

MANAGEMENT OF A PATIENT WITH LYMPHOEDEMA

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Introduction

Lymphoedema is a chronic swelling resulting from the accumulation of fluid in the tissues which arises as a result of dysfunction in the lymphatic drainage system (BLS 2001). It usually affects one or more limbs and, in some cases, involves the head, trunk or genital area. It is perceived to be an uncommon condition which is difficult to treat. The reported incidence varies from 6.7% to 62%; a recent study gave the overall figure of 25%, rising to 38% in patients receiving auxiliary lymph node clearance and radiotherapy (Mortimer 1996, Mortimer et al 1996). Lymphoedema is commonly associated with lower limb venous hypertension and/or cellulitis. However, there is a paucity of specific evidence regarding the prevalence of lower limb lymphoedema (DHSSPS 2004). Because it is not life-threatening many practitioners believe it is therefore best left alone. This point of view fails to take account of the following facts:

- failure of lymph drainage commonly attributes to chronic oedema
- patient suffering, in terms of physical, social and psychological handicap, can be considerable
- treatment can improve the condition
- skin ulceration frequently occurs due to oedema

Winter (2001) estimated that there are probably 100, 000 people suffering from all types of lymphoedema in the UK - with 8% having to give up their work. Social and economic exclusion is a feature of lymphoedema, which can lead to chronic ill health due to decreased mobility and vitality and an increase in pain and possible obesity (Winter 2001)

This poster will outline the clinical outcomes of a patient with bilateral lymphoedema.

Patient Details

Patient: Mr Lowe
Age: 56 years old

Diagnosis of Lymphoedema: 7 years ago by Consultant Vascular Surgeon

Treatment: Long stretch bandages at Acute hospital
Referred to Tissue Viability Service February 2004

Aims of Treatment

- To restore the equilibrium between capillary filtration and lymphatic drainage (Foldi et al 1985)
- To encourage lymph fluid to drain through unaffected vessels
- Educate Mr Lowe regarding management of his condition with maximum independence

Treatment in Primary Care

- Measurement of limbs
- Alternate day bilateral bandaging using cohesive short stretch Actico® bandages to mid-thigh (*Fig 4*)
- Manual lymphatic drainage provided by Physiotherapist
- Education on skin care, diet, exercise and rest
- Referred to exercise assessment programme

Mr Lowe made significant improvements mainly as a result of:

- excellent concordance with treatment
- use of cohesive short stretch bandages (*Fig 4*) and various hosiery (*Fig 5&6*)
- interdisciplinary planned care

Outcomes for the patient included

- Improved mobility
- Improved social interaction
- Established exercise programme
- Maximum independence to manage condition using compression garments
- Improved nutritional knowledge
- Increased awareness of his condition
- Increased energy
- Ability to cross legs at ankle (*Fig 7*)
- Weight loss enabled him to buy clothes in general men's wear department

Conclusion

Management of patients with lymphoedema requires skilled knowledgeable practitioners to plan and deliver treatment and it requires concordance by the patient (Moffett 2004). This case study illustrates how accurate diagnosis and interdisciplinary care planning with the patient ensured good clinical outcomes and patient satisfaction.

Fig 1: First visit - Chronic oedema caused by failure of lymph drainage system



First visit	Ankle	Calf
Left leg	56.5cm	80cm
Right leg	63.5cm	66cm

Fig 2: 7 weeks later - Reduction in limb volume



7 weeks later	Ankle	Calf
Left leg	45.5cm	49cm
Right leg	62.5cm	59.4cm

Fig 3: 1 year later



Fig 4: Bilateral bandaging to mid-thigh



1 year later	Ankle	Calf
Left leg	39cm	58cm
Right leg	49cm	62cm

Fig 5: Hosiery insitu



Fig 6: Hosiery



Fig 7: Patient able to cross legs at ankle



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