

## Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atient's name & DOB & what they like to be called, **E**xplain examination and get consent
- Expose patient's legs. Check if pain in legs.

## General Inspection

- **Patient** : stable, breathless, pain/ discomfort, face, position
- **Around bed**: medicines etc

## Leg Inspection

1. Get patient to stand and inspect very fully (front and back)
2. Watch gait
3. Inspect lying
  - Skin: colour changes
  - (Ankle) swelling (**DVT; HF**)
  - Venous insufficiency (**describe**)
    1. **Venous eczema and haemosiderin deposits (damaged capillaries leak blood → red-brown patches).**
    2. **Lipodermatosclerosis (inflammation of subcutaneous fat → woody hard skin, pigmentation, swelling, redness, inverted champagne bottle leg)**
    3. **Venous ulcers / atrophie blanche**
  - Superficial venous dilatation and tortuosity (**varicose veins**)
    - Distribution (**long saphenous is all the way up the medial part of the leg, short saphenous is up the lateral part of the lower leg**)
    - Colour
    - Prominence

## Palpation

- Palpate varicosities
  - Palpate all the way along it for tenderness and hardness (**phlebitis**)
  - Palpate saphenofemoral junction (5cm below and med to femoral pulse) and check cough impulse
- Elevate limb to 15 degrees and note rate of venous emptying
- Trendelenburg (/tourniquet) test if varicosities present: determines the position of venous regurgitation of varicosities in leg
  - Lift patient's leg as high as comfortable (and milk leg) to empty the veins
  - While their leg is elevated, place tourniquet or press your thumb over saphenofemoral junction (SFJ) (2-3cm below and 2-3cm lateral to pubic tubercle).
  - Ask patient to stand while you maintain pressure over the SFJ.
  - Rapid filling of the varicosities with the tourniquet still on suggests incompetent perforator veins lie below the level of the SFJ
  - Now repeat the test moving tourniquet down 3cm each time - when varicosities do not refill, the incompetent perforator is above the tourniquet but below the previous one).
- Calf tenderness (**DVT**)

## Percussion

- Percussion wave of varicosities: tap distally and feel impulse proximally (**normal**) and tap proximally and feel impulse distally (**incompetent valves**)

## Auscultation

- Auscultate varicosity (**turbulent flow**)

## Finally

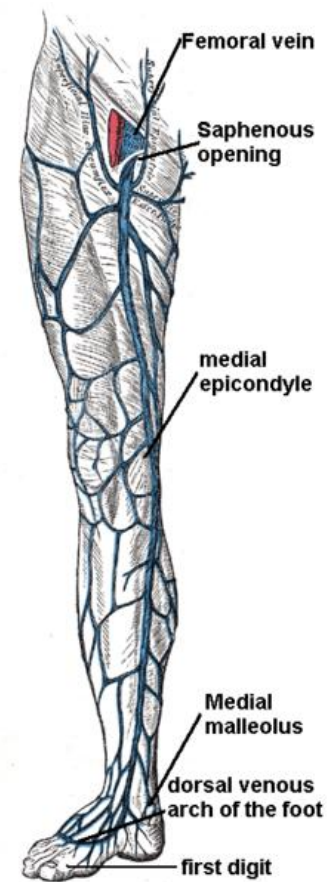
- Pitting oedema: if present, establish how far oedema extends; also check JVP if find oedema.
- Pulses (arterial)

### To Complete

- Thank patient and cover them
- "I would complete my exam by performing a full abdominal exam and pelvic exam (for masses causing VC obstruction)"
- Summarise and suggest further investigations you would do after a full history
  - USS varicosities



Varicose veins



Long saphenous vein distribution

Image adapted from: 20th U.S. edition of Gray's Anatomy of the Human Body, originally published in 1918