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(Co)living with vasculogenic ulcer: revealing meanings

Brenda Priscila Oliveira Silva[1]*, Emanuele Ribeiro dos Santos Cerqueira[1], Cátia Suely Palmeira[1], Roberta Mendonça Viana[1], Maria de Lourdes de Freitas Gomes[1]

ABSTRACT

Objective: To describe the daily experiences of people with vasculogenic ulcers. **Method:** Descriptive qualitative study guided by the Consolidated Criteria for Reporting Qualitative Research, conducted at a stomal therapy outpatient clinic in Bahia, Brazil. It included 11 participants diagnosed with vasculogenic ulcer. Data were collected in June and July 2024 through semi-structured interviews with closed and open-ended questions on sociodemographic and clinical characteristics. Data were analyzed using the thematic analysis technique. **Results:** The results showed that vasculogenic ulcers impose significant restrictions on daily life, compromising diet, work, household activities, mobility and autonomy, in addition to limiting social interaction and leisure. They also trigger psychosocial repercussions, such as shame, rejection and prejudice, and affect physical and mental health, marked by pain and emotional distress. The need for comprehensive, interdisciplinary care that goes beyond wound treatment stands out, including psychosocial support, health education and strategies that promote autonomy and quality of life. **Conclusion:** The experiences arising from having a vasculogenic ulcer were predominantly negative, represented by situations of discomfort, annoyance, suffering and dependence, which require care that considers not only the clinical effects, but also the emotional and social effects of this condition.

DESCRIPTORS: Leg ulcer. Stomal therapy. Emotions. Qualitative research. Nursing.

(Con)viver com úlcera vasculogênica: revelando significados

RESUMO

Objetivo: Descrever as experiências diárias de pessoas com úlcera vasculogênica. **Método:** Estudo qualitativo descritivo orientado pela ferramenta *Consolidated Criteria for Reporting Qualitative Research* (COREQ), realizada no ambulatório de estomaterapia da Bahia, Brasil. Incluiu 11 participantes com diagnóstico de úlcera vasculogênica. Os dados foram coletados nos meses de junho e julho de 2024 por meio de entrevistas semiestruturadas com perguntas objetivas abertas sobre a caracterização sociodemográfica e clínica. A análise se deu pela técnica de análise temática. **Resultados:** Os resultados evidenciaram que a úlcera vasculogênica impõe restrições significativas à vida diária, comprometendo alimentação, trabalho, atividades domésticas, mobilidade e autonomia, além de limitar o convívio social e o lazer. Também desencadeia repercussões psicossociais, como vergonha, rejeição e preconceito, e impacta a saúde física e mental, marcada por dor e sofrimento emocional. Destaca-se a necessidade de um cuidado integral e interdisciplinar que vá além do tratamento da ferida, incluindo suporte psicossocial, educação em saúde e estratégias que promovam autonomia e qualidade de vida. **Conclusão:** As experiências decorrentes de ter uma úlcera vasculogênica foram predominantemente negativas, representadas por situações de desconforto, incômodo, sofrimento e dependência, as quais demandam cuidados que considerem não apenas os efeitos clínicos, mas também os emocionais e sociais dessa condição.

DESCRITORES: Úlcera da perna. Estomaterapia. Emoções. Pesquisa qualitativa. Enfermagem.

[1]Escola Bahiana de Medicina e Saúde Pública – Salvador (BA), Brasil.
*Corresponding author: oliveirabrenda387@gmail.com

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(Co)vivir con úlcera vasculogénica: revelando significados

