Lymphoedema: A case study using the available resources – bandages, hosiery, nurse skills and patient/carer

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Introduction

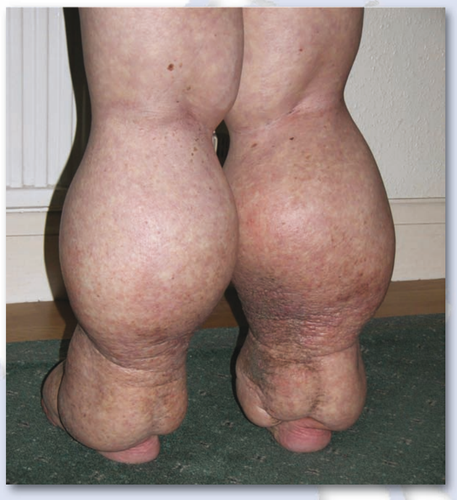
This case study reviews the care of a patient who was referred to the lymphoedema service with progressive leg oedema having been unsuccessfully managed by her GP for 4 years. She is a prison warden who had been active and sociable until her condition rendered her immobile and housebound. Having given up her job, she wore very long skirts to cover the swelling, and her immobility contributed to her obesity. Venous incompetence was a long standing problem and this, together with her increasing weight gain, led to greater swelling and distortion of her legs. She had considerable disfigurement in the limbs with signs of hyperkeratosis, lymph blisters and deepening skin folds. Diagnosis of lymphoedema tarda was not confirmed by lymphoscintigraphy as she has needle phobia.

Method

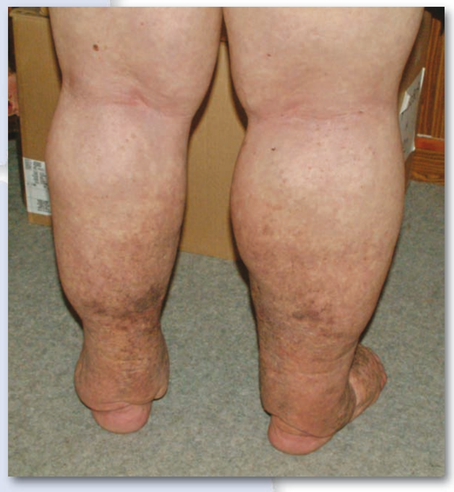
As her intensive phase care was to be carried out in the community, and because of the lack of specialist resources, it was decided that manual lymphatic drainage was inappropriate. The best course of action to reduce the severe and complicated oedema was multilayers of short stretch bandages (Partsch H 2007) which were commenced following reassurance by vascular studies that she was safe to compress. Aqueous cream, good basic hygiene and monitoring for fungal foot infections provided simple skin care. Textured foams under a layer of a tubular retention bandage were used to help break up the areas of fibrotic tissue. Flexiban® padding was used to protect the bony prominences and skin folds to pad out the curvature to create a conical shape necessary to achieve graduated compression. To prevent bandage slippage, Actico® cohesive short stretch bandages were chosen to reduce the oedema. (Williams A 2006) The bandages in varying widths were applied by two alternating nurses three times a week.

Results

After 10 days the limb size had reduced with a better shape. She became more mobile, and the hyperkeratosis began resolving. Her husband photographed her legs at regular intervals and improvements continued, noted at days 21 and 28 with significant difference at week 4. She became more mobile, was no longer housebound and took great delight in wearing her improvements continued, noted at days 21 and 28 with significant difference at week 4. She became more mobile, was no longer housebound and took great delight in wearing her shoes with skirts to show off her legs. She was maintained in European Class 3 stockings obtained via the hospital as the new stiffer lymphoedema garments were unavailable on FP10 at the time.

