

Introduction

- Venous leg ulcers (VLUs) remain high prevalence of 1.5–3% worldwide.
- Effective treatments are limited:
- Compression therapy → Substantial pain leads to poor adherence and treatment failure.
- Surgical interventions → limited by **cost**, **facilities**, and patient suitability.
- Electrical stimulation therapies (EST) emerged as promising approaches for accelerating wound healing and alleviating pain.
- Research demonstrated a pooled mean wound area reduction of 8.3 cm² and a decrease of 1.4 points in VAS scores.
- Included in international recommendations: NPUAP, EWMA, WHS, and the Wounds UK Best Practice Guidance.
- Pulsed-current electrical stimulation (PES) has been increasingly recognised as particularly effective in promoting wound healing.

- To assess the clinical efficacy of a single-use, portable PES device for VLU
- patients in a real-world setting. Compare Percentage Wound Area Reduction (PWAR), Numerical Rating Scale

(NRS) scores, and Wound bed tissue composition pre- and post-intervention.

Methods

A self-controlled service evaluation was conducted in Eastbourne, UK.

20 VLUs Recruited

4 Weeks of Run-in

2 Weeks of Intervention

6 Weeks of Follow-up

Faster, Painless, and Healthier Wound Recovery:

A Pulsed-Current Electrical Stimulation For Venous Leg Ulcers

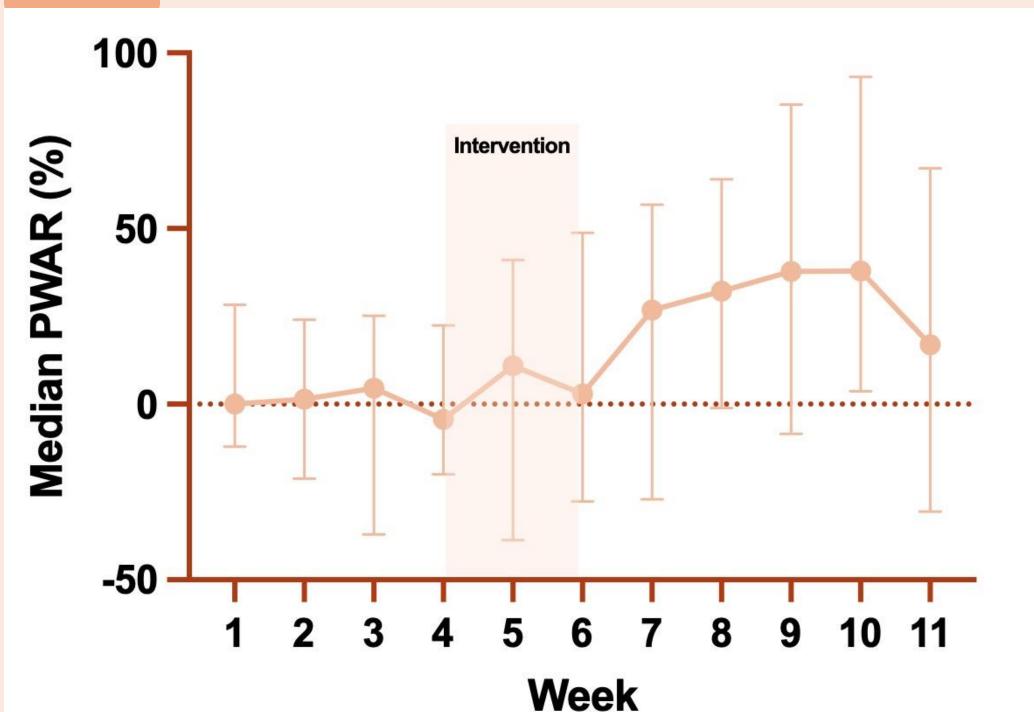
Results

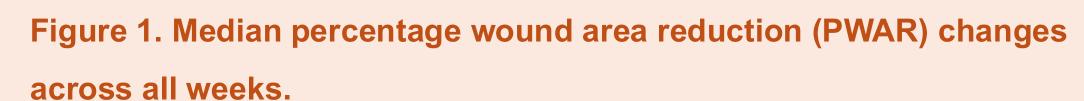
Yu-Tung Fu¹, Steven Jeffery²

- 1. Division of Surgery and Interventional Science, University College London, London, United Kingdom
- 2. Consultant Burns and Plastic Surgeon, Chief Medical Officer, Pioneer Wound Healing and Lymphoedema Clinics









The median PWAR fluctuated around 0 in the pre-intervention phase, but consistently increased post-intervention, reaching up to 38% at Week 10.