RESUMEN

Objetivo: Describir las experiencias cotidianas de personas con úlcera vasculogénica. **Método:** Estudio cualitativo descriptivo guiado por la herramienta Consolidated Criteria for Reporting Qualitative Research (COREQ), realizado en el ambulatorio de estomaterapia de Bahía, Brasil. Incluyó a 11 participantes con diagnóstico de úlcera vasculogénica. Los datos se recolectaron en junio y julio de 2024 mediante entrevistas semiestructuradas con preguntas cerradas y abiertas sobre la caracterización sociodemográfica y clínica. El análisis se realizó mediante la técnica de análisis temático. **Resultados:** Los resultados evidenciaron que la úlcera vasculogénica impone restricciones significativas a la vida diaria, comprometiendo la alimentación, el trabajo, las actividades domésticas, la movilidad y la autonomía, además de limitar la convivencia social y el ocio. También desencadena repercusiones psicosociales, como vergüenza, rechazo y prejuicio, e impacta la salud física y mental, marcada por dolor y sufrimiento emocional. Se destaca la necesidad de un cuidado integral e interdisciplinario que vaya más allá del tratamiento de la herida, incluyendo apoyo psicosocial, educación en salud y estrategias que promuevan la autonomía y la calidad de vida. **Conclusión:** Las experiencias derivadas de tener una úlcera vasculogénica fueron predominantemente negativas, representadas por situaciones de malestar, incomodidad, sufrimiento y dependencia, que demandan cuidados que consideren no solo los efectos clínicos, sino también los emocionales y sociales de esta condición.

DESCRIPTORES: Úlcera de la pierna. Estomaterapia. Emociones. Investigación cualitativa. Enfermería.

INTRODUCTION

Vasculogenic ulcers are a public health problem that affects a considerable portion of the population. Their worldwide prevalence is estimated at 0.32%, and may reach 1%–2% of the population and up to 3%–4% among older adults, affecting morbidity and mortality rates due to the increase in amputations, the occurrence of secondary infections, their disabling nature and the high cost of care[1,2].

It should be emphasized that the vast majority of vasculogenic ulcers are chronic and recurrent and usually appear in older people with chronic diseases, such as diabetes *mellitus*, systemic arterial hypertension and obesity[1,3]. The prevalence of venous ulcers in the general population may range from 1% to 3%, and this percentage increases after the age of 65 years[2]. Because of the underlying pathophysiology, ulcer recurrence is common after healing[4].

Vasculogenic ulcers may be venous, arterial or mixed, venous ulcers being the most common type. They are generally hard-to-heal wounds, a process that may last weeks or years. Around 75%–80% of all ulcers occur in the lower limbs[1,5].

In addition to the chronicity of their risk factors, the recurrence of venous ulcers is associated with aspects such as lack of emotional support and of cooperation, low levels of motivation, impact on daily and professional life, difficulty in performing dressing changes, low levels of self-care and lack of knowledge about the etiology of the ulcers[6].

The treatment of vasculogenic ulcers represents a significant burden for the patient and for the health system[7,8]. Moreover, this type of wound can affect these patients' mobility, sleep and mood, as well as cause them chronic pain, given the long time that elapses between the opening of the wound and its healing[7].

Factors such as impaired self-esteem, dissatisfaction with one's appearance and body, and the limitation in performing daily activities caused by the wound may affect patients' social life and may lead them to isolation[9].

For appropriate treatment, the differential diagnosis of the type of vasculogenic ulcer is essential, as is its classification according to the degree of wound contamination, which may be clean, colonized, critically colonized or infected[10]. This diagnosis requires prior knowledge of the wound by health professionals[11].

In view of the above, this study is believed to be of great value, since research such as this makes it possible to better understand the perception of people with vasculogenic ulcers about their disease, how their lives are affected and what

forms of self-care they adopt. From this perspective, understanding patients' perceptions would help to devise strategies to help them live better with the disease and prevent complications[12].

OBJECTIVES

Thus, this study aimed to describe the daily-life experiences of people with vasculogenic ulcers.

METHODS

This is a descriptive, exploratory study with a qualitative design guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ). A qualitative study is the most appropriate to capture aspects related to ideas, perceptions and feelings, as it works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, addressing relationships, processes and phenomena that cannot be reduced to the operationalization of variables and quantified[14].

The study was conducted at a stomal therapy outpatient clinic in Bahia, Brazil. The eligible population consisted of the 11 users followed up at the service, who are seen at the nursing office specialized in stomal therapy with a diagnosis of vasculogenic ulcer. Users aged over 18 years who had been followed up at the service for more than six months were included. Those who had cognitive or psychiatric difficulties in answering the interview and/or had ulcers of another etiology were excluded. There were no sample losses in this study.

