARICOSE ECZEMA

Inflamed, wet and itchy areas, on the lower leg. Sometimes vesicles that can break down into superficial lesions

4 WEEK COURSE TOPICAL STEROIDS

It's important as much hyperkeratosis as possible has been removed, without causing trauma, so the steroid can get to the inflamed eczema beneath
Ideally apply emollient 1st and leave to soak in for 30 mins (or as long as possible).
For severe eczema apply the steroid 1st

Week 1 & 2 – Dermovate (Clobetasol propionate 0.05%) OINTMENT – At each dressing change apply to all affected areas using 4 fingertip units (FTU) for a leg and foot below the knee (or 1/2 FTU for an area the size of an adult hand).
Prescribe 1 x 30g tube for duration of episode.

Week 3 & 4 – Betnovate (Betamethasone 0.1%) OINTMENT- At each dressing change apply to all affected areas using 4 FTU for a leg and foot below the knee (or 1/2 FTU for an area the size of an adult hand) Prescribe 1 x 30g tube for duration of episode.

THEN STOP

Either smear the steroid ointment over clean gloved hands and smear over the affected area OR for wet eczema, butter onto atrauman and apply.

POTASSIUM PERMANGANATE SOAK

- 10 minutes
- At each dressing change
- For TWO WEEKS ONLY
- Refer to the guidelines
- DO NOT use repeated cycles of this – it can be toxic to new tissues
- Manage exudate – follow exudate pathway
- Prescribe 1 pot of tablets episode

⚠ WARNING – RISK OF SERIOUS HARM – ADVISE PATIENT NOT TO SWALLOW TABLETS

RESOLVED

NOT RESOLVED

Review treatment plan and consider referral to Tissue Viability

Discuss with GP suitability of the following:

- If prone to occasional flare ups provide with 'as required' management plan - Betnovate (Betamethasone 0.1%) 4 FTU for a leg and foot below the knee (or 1/2 FTU for an area the size of an adult hand) 3 x week for 1 week then 2 x week for 1 week then stop
- If persistent ongoing problems consider 4 FTU for a leg and foot below the knee (or 1/2 FTU for an area the size of an adult hand) 2 x week ongoing
- Referral to dermatology

PATIENT EDUCATION

- Sleep In bed not chair
- Mix exercising with rest and elevation
- Will need life long compression
- Skin care & emollients
- When and who to contact
- Annual re-assessment/hosiery
- Provide leaflet
- Manage any flare up promptly – Get control, keep control