



**PROPOSED REVIEW OF SIGN GUIDELINE 2005  
CONSULTATION FORM**

Title of guideline	SIGN 26: The care of patients with chronic leg ulcer
Date of publication	1998
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text  Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE. <b>Individual studies:</b> Embase and Medline. Date of publication - 2005.
SIGN scoping search - summary	<b>Guidelines – 3</b> <b>HTAs – 2</b> <b>Cochrane reviews – 10</b> <b>Other good quality systematic reviews – 6</b> <b>Individual RCTs – 4 in last 2 years</b>  NICE are working on an Evidence Report on new treatments for leg ulcers.
Other guidelines/HTAs	<ul style="list-style-type: none"> <li>▪ <b>New Zealand Guidelines Group.</b> Care of People with Chronic Leg Ulcers. 1999.</li> <li>▪ <b>Prodigy guidance:</b> Leg ulcer – venous. Based on the 1998 RCN guideline.</li> <li>▪ <b>Registered Nurses Association of Ontario (RNAO).</b> Assessment and management of venous leg ulcers. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004</li> <li>▪ Canadian Coordinating Office for Health Technology Assessment. Topical ozone therapy for the treatment of diabetic leg ulcers. Ottawa: Canadian Coordinating Office for Health Technology Assessment (CCOHTA) 2002</li> <li>▪ Transplantation of cultured skin (Apligraf(R)) in treating venous leg ulcers - early assessment briefs (Alert). Swedish Council on Technology Assessment in Health Care (SBU) 2003.</li> </ul>
Main conclusions from new evidence  <i>current guideline content given in italics</i>	<p>Many of the reviews report inconclusive results.</p> <ul style="list-style-type: none"> <li>▪ EMLA reduces the pain of debridement. No evidence for role of debridement itself on healing. <i>Guideline says there have been no large trials of topical agents</i></li> <li>▪ High compression bandages aid healing. <i>Guideline recommends graduated compression multilayer bandage (A).</i></li> <li>▪ No evidence to support dressings/topical agents, ultrasound, electromagnetic therapy, IPC or zinc tablets.</li> <li>▪ Bilayered tissue engineered skin under compression improves healing. <i>Guideline recommends meshed split skin grafting to accelerate healing (good practice point)</i></li> <li>▪ Oral pentoxifylline increases healing. <i>Guideline recommends that antibiotics are reserved for evidence of infection (A)</i></li> </ul>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ Depends on importance of high vs graduated compression, use of oral pentoxifylline and skin grafting.</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ Topical agents such as EMLA</li> </ul>

Results of consultation							
Contributions from:	<ul style="list-style-type: none"> <li>▪ General practitioner</li> <li>▪ Nurse</li> <li>▪ Consultant surgeon</li> <li>▪ Consultant dermatologist</li> <li>▪ Vascular liaison nurse</li> <li>▪ Consultant rheumatologist</li> <li>▪ Practice nurse</li> <li>▪ Consultant physician</li> </ul>						
1(a)	Is there still a requirement for an evidence-based guideline on this topic?						
	Yes - 8						
1(b)	If no, should the guideline be withdrawn?						
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>						
	<ul style="list-style-type: none"> <li>▪ Yes, 3 areas noted overleaf. (1)high vs graduated compression (2) oral pentoxifylline (3) skin grafting are significant in the change of management of this condition</li> <li>▪ Need to add in information on use of topical agents such as EMLA, use of oral pentoxifylline and use of compression bandages.</li> <li>▪ Yes – the evidence of benefit from pentoxifyphyline should be included + evidence from ESCHAR trial of surgery suggests benefit of surgery. Major compression study will be published soon.</li> <li>▪ At least 3 areas: 1. New evidence on different levels of compression therapy. 2. New techniques for arterial assessment. 3. New wound healing technologies.</li> <li>▪ Possibly? If evidence is high enough. Is there sufficient evidence to support use of pulse ?? in establishing arterial safety? Is cohesive short stretch bandaging comparable to M.L. elastic compression?</li> <li>▪ No</li> <li>▪ Brief, selective review</li> </ul>						
2(b)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?						
	<ul style="list-style-type: none"> <li>▪ Yes – 4</li> <li>▪ ? If the evidence is strong enough to change the recommendation</li> </ul>						
3	Please list any additions to the remit of the guideline that you think would be beneficial						
	<ul style="list-style-type: none"> <li>▪ Explicit recommendations regarding investigation of the patient and guidance for seeking assessment with failure to heal</li> <li>▪ As above 3 areas: 1. New evidence on different levels of compression therapy. 2. New techniques for arterial assessment. 3. New wound healing technologies.</li> <li>▪ A recommendation that hosiery applicators should be available on tariff</li> <li>▪ I think it is useful to have guidelines and should be as evidenced based as possible</li> <li>▪ Add pentoxifylline</li> </ul>						
4	Please tick your preferred option for reviewing this guideline						
	<table border="1"> <tbody> <tr> <td>a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time</td> <td>1</td> </tr> <tr> <td>b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed</td> <td>6</td> </tr> <tr> <td>c. the entire guideline should be reviewed</td> <td>1</td> </tr> </tbody> </table>	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	1	b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	6	c. the entire guideline should be reviewed	1
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