Venous, Arterial & Diabetic Wounds

RECOGNIZE THE PATTERN - CHECK PERFUSION - MATCH THE PLAN

GOAL **Use pattern recognition to guide next steps, while remembering that mixed etiology is common.**

1 VENOUS PATTERN

- Often on the lower leg, especially the gaiter / medial ankle region.
- Edema and venous skin changes are common.
- Wounds are often shallow, irregular and moderately to heavily draining.
- Compression is commonly part of treatment when arterial perfusion is adequate and it is ordered.

2 ARTERIAL PATTERN

- Often involves toes, foot, heel or distal lower leg.
- The foot may be cool, pale or show other ischemic changes; pulses may be reduced.
- Wounds may look punched-out, dry, necrotic or painful - especially with rest pain.
- Perfusion assessment and vascular evaluation are priorities when ischemia is suspected.

3 DIABETIC / NEUROPATHIC PATTERN

- Often occurs at plantar pressure points or other repetitive-trauma areas.
- Callus, deformity and repetitive pressure may contribute.
- Always assess for infection and PAD - diabetes can involve both neuropathy and impaired perfusion.
- Loss of protective sensation can make a serious wound surprisingly painless.
- Offloading is a core component of treatment.

4 SAFETY CHECKS

PERFUSION FIRST

ABI is a common first-line test for PAD. In diabetes or noncompressible vessels, toe pressures / TBI or other testing may be needed.

COMPRESSION SAFETY

Do not assume every swollen leg is safe for standard compression. Follow the treatment plan and confirm arterial status when indicated.

MIXED ETIOLOGY HAPPENS

Venous disease, PAD, diabetes, edema and pressure can coexist. Avoid forcing every wound into one category.

CLINICAL PEARL

A wound can have more than one cause - treat the whole limb, not just the hole in the skin.

COLD FOOT / REST PAIN / GANGRENE / SUDDEN ISCHEMIC CHANGE?
URGENT VASCULAR EVALUATION