

Summer 20 SCHOOL 25

A residential learning experience

14-15 February 2025

Novotel Geelong, VIC

Case study: Venous leg ulcer

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Disclosure



I have no conflicts of interest to declare



The patient has provided written consent
for the use of images in this presentation

Presenting complaint

50-year-old female

Referred to the Wound Healing Clinic by the
Vascular team

Venous leg ulcer

Wound history

Non healing ulcer

Present five months

Occurred spontaneously

Dressing changes regularly by
community nurses



Social

Separated

Unemployed

Lives with 17-year-old daughter

Ex IVDU/Methadone program 2018

Medical/Surgical

Severe pulmonary artery hypertension

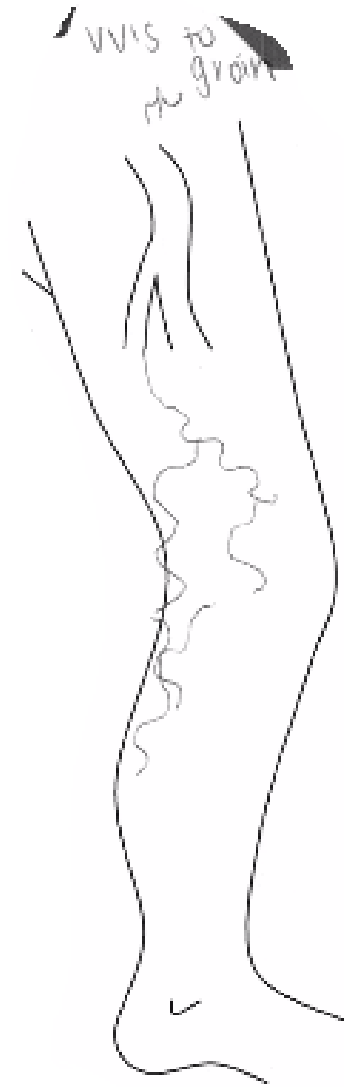
Hepatitis C

Pulmonary embolus

Cellulitis

RFA of bilateral great saphenous veins

2024



Focused lower limb assessment

CEAP 6

Haemosiderin staining

Atrophie Blanche

Telangiectasia

Palpable pedal pulses

Increased pain

Overt clinical signs of infection

Systemically unwell



Cellulitis of left lower limb

Intuitive approach

Analytical approach

Dual process theory¹

Diagnostic error

Premature closure

Anchoring bias²

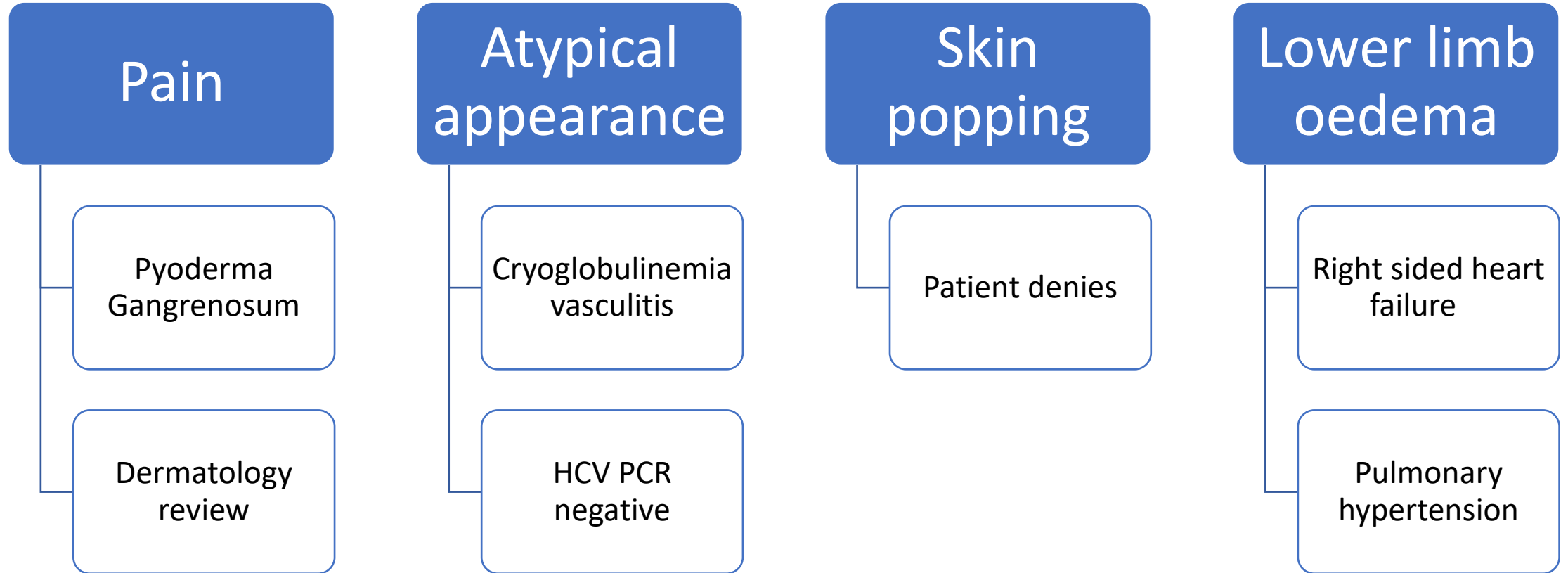
¹ Croskerry, P. (2009). A universal model of diagnostic reasoning. *Academic Medicine*, 84(8), 1022-1028.

doi:10.1097/ACM.0b013e3181ace703.

² Lawson, T.N. (2018) Diagnostic reasoning and cognitive biases of Nurse Practitioners. *Journal of Nursing Education*, 57 (4), 203-207.



Differential diagnosis/contributing factors



Goals of care

Admitted

Treat infection

Pain management

Skin and wound hygiene

Management of venous disease

Discharge





“I did what you said and it started to heal”





The more
reflective
you are,

the more
effective
you are

Thank you for your attention