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## **Varicose eczema** (page 1 of 3)

This leaflet needs to be read along with advice from your doctor or nurse.

### **What is varicose eczema?**

Varicose eczema is also called gravitational eczema.

Eczema or dermatitis is a common skin disorder which causes red, scaly and often very itchy patches of skin.

Varicose eczema affects the lower legs where the skin becomes dry and itchy. Scratching the skin leads to soreness. If left untreated, the skin can break down, resulting in an ulcer in the area of the varicose eczema. The ulcer typically affects the inside of the leg, but can be on the outside of the leg or even the foot.

### **What causes varicose eczema?**

Varicose eczema is due to increased pressure within the veins in the leg. This is usually caused by failure of the valves in the veins which also causes varicose veins, but can also be caused by a blockage in the vein (thrombosis). This increased pressure damages the small blood-vessels in the skin which prevents oxygen and other essential nutrients reaching the skin, this causes eczema. The damaged blood-vessels release substances into the skin, which cause brown and purple pigmentation.

The eczema can be made worse by rubbing or scratching and also by using disinfectants and some creams. Often swelling of the ankles occurs, which can become quite severe.

### **Allergic contact dermatitis**

This can develop if the body's immune system reacts against a substance in contact with the skin. The allergic reaction often develops over a period of time through repeated contact with the substance. For example, an allergic reaction may occur to nickel, which is often found in earrings, belt buckles and jeans buttons. Reactions can also occur after contact with other substances such as perfumes and rubber. It also often happens in people with leg ulcers, who may become allergic to dressings and bandages.

In order to prevent repeated reactions, it is best to prevent contact with anything that you know causes you develop a rash. Tests can be done to work out which substances you are allergic to and need to avoid.

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## Irritant contact dermatitis

This can result from contact with fluids oozing from a leg ulcer, usually around or below the ulcer. If this occurs, a barrier cream can be applied when the dressings are changed.

It can also occur from frequent contact with other substances that irritate the skin and can be prevented by avoiding the irritants. (An irritant is something that would sting if it went in the eye, for example soap).

## Treatment of varicose eczema

There are several strands to treatment:

- Improving the circulation (treating the varicose veins with compression hosiery, exercise and leg elevation, with surgery or laser treatment).
- Improving the skin condition with emollient (moisturiser) use.
- During acute flare-ups steroid treatment may be needed additionally.

Good skin care and wearing hosiery are essential to prevent leg ulceration.

Emollients are necessary to reduce water loss from the skin, preventing the dryness normally associated with eczema. By providing a seal or barrier, the skin is less dry, less itchy and more comfortable. Emollients are safe to use as often as is necessary (at least daily) and are available in various forms; ointments for very dry skin and creams/lotions for mild to moderate or 'wet' eczema. Some are applied directly to the skin, whilst others are used as soap substitutes or can be added to the bath. There is a large range of emollients available. It may be necessary to try several before a suitable one is found. Testing a small amount on the skin first is advisable, as emollients contain substances to which some people are sensitive. When applying the emollient, try to smooth it on (in the direction of hair growth), as rubbing will further irritate the skin.

## Topical steroids (steroid ointments)

When eczema is under control, only emollients should be used. However in flare-ups, when the skin becomes inflamed, a steroid ointment may be needed as well. Steroids act by reducing inflammation and are used for most types of eczema. Topical steroids come in four different strengths: mild, moderately potent, potent and very potent. The strength of steroid ointment that a doctor prescribes depends on the age of the patient, the severity of the condition and the size of the area and part of the body to be treated. Topical steroids are applied thinly to the affected area only. The steroid is more effective if you apply it after (on top of) your usual emollient application. Your eczema should be reviewed regularly by your nurse or doctor if steroid ointment is being applied. When your eczema improves, you will need to gradually reduce the steroid use over 2 – 3 weeks or use a milder form for a few weeks. Sometimes the steroid cream may be combined with antibiotics.

Many people have concerns regarding the use of topical steroids and their side-effects. As long as steroids are used appropriately and as directed by your doctor, they are unlikely to cause any side effects. Reported side-effects have been largely due to the use of very potent

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steroid preparations over long periods of time.

## **Treatment of the underlying cause**

You will be offered a scan to find out if your veins are suitable for surgery or laser treatment. There are separate leaflets about these treatments.

## **Compression hosiery**

To help improve your skin condition and to prevent your eczema from returning or worsening, the circulation to your skin can be improved by wearing hosiery. The hosiery should be worn at all times, from rising in the morning to the time you go to bed at night, just removing them for showering. While resting, keep the legs elevated above the hips to prevent fluid accumulation.

Before you wear compression hosiery you will need a check to ensure that the pressure in your leg arteries is adequate.

## **Exercise**

When standing still for any length of time fluid accumulates in the lower legs and this will worsen your condition. Sitting still for long periods of time with the legs on the floor also has this effect. Walking helps the return of blood from the lower legs to the heart.

## **Complementary treatments**

Evening primrose oil supplements, borage oil, homeopathy (graphites) and Chinese herbal medicine (Chinese gentian, Chinese wormwood, peony root, rehmannia) have all been used to treat eczema. There is little evidence to prove how these alternative medicines work or how safe or effective they are.

Certain herbs and preparations contain ingredients that can cause harm. Before using any complementary medicine for eczema, you should talk to your GP or pharmacist (chemist).