Use of steroid ointments and creams in the treatment of varicose eczema
Information for leg ulcer patients
Itchy, flaky and inflamed skin, particularly around the ankle is known as venous eczema or varicose eczema.

It occurs when the valves in the leg veins do not work properly and pressure builds up inside the veins of the lower leg. Fluid then leaks out and causes damage to the overlying skin.

Simple measures help to reduce the high pressure in the leg veins - keeping active, losing weight if necessary and wearing compression hosiery. Standing (or sitting with the legs down for long periods) can make the eczema worse. When sitting, it is good to raise your legs and support them on a sofa and/or flex your feet regularly.

Despite these measures some people may still suffer from varicose eczema. Treatment with a topical steroid ointment or cream may be necessary.

**Steroid ointments and creams**

These are called topical steroids (‘topical’ meaning they are put on the skin) and are very different to the steroids used by bodybuilders and athletes. They will ease the itching, flaking, oozing and redness so encourage your skin to heal. They come in different strengths, mild to very potent and your nurse will advise you what you need.
Remember

Apply moisturiser daily - this keeps your skin in good condition and minimises dryness. Bland products such as Doublebase which don’t contain perfumes are recommended. Be aware that some moisturisers contain paraffin and should therefore not be used near a naked flame.

- Use soap substitutes - as recommended by your healthcare professional. Soaps, showergels and bubble baths have a drying effect on the skin
- Wear your prescribed compression hosiery
- Try to lose weight if necessary - help is available - ask your GP
- Keep active
- Treat varicose eczema promptly and appropriately - do not stop topical steroid treatment suddenly (the eczema may come back quickly) but reduce gradually over a two week period
- Seek advice or help - if necessary

Common mistakes in the use of steroid ointments and creams

Some people use too little - being too cautious can mean the inflamed skin may never completely clear. You may then end up treating the area for longer and using more topical steroid in the long-term.

Some people use too much - they use topical steroids as a moisturiser instead of a specific treatment for varicose eczema.

Some people use topical steroids each day after the eczema has cleared ‘to keep it away’. This is not normally needed but you may have frequent flare-ups despite correct treatment. One option may be to apply the topical steroid on the usual sites of flare-ups for two days each week. In the long run it can mean that the total amount of topical steroid is less than if each flare-up were treated more intensively when it occurred. You may wish to discuss this option with your doctor.
Treatment

A seven-14 day course of topical steroid is usually enough to treat a flare-up of eczema.

- Cream the legs with the moisturiser prescribed for you twice a day.
- Leave the moisturiser to soak in for 10 minutes
- Once a day rub the appropriate fingertip unit (FTU) of topical steroid onto the area of eczema. One FTU will cover an area roughly that of two adults’ hands. You may therefore only need to apply a very small amount
- Wash your hands

When the flare-up has been controlled, reduce the amount of topical steroid you apply over a two week period. Eczema and dry skin often go together so it is important you continue applying your moisturiser once or twice a day to keep the skin in good condition and prevent further flare-ups.

Short courses of topical steroid treatment are usually safe and cause no problems. The main problem is if very potent topical steroids are used long-term. A leaflet comes with each prescribed tube listing possible side-effects.
How to contact us

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