

# Prognosis

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Nearly all venous ulcers can be healed, but, even in those who have successful ablation or wear their stockings religiously, - there is a 20–30% incidence of reulceration by 5 years. The greatest risk of reulceration is in the post-thrombotic leg. Summary box 62.2 Venous leg ulcer

Is associated with a profound impairment in quality of life Ulcers are not infrequently difficult to heal and prone to recurrence The treatment of these chronic wounds is associated with high costs to healthcare systems and patients The mainstay of treatment is the reduction in venous hypertension, with ablation of superficial venous incompetence and compression Early endovenous ablation of superficial reflux almost halves the time to healing of venous leg ulcers, reduces ulcer recurrence rates and is cost-effective

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It is now recognised that repair of a major vein can be carried out with a 70–80% success rate, reducing the morbidity of a combined arterial and venous injury considerably (especially limb loss). Complex repairs should not, however, be carried out if a patient's life is at risk, when ligation may have to suffice in the short term.

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