Data were collected through interviews conducted by the researchers and two undergraduate nursing students, according to the schedule of the service's stomal therapist nurse. A semi-structured questionnaire with objective and subjective questions related to the study objective was used in the interview. The objective part of the questionnaire comprised sociodemographic and clinical data: age, sex, education level, ulcer duration, type of dressing, frequency of dressing changes, pain level, presence of odor, presence of infection, ulcer location, number of ulcers and whether the secondary dressing was changed at home.

The subjective part consisted of the following guiding questions:

1. What does living with a wound mean to you?
2. How does the wound affect your life?
3. What do you understand by self-care?
4. What ulcer-related care do you perform?
5. What do you think can help or hinder wound healing?
6. What makes it easier for you to undergo treatment?
7. What difficulties do you have in undergoing treatment?

The interviews were conducted on the day the user attended the dressing appointment and only after the Informed Consent Form had been signed. Each interview, lasting 20 to 30 minutes, took place in the nurse's office at the stomal therapy service and was recorded with the user's permission.

The interviews were transcribed verbatim and served as the basis for the analysis. Thematic analysis was then performed according to Minayo et al.[14] Multiple readings were carried out to become familiar with the content of the interviews in order to obtain an overview of the material as a whole and to identify units of meaning related to the phenomenon under study. Next, the units of meaning were grouped based on similarities and differences and, finally, categorized.

The study was approved by the Research Ethics Committee of Escola Bahiana de Medicina e Saúde Pública — CAAE No. 79318224.6.0000.5544.

In the presentation of the results, in order to maintain participants' anonymity, they were identified by the letter P (participant) and the Arabic numeral (01, 02, 03...) corresponding to the order of the interviews, which were processed and securely stored in a locked cabinet to ensure the confidentiality of the data collected. After five years, the interviews will be destroyed in a paper shredder.

RESULTS

The sample (n=11) was predominantly female and older (60–70 years), with a low level of education. Ulcer duration varied, including long-standing chronic cases. Dressing changes twice a week and wounds on the left lower limb predominated. Pain was frequent, infection was rare, and most participants performed home dressing changes, indicating participation in self-care (Chart 1).

After analysis of the testimonies, the results were organized into a central category ("How a vasculogenic wound can affect daily life"), which was divided into four subcategories:

1. The vasculogenic wound meaning restriction;
2. The wound affecting social life;
3. The vasculogenic wound causing shame, discrimination and rejection;
4. The vasculogenic wound affecting physical and mental health (Figure 1).

Subcategory 1 — The vasculogenic wound meaning restriction

In this subcategory, participants' narratives point to how vasculogenic ulcers can restrict several dimensions of their lives, including diet, work and household activities, clothing, mobility and independence.

Chart 1. Sociodemographic and clinical characteristics of the participants. Salvador, Brazil, 2024.

Variables/Categories	n (%)
Sex	
Female	9 (81.8)
Male	2 (18.2)
Age group (years)	
60–70	7 (63.6)
≥71	4 (36.4)
Education level	
Incomplete elementary school	6 (54.5)
Complete high school	5 (45.5)
Ulcer duration (years)	
0–5	5 (45.5)
6–10	2 (18.2)
≥11	4 (36.4)
Dressing changes (times/week)	
1	4 (36.4)
2	7 (63.6)
Ulcer location	
Left lower limb	6 (54.5)
Right lower limb	4 (36.4)
Both limbs	1 (9.1)
Presence of pain	
Yes	10 (90.9)
Presence of infection	
Yes	1 (9.1)
Home dressing	
Yes	8 (72.7)

SOURCE: PREPARED BY THE AUTHORS (2026)

Dietary restriction was evident in practically all testimonies. Some statements are shown below:

> Sometimes we are deprived of many things, of food. I don't eat everything, I don't eat anything "reimoso", shrimp is out of the question. The things I like, I'm deprived of eating.
> I don't eat any pork products; only now the nurse and other nutritionists have told me I could eat pork, loin or round steak. But I still haven't eaten it, because I'm afraid.
> You have to cut out a lot of things, because we can't eat everything, because it affects the wound; "reimoso" foods. We need to put our mouths on a diet. (P12)