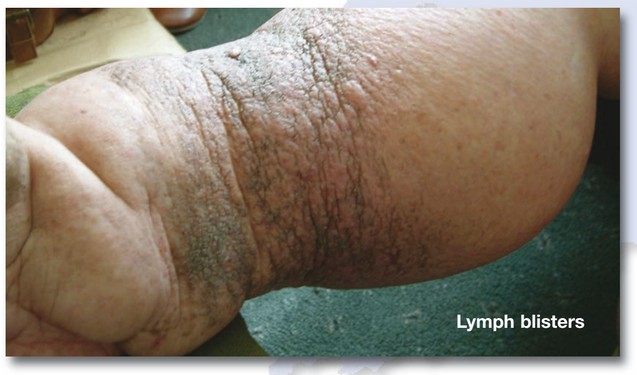


9.5.05 Initial visit (rear of legs)

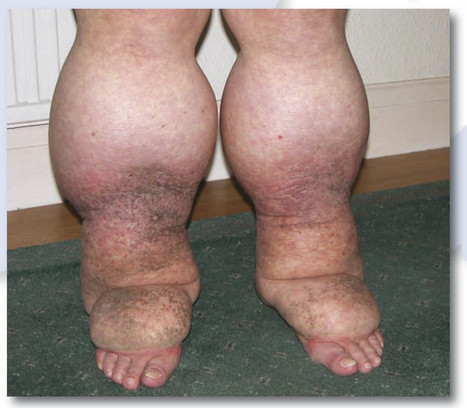


19.05.05 After intensive bandaging with Actico® cohesive short stretch bandages (rear of legs)

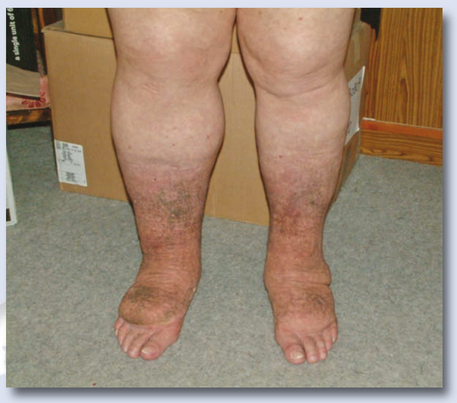
Padding and Actico® compression bandages in situ



Lymph blisters



9.5.05 Initial visit (front of leg)



19.05.05 Post Actico® bandaging (front of leg)

Discussion

Four layer elastic bandages often used for venous conditions are inappropriate for chronic oedema and lymphoedema as the extensibility of the bandage can lead to gravitational swelling in the toes. (Williams 2003)

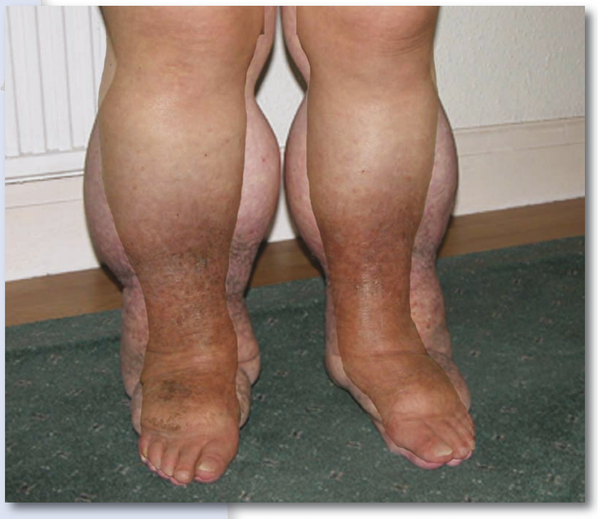
With short stretch bandages there is rapid reduction from the high working pressures but with greater patient comfort at rest because of the low resting pressures. (Foldi, Junger, Partsch 2005) Rapid limb reduction requires frequent re-bandaging to prevent slippage, but this was resolved by using Actico® cohesive bandages. The low profile of the bandages allowed her to move more freely, and this helped to reduce the oedema and also to lose some weight.

Conclusion

Simple skin care, simple appropriate padding and bandaging achieved reduction in oedema, reversal of venous hypertension, resolution of shape distortion and improvements in skin condition. Patient and carer involvement, together with effective treatment regimes, led to an improvement in this patient's physical and mental condition.

References

Partsch H (2007) Assessing the effectiveness of multilayer inelastic bandaging. Journal of Lymphoedema 2; 2: 55-61
Williams A (2006) A clinical audit of Actico cohesive short stretch bandages. JCN 20; 2
Williams A (2003) The management of lymphoedema of the lower limbs; JCN 17; 8: 34-44
Foldi E, Junger M, Partsch H (2005) The science of lymphoedema bandaging. EWMA Focus Document. Lymphoedema bandaging in Practice MEP Ltd: 2-4



Reduction in limb size, improvement in shape

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