

How quality of life can be altered in 24 hours: the treatment of a lady with unrecognised lymphovenous disease.

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Fig 1.

Mrs Martin's legs are oedematous but with positive Stemmers sign. There are papillomas present with haemosiderin.

On day 1 the measurements were:

left ankle: 38cms and **left calf:** 50cms on day 1

right ankle: 38cms and **right calf:** was 51cms



Fig 2.

The papillomas have gone. The redness of the legs has greatly reduced.

On day 2 the measurements were:

left ankle: 28cms and **left calf:** 46cms

right ankle: 25cms and **right calf:** was 47cms



Fig 3.

Introduction

Mrs Martin presented to Eastbourne's Wound Healing Centre with increased skin thickness giving rise to a positive 'Stemmer's Sign', hyperkeratosis, enhanced skin folds and papillomatosis (Fig 1).

All of these signs of lymphovenous disease had been present for many years and this had an effect on this fairly young woman's life. She rarely went out and, when she did, she felt ashamed of the shape and condition of her legs. She never wore skirts and her husband had to purchase size 12 mens shoes in order to accommodate her swollen feet.

Aim

The aim was to reduce all of the signs and symptoms of lymphovenous disease and to reverse the chronic condition.

Methods

Photographs were taken with the patient's permission and the ankles and calves were measured. Her legs were soaked in water containing Comfrey oil.

ActiFast® yellow line was applied toe to knee. FlexiBar® was then used to reshape the legs. Two layers of Actico® short-stretch bandages were applied in a spiral with the first bandage applied left to right and the second bandage applied right to left.

Results

The patient was reassessed within 24 hours to ensure that the bandages were still able to provide support after the reduction in the size of the limbs. Measurements were taken again and this showed a reduction of 5cms on each calf and 3cms on each ankle.

Within 24 hours the papillomas had gone and the shape and colour of both legs had improved (Fig 2).

Within 3 weeks, compression hosiery was applied (Fig 3). Mrs Martin's husband was taking her out to buy smaller shoes and she felt able to wear a skirt for the first time for years.

Discussion

Lymphovenous disease can generally be corrected through appropriate use of short-stretch compression therapy, so these results should not be surprising. Nevertheless, the speed of the changes was remarkable and was absolutely due to compression.

Conclusion

This lady's problem was resolved very quickly once Actico® short-stretch bandages were applied.

Lymphoedema is an incurable, progressive condition causing pain, psychological distress and mobility difficulties (Keen 2008) and is also an important cause of morbidity. However, little is known of its epidemiology and impact on patients or health services (Moffatt et al. 2003). There is a lack of understanding of lymphoedema by health professionals and the information provided to patients is generally poor which leads to emotional responses of shock, fear, annoyance, frustration and negative body image (Morgan et al. 2005; Logan et al. 1996). The patient will experience difficulty in accessing appropriate treatment and difficulty in dealing with their disease (Williams et al. 2004).

Initially, lymphoedema may be very slight and not noticeable all the time and at this stage it is quite common to notice more problems as the day goes on. Eventually, excessive swelling, worsening skin breakdown and leakage of lymph adversely affect the patient's quality of life, while also placing increasing demands on district nursing resources (Keen 2008).

The high protein concentration of the static lymph fluid leads to hypertrophy of the skin, chronic fibrosis,

thickening of the subcutaneous tissues with reduced pitting and enhanced natural skin folds (Badger & Jeffs, 1996). The patient can experience frequent acute inflammatory episodes which lead to hospitalisation, pain, reduction in skin quality and reduced limb mobility (Morgan et al. 2005). As oedema progresses steadily towards lymphoedema, the tissue fluid recedes only slightly with bed elevation and there is a further increased susceptibility to infection (Brunner & Suddarth, 1975).

Why the Actico® bandage system was chosen

The lymphoedema bandaging system incorporates a variety of padding materials under several layers of short stretch bandages. The padding layer protects the skin but is also used to correct shape distortion and establish a cylindrical and conical shape prior to application of short stretch bandages (Williams 2006). Actico bandages are cohesive and appear to be comparable to other short stretch bandages but provide additional benefits including increased patient comfort and mobility and less bandage slippage (Williams 2006). This made them the ideal bandage to select for this patient.

Williams A.F. (2006) A clinical audit of Actico cohesive short stretch bandages JCN February Volume 20, Issue 02 4-10.

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