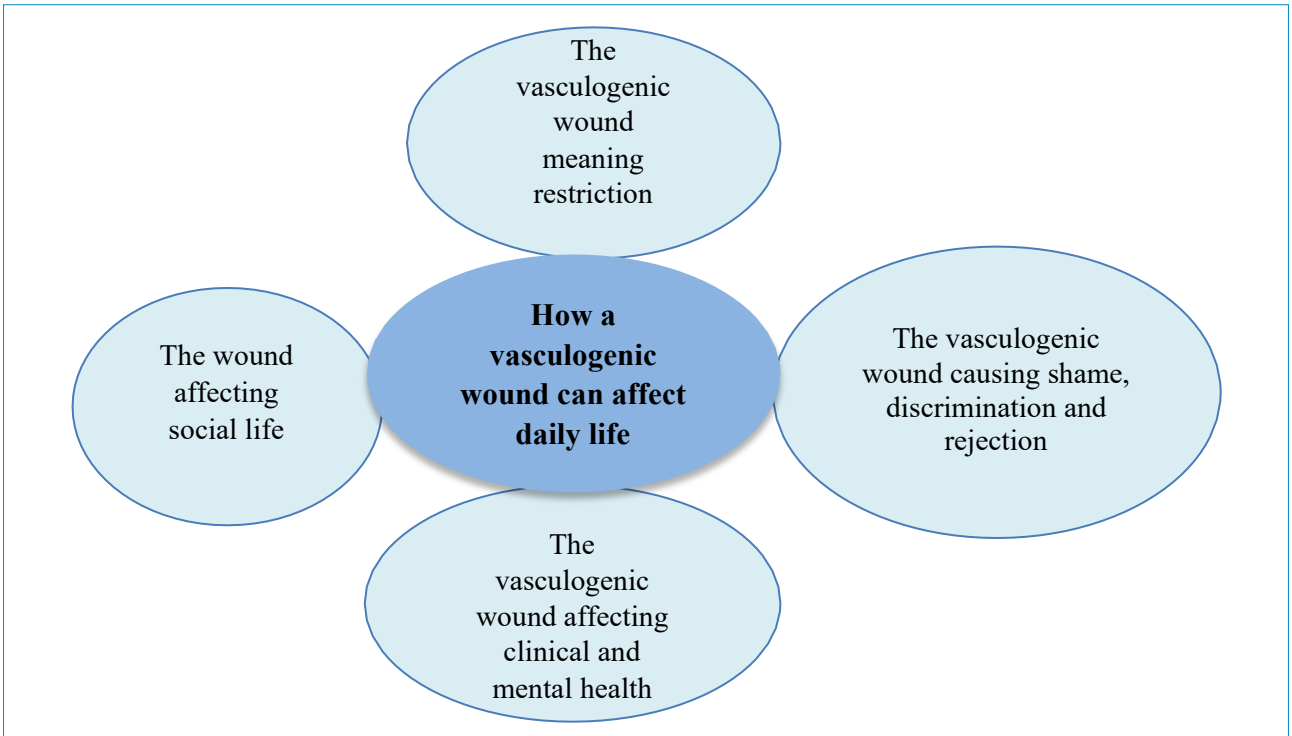
Restriction in performing work activities was also mentioned by some interviewees.

> If it weren't for it (the wound), I would still be working today. But then it got worse, in 2014, and I had to take leave from work. (P3)
> It affected everything, because I stopped working. (P8)

The perception of not even being able to carry out daily activities, such as taking care of the house and the family, because of the wound, is seen as a burden by some participants.

> I can't do things, I can't go out. I can't clean the house, lift heavy things. It keeps me from doing the housework. (P6)
> It stopped my life. It was hard for me to do the housework, to take care of my children, I had two boys at the time, it's a bit complicated. This wound from years ago stopped my life, I spent more time in the hospital, getting treatment, taking care of myself. (P12)

Regarding clothing restrictions, several statements showed how much participants feel affected by the need to adapt their clothes to accommodate the wound on their lower limbs.



Source: prepared by the authors (2026)

Figure 1. Link between the categories.