Linear Mixed-Effects Model	How much PWAR changes per week?	p value
Pre-Intervention	-5.62%	0.182
Post-Intervention	3.2%	0.006

Table 1. Linear Mixed-Effects Model analysis for PWAR.

The PWAR increased significantly by 3.2% per week post-intervention, compared with a **decrease** of 5.62% per week pre-intervention.

Conclusion

Pulsed-current electrical stimulation significantly accelerates wound healing, relieves pain, and promotes the formation of healthy wound bed tissue in patients with VLUs, allowing faster, less painful, and healthier recovery.

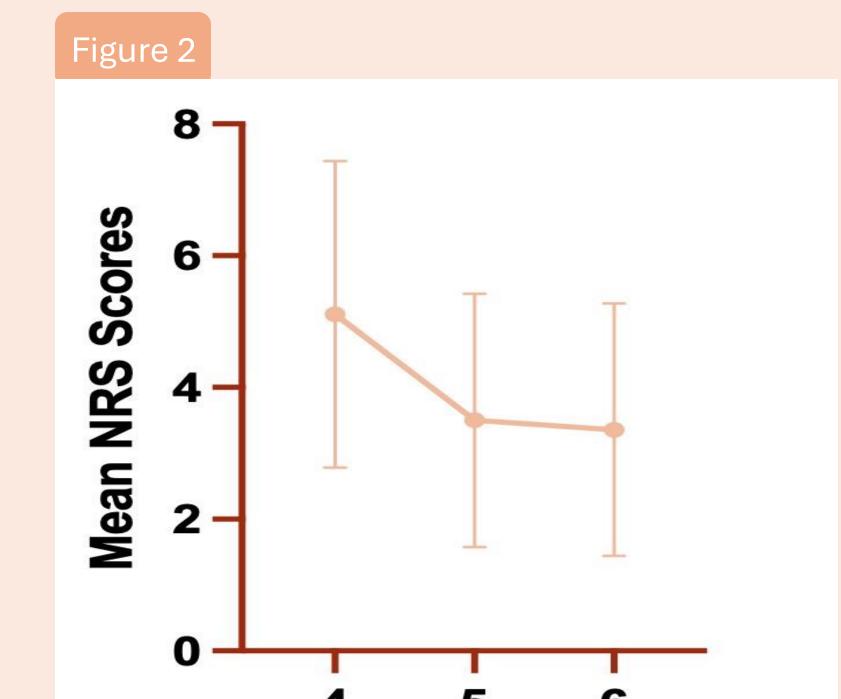


Figure 2. Mean NRS scores changes following intervention initiation.

Week

The mean NRS scores decreased substantially one week after the initiation of the intervention, reaching 3.5 points by Week 5.

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Linear Mixed- Effects Model	How much NRS Scores change per week?	p value
Female Participants	-2.04 points	0.022
Male Participants	_0.11 points	0.857

Table 2. Linear Mixed-Effects Model analysis for NRS scores.

The NRS scores decreased significantly by 2.04 points per week for female participants, whereas no remarkable change was observed for males.

