



the peak body and leading voice
for sonographers

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Dear Judith,

The Australasian Sonographers Association (ASA) thanks Wounds Australia for the opportunity to provide feedback to the draft document *Pan Pacific Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers 2nd Edition*.

The section of greatest relevance to vascular sonographers is *Section 6 Assessment, Diagnosis and Referral*. Unfortunately, as the ASA only became aware of this piece of work in April we are limited in the depth of consideration we can provide for this important clinical practice guideline.

The ASA notes these guidelines appear to have been prepared and published for review without input from an expert vascular sonographer that we can identify. Additionally, there appears to be limited input from other clinical specialists such as phlebologists, interventional radiologists or vascular surgeons who also undertake expert diagnosis of venous disease via ultrasound examination. Future involvement of such professions will provide a much greater level of detail and direction on this content.

The ASA considers the information presented within the *Section 6 Assessment, Diagnosis and Referral* is limited in detail and depth. Unfortunately, on such timelines the ASA is not able to provide a comprehensive detailed review of this section. In lieu of this, please find following some targeted feedback on identified elements of the guideline, largely focused on this section.

The ASA offers to collaborate with Wounds Australia on an improved statement on the clinical use, and recommendations for, ultrasound examinations as part of the diagnosis and management of venous leg ulcers in any future revisions.

If there are any questions on this feedback, or opportunities to undertake more comprehensive review, do not hesitate to contact me via email to policy@a-s-a.com.au or by phone on (03) 9552 0008.

Kind regards,

James Brooks-Dowsett
Policy and Advocacy
Australasian Sonographers Association

Feedback from the Australasian Sonographers Association

Draft: Pan Pacific Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers 2nd Edition

Section 4.4 Scope and Target Population

The ASA requests the inclusion of “vascular sonographers” in the list of healthcare professionals, as they are key medical diagnostic imaging professionals to whom this guideline is very relevant/applicable.

5.2 Surgical/procedural options for preventing venous leg ulcers

Line	Feedback / comment
31 (table 5a)	Minimally invasive procedures – Deep vein system Angioplasty / venoplasty is generally not done / quite rare. Where / what are the references to support this?

Part 6 Assessment, Diagnosis and Referral (from p51)

Line	Feedback / comment
180-1 (table 6b)	The description of “duplex ultrasound” could be more complete. It does not mention colour doppler and only refers to revealing obstructions with no mention of insufficiency. This is important as practitioners may jump to the table without reading the entire document and if so, they would be missing an important piece of information. It could be replaced with. “Grey scale, colour doppler and pulsed wave doppler ultrasound is a non invasive test that can assess veins and arteries. Ultrasound can be used to investigate patency/obstruction and/or insufficiency.”
From 183	6.5.1. Duplex Ultrasound References to ‘sonographer’ should be replaced with “vascular sonographer”. The ASA considers there would be value in providing a better description of a vascular sonographer and primary role they have performing comprehensive medical ultrasound (such as duplex ultrasound examinations) in this and other contexts.
194-6	This sentence requires clarification. The femero-popliteal segment is part of the deep system. Looking at the reference (36), it appears to say that ultrasound is an accurate imaging modality to detect patency/occlusion and compares the detection of patency in the LOWER leg deep system as being less reliable than the femero-popliteal segment. This sentence could be replaced with something along the lines of: "Ultrasound is a reliable and reproducible imaging examination in the detection of patency and obstruction of the deep venous system of the leg. There is a higher accuracy in the assessment of patency and occlusion in the femero-popliteal segment compared to the lower leg". Reference 36 could still be appropriately used.
197-9	The ASA emphasises support that duplex ultrasound is the most appropriate investigation to diagnose and evaluate chronic venous disease and identify reflux.
229-30 table 6c)	The quoted numbers are debateable. Critical ischaemia <0.3 This is a ratio not mmHg. >1.2 suggests arterial calcification. Most people following several Italian studies would suggest the figure is closer to 1.4. The normal values are also widely debateable

Reference papers	<p>The ASA notes there is general description on the research review undertaken in the general section and in determining the recommendations, however there is no information on the range of papers considered or reviewed.</p> <p>There is some concern on the mixed value of the papers used to substantiate the content of Section. For example, the quality of the papers varies between high impact journals (i.e. Journal of Vascular Surgery), with a number of papers are from relatively inconspicuous journals (Vascular Health and Risk Management). Of particular concern is one practice point (line #255) is referenced to Independent Nurse, a UK based news and information website that publishes articles without peer review.</p>
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Section 14.1 Healthcare Professional Education

This section discusses the importance of good training and education for the management of the condition, however does not consider the importance of providing education/awareness for appropriate diagnostic processes, referrals or roles of other health professionals in disease diagnosis. It is essential that treatment staff are sufficiently educated on the roles and critical functions medical diagnostic healthcare professional (e.g. vascular sonographers) provide in addressing venous leg ulcers.