> You can't do anything, you can't walk, you can't go anywhere, I can't put on pants. I only wear shorts now. I can't wear sneakers either, because my foot is swollen. (P1)
> We want to put on shoes, we want to walk on the beach, but it's not good to walk on the sand, my family is pushing me to walk, to have some leisure, so you lose your freedom. (P9)

Another limitation resulting from the wound concerns the difficulty in performing physical activity, not only due to pain and the inability to make certain movements, but also due to the difficulty in finding suitable clothing.

> I can't wear shoes because of my leg, so I can't exercise. It's horrible walking in sandals. (P6)
> It holds me back; now I need to go walking, but I can't, I still can't fit into sneakers. (P11)

Still in this subcategory of the vasculogenic wound meaning restriction, participants reveal that they feel the impact of the wound on their mobility and dependence. Regarding mobility, statements emerge that mention difficulty moving and getting around:

> It affects movement too, even moving around is complicated, it's not like it used to be, it bothers you. (P7)
> I couldn't go out walking in the street anymore, I started using this cane, which has been with me for more than eight years, to help me put less weight on the leg that was more wounded. (P8)

Another restriction referred to feeling dependent on other people; one interviewee talks about how much this bothers her:

> What affects me most is that I like doing things, I don't like asking anyone for anything, and right now other people are doing everything for me, I don't like that. (P5)

Subcategory 2 – The wound affecting social life

This subcategory concerns the findings related to restrictions on social life and leisure, which can be illustrated by the statements below:

> After I got this wound, I hardly go out anywhere. Because you have to take supplies to change the secondary dressing, so I don't go out. I only go out to have the dressing done, to go to the supermarket or when I go to the doctor. (P3)
> I find it so embarrassing, so bad. I am a person who, after this ulcer appeared, I'm not the same anymore. I used to like going out, having fun, going out with my daughters. (P10)

While talking about restrictions on leisure, one participant emphasized that her wounded leg leads her to give up her wish to go out, and she ends up giving up:

> I keep wanting to go out for a stroll. I like to have fun, but when I look at my leg, I give up. (P3)

Subcategory 3 – The vasculogenic wound causing feelings of shame and rejection, as well as prejudice

This subcategory reveals that feelings such as shame and rejection are commonly experienced by people with vasculogenic ulcers, as described in the testimonies below:

> There was a lot of odor, and I was ashamed. I used to take the bus, I would douse myself in perfume to hide the odor that even I couldn't stand. When I got off the bus and looked at my leg, I saw that my pants were all wet. If I could, I would have opened a hole in the ground and crawled into it, I was so ashamed. Then I would run to the bathroom, wet my pants, start cleaning them and leave with my pants wet. To me, everyone is looking at me. I'm still like that today. (P10)

It can be seen that society's prejudice regarding vasculogenic ulcers is also felt by one participant within her own family.

> I wouldn't wish it even on my enemies, because this isn't God's doing, no. Because, stop and think: even living in society is uncomfortable, because many people are prejudiced; for example, I have a son who, at first, wouldn't have lunch at my house because of the way I was (P11)

Category 4 – The vasculogenic wound affecting clinical and mental health

This category includes the impact of vasculogenic ulcers on clinical and mental health, bringing several problems and challenges to the lives of people living with the wound. With regard to mental health, the wound can cause behavioral, emotional and psychological harm.

> Sometimes I can't do things, and I get very upset. (P5)
> I almost had depression, I just wanted to stay in my room, locked in, so I didn't take care of my hair, didn't take care of my nails, I showered because I had to. (P10)

In addition to the impact on mental health resulting from living with the wound, participants expressed physical suffering, conveyed by words such as "discomfort", "pain", "burning" and "stinging" in the affected limb.

> There were times when I had to go out, sometimes I would go to my church, but there was a lot of pain; I had to sit down and put my leg up. (P11),
> It's horrible, because having a wound on your leg is very bothersome. It bothers you because this varicose wound burns a lot, it stings and we feel a lot of pain. It throbs, it gives you those stabbing pains.

DISCUSSION

The results of this study highlighted the complexity of the experience of living with a vasculogenic ulcer, addressing not only clinical aspects, but also social, psychological and financial impacts. The proposed categorizations, based on participants' narratives, allowed an in-depth, multifaceted understanding of this chronic condition and its implications for daily life.

