

The management of chronic oedema associated with venous disease using the patient and carer as a resource.

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Venous disease associated with lymphoedema

I thought it would be interesting to look at the number of patients presenting with venous disease but who also have lymphoedema.

In Northern Ireland the first leg ulcer clinic was set up in 1995, over the last 12 years education, experience and expansion have been ongoing. Healing rates have improved by using research evidence based practice however more complex conditions are being seen at the clinics. To my knowledge there are no figures to substantiate the number of clients suffering from venous disease with lymphoedema involvement..

Recently I assessed a patient with this problem. He presented with bilateral very oedematous, extremely painful, weeping legs. Over the past 6 months he had been prescribed numerous antibiotics but no one had addressed the underlying cause, venous disease with lymphoedema.

Government is favouring client independence and self care. To achieve this the client and carer must be educated and instructed in their proper care, application of bandages and be aware of conditions which need to be reported.

Aim

To look at new ways of managing full leg oedema, improve quality of life and encourage simple and effective self care

Method

The 55 year old man was referred to the specialist tissue viability nurse having been treated by the GP, practice nurse and a private dermatology clinic. Various treatments had been advised to manage the exudate, but these were unsuccessful and his skin was painful and excoriated.

Standard practice for venous leg ulcer patients has been high compression bandaging from toe to knee. As in the case of this patient, this can lead to problems with swelling on the dorsum of the foot and at the knee and thigh.

After full holistic and Doppler assessment the tissue viability nurse decided to use multilayers of cohesive short stretch bandages over protective padding from toes to thigh to reduce oedema of the whole leg.

Under supervision of the tissue viability nurse the patient was taught how to self bandage with verbal and written educational support provided

Results

Within 8 weeks oedema had resolved, pain levels had reduced and his skin had improved because of the lower levels of exudate on the skin.

Discussion

The success of this case study has led the nurses to review a change in practice by handing the bandaging care to the patient, thereby encouraging greater concordance and saving valuable nursing time

