The diary of a patient with bilateral chronic oedema

Pippa Clarke, Practice Nurse. Riverside Surgery, High Wycombe, Buckinghamshire and Esther Exelby, Regional Clinical Advisor. L&R UK

Background of clinical issue

A 60 year old male weighing >196kg presented to the Practice Nurse (PN) with bilateral chronic oedema, neuropathic pain, impaired balance and reduced mobility. Hyperkeratosis was present on both of his limbs and he had a history of repeated cellulitis. His calf circumferences were 87cm and 74cm (Figure 1). Previous weight loss had been unsuccessful. Now willing to wear compression bandaging (having previously declined), he requested long term support with weight loss.

Management Approach

The PN, armed with new information from a recent industry led chronic oedema session, implemented an effective and evidence based plan.

Longer weekly appointments were arranged at the surgery and a referral was made to local NHS weight loss programme.

Hyperkeratosis was addressed with the aid of a monofilament fibre debridement pad* and regular emollient application.

Bandaging commenced using cohesive short stretch bandages** to both limbs, whilst short stretch compression wraps*** were used by the patient intermittently to promote self-care and prepare for future management (Figures 2, 3 and 4).

The patient attended weight management sessions and was encouraged to record his daily steps count. Ongoing emotional support and encouragement was provided by the PN.

Outcomes

- His calf circumferences reduced by 35cm and 24cm on initial calf measurements in just fifteen weeks (Figure 5).
- His walking increased; now walking more than 12,000 steps per day.
- In addition to improved mobility the patient reports greater self-confidence. He has lost over 69kg in fifteen weeks.
- The hyperkeratosis was removed and skin condition was improved.

Date	Left leg			Right Leg	
	Circumference	Reduction	Position	Circumference	Reduction
1.10.18	87 55 32	Initial measurement	Calf Ankle Foot	74 46 32	Initial measurement
9.1.19	52 34 36	35 21 4	Calf Ankle Foot	50 32 25	24 14 7

Measurements in cms

Conclusions

Continued education, particularly in areas previously considered as more specialist in nature was key in this case as was the collaborative working with trusted industry partners who were able to provide extra support for the PN.

Patient involvement and education; adjunct therapies (weight loss) were positively significant in this case.

Empowering and educating the PN facilitated this life changing outcome for the patient as well as genuine job satisfaction for the PN.

Final word

"I am delighted with the outcomes and the impact it is having on Mr X's wellbeing. I am currently seeing him weekly, however I aim to reduce this to empower Mr X to self-care and maintain his leg health"

Final word

Mr X presented at his weight loss group and spoke of his journey. He inspired many, so much so that he has now set up a walking group for them to walk with him. He regularly walks 6 miles a day and his wellbeing and happiness is evident.

*Debrisoft[®], **Actico[®], ***ReadyWrap[®] – L&R UK

Patient diary
"Feeling very heavy, want help to

Figure 1

lose weight and keep it off. Legs becoming bigger and bigger and balance was affected making me nervous with mobilising. Minimal walking. Very frustrated, especially with my weight.

Practice Nurse
"I want to do 'something'
about his legs, the
hyperkeratosis is an issue
as it is in danger of causing
infection, as well as the
shape and size being 'scary'".

Medi P

Figure 2

Patient diary

"Legs feel really good;
looking forward to having
them wrapped again"

"Had legs redone, finding it
easier to get in and out
of the car"

Practice Nurse
"I felt that the biggest concern was the worry that there would be no positive impact due to my lack of experience and specialism. I was careful not to make any promises to Mr X.

Figure 3



What would Mr X say to another PN. "Try to work with the patient. I learnt from my PN and she learnt

from me"