The restrictions repeatedly revealed by participants are mainly related to food consumption, mobility and independence, showing that these restrictions affect their daily lives. Some of these restrictive conditions and imposed limits may be real; others may represent an unconscious defense mechanism to avoid emotions, pain and suffering related to imagined situations.

Regarding dietary restrictions, participants' reports revealed myths and beliefs that they consider to directly affect wound care and hinder healing, such as the consumption of pork and seafood. Scientific studies report that foods popularly considered "reimosos" may contain high levels of decomposing microorganisms and toxic products resistant to cooking, which may delay healing and increase local inflammation[14]. However, there is insufficient scientific evidence to recommend avoiding these foods. Nevertheless, a diet rich in nutrients, vitamins and minerals and low in calories is essential for good tissue repair and healing[15,16]. Still regarding dietary patterns, the cited authors highlight that a healthy, balanced diet contributes to weight control, since obesity is known to be an aggravating factor that directly affects wound healing.

With regard to restrictions on physical activity, two factors were most frequently cited by the interviewees as interfering: pain and difficulty wearing clothing, including suitable footwear such as sneakers. The presence of pain as a restrictive element is in line with the existing literature, which describes this condition as one of the main barriers to maintaining an active life[2,7].

However, exercise targets the calf muscle in order to increase the efficiency of this muscle pump, which sends venous blood from the lower limbs to the heart, also helping in the treatment of venous insufficiency, one of the main causes of vasculogenic ulcers[17]. From this perspective, physical exercise should be practiced for the prevention and treatment of ulcers, as it improves venous circulation and increases lower limb muscle strength, with a significant effect on healing[18]. It is important to emphasize that activities should start at low to moderate intensity and low impact, respecting each patient's limitations.

The perception of limitations in work and household activities also reflects the disabling nature of ulcers, corroborating a previous study that highlights their high degree of functional impairment[9]. Another point to be highlighted is that the presence of the wound affects self-esteem and self-image, leading participants to want to isolate themselves and avoid any activity that would expose their problem, such as having a wound.

Other repercussions of the wound on participants' daily lives refer to the feeling of shame arising from an impaired self-image before society and the tendency toward isolation, reducing social interactions. Participants' reports highlight family exclusion, prejudice, social stigma, reduced leisure and dependence. The literature indicates that wound exudate and odor are generally associated with reports of embarrassment and shame and may have a negative impact on patients' social interactions, often leading them to avoid social activities[12]. In view of this context, vasculogenic ulcers are considered to negatively transform the patient's lifestyle, preventing them from performing routine activities, which affects their autonomy, independence and quality of life.

For the interviewees, prejudice was perceived through pejorative comments and discriminatory looks, making them feel that they may be marginalized. Given these situations, it can be assumed that people living with the wound experience feelings of self-deprecation, sadness and distress, which may lead to mental disorders[12,19]. Rejection and prejudice often come from within the family, as shown in a report from this study. Consequently, even within the family, the ulcer can be a burden and cause the individual to feel inferior.

It is thought that the feeling of rejection perceived by these people may represent a painful emotional experience with significant effects on their mental health and well-being, considering that the search for acceptance is intrinsic to human beings, especially within a given social group, and may also lead them not to accept themselves.

The shame caused by the odor or appearance of the wound is consistent with another study, which shows the social stigma associated with vasculogenic ulcers and its effect on self-esteem[8]. Shame is a feeling directly related to numerous other elements, such as guilt, inferiority, contempt, humiliation and self-esteem, and represents social and psychological suffering[20].

Social isolation, often self-imposed, reflects individuals' attempt to avoid embarrassing situations, a tendency observed in individuals living with highly visible chronic diseases[3]. In addition, the lack of understanding and support, including within the family context, deepens the challenges faced.

Difficulties in finding suitable footwear and clothing to take part in social or leisure activities, as well as impaired mobility and the need for periodic dressing changes, are obstacles that directly affect the social life of people living with the wound.