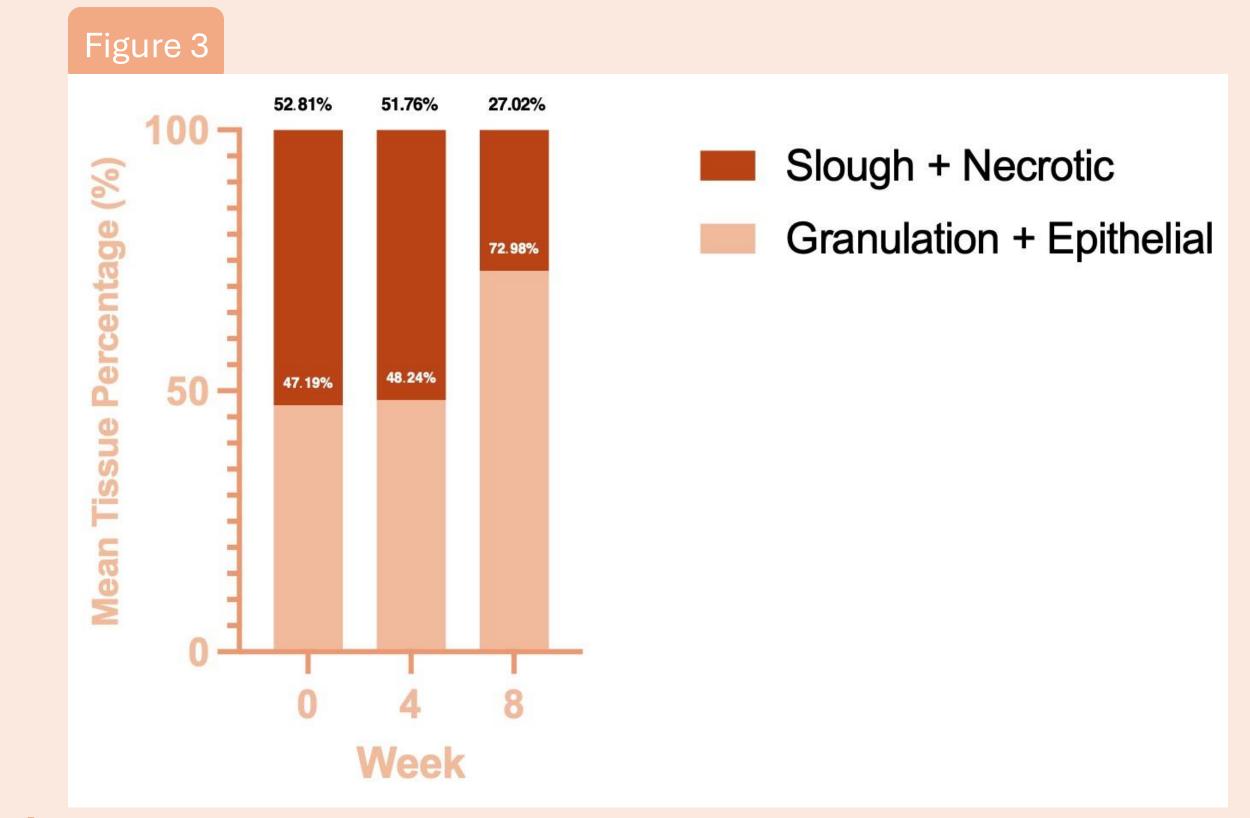
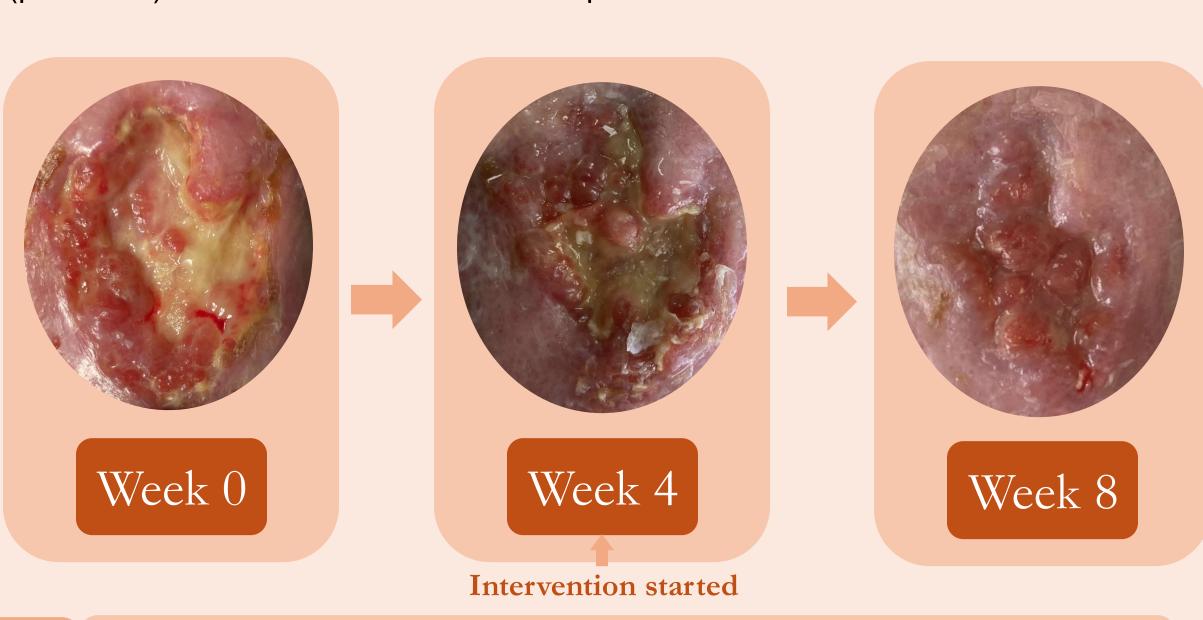


Figure 3. Mean wound tissue composition changes over 8 weeks.

The mean percentage of granulation & epithelial tissue significantly increased (p=0.0024) from 48% to 72% in 4 weeks post-intervention.



Acknowledgement

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