Also regarding the harm caused by vasculogenic ulcers, it is important to emphasize that they have implications for people's physical and mental health. Those living with a wound may develop some problems throughout their lives, both physical, as they may become unable to perform some daily activities, and emotional, as it may psychologically affect the individual's life, influencing their way of being in the world[12,19-21]. Still regarding the feelings of people living with vasculogenic ulcers, a study indicates that diseases that affect the skin and are located in visible areas of the body may often be associated with feelings of shame, embarrassment, anxiety, depression and low self-esteem[12].

Regarding clinical complications, in addition to pain, the wounds can cause secondary infections, disability and increased morbidity and mortality[22]. Signs and symptoms such as odor, discharge, edema, hyperemia and impaired venous circulation are features that accompany the lives of these people.

With regard to mental health, living with a wound brings several conditions already discussed, such as social exclusion, dependence, rejection and negative feelings capable of causing psychological disorders. It is known that prolonged non-healing of the wound can cause many negative emotions, including anxiety, depression, disappointment and fear, feelings reported by the interviewees in this study[19]. People with chronic wounds are more likely to have mild to moderate depression[21,22]. Depression, in this case, may be related to loss of autonomy, low self-esteem, reduced leisure and loss of interest in social activities, aspects commonly seen in people living with vasculogenic ulcers[21].

Anxiety regarding healing and returning to an active life can also negatively affect patients' lives. As observed in a study that investigated the relationship between quality of life and venous ulcer severity, the factors with the greatest impact on quality of life were emotional aspects, mainly concern about the wounds not healing and the time spent thinking about healing, factors responsible for constant emotional strain[20]. Thus, humanized health care for these patients is essential, so that they can develop strategies and receive support to deal with the changes brought about by the wound in their daily lives.

The study findings indicate the importance of an interdisciplinary, patient-centered approach that considers not only clinical aspects, but also emotional, social and financial challenges. Care programs should integrate not only medical interventions, but also psychological and social support, as well as encourage continuing education for patients and caregivers.

Study limitations

Among the limitations of this study is the small sample size, consisting of 11 participants from a single region, which may reduce the generalizability of the results. Nevertheless, the qualitative methodology allowed an in-depth exploration of individual experiences, generating meaningful data for future clinical and social interventions.

Thus, the study reaffirmed the complexity of the experience of living with a vasculogenic ulcer, highlighting the need for personalized, multidimensional interventions that provide comprehensive support to the patient. For this reason, these perspectives are expected to assist in the development of more effective care and support programs that mitigate the impacts of the condition on various spheres of individuals' lives.

Recommendations

The main contributions of this study to the health field consisted of broadening the understanding of the biopsychosocial impacts of vasculogenic ulcers, showing that the illness goes beyond clinical manifestations and has a significant impact on individuals' quality of life, autonomy and well-being. For nursing, the findings provided support for planning comprehensive, person-centered care, strengthening health education, encouragement of self-care, emotional support and longitudinal follow-up of patients. In addition, they reinforced the importance of nursing and stomal therapy in identifying physical, emotional and social needs, contributing to more humanized, qualified and effective care.

CONCLUSION

Through knowledge of the lived experience of people with vasculogenic ulcers, it was possible to identify, by analyzing their testimonies, the main problems they have to face in their daily lives.

Among the experiences of people with vasculogenic ulcers, the multifaceted challenges imposed by this condition stood out, encompassing physical, emotional, social and economic dimensions. The results showed that these wounds directly affect quality of life, restricting daily activities, affecting self-esteem and intensifying social isolation. Furthermore, persistent pain and mobility difficulties lead to dependence and significant harm to mental well-being.

The predominance of negative experiences reported by participants, such as shame, discrimination and social exclusion, highlighted the need for multidimensional interventions that promote comprehensive, personalized support. These interventions should go beyond the clinical treatment of the wound, encompassing health education for self-care, emotional support and social inclusion measures, as well as expanding access to resources for appropriate treatment.

Finally, this study contributed to a better understanding of the difficulties faced by people with vasculogenic ulcers, reinforcing the importance of strategies that consider the multiple aspects of these patients' lives. Future studies should explore the effectiveness of interdisciplinary approaches, aiming at improving quality of life, reducing inequalities in care and preventing complications.

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