Objective
The author wished to provide a solution for previously untreatable patients with chronic oedema (lymphoedema) in the community due to lack of specialist knowledge and resources (Moffatt 2005). This poster reviews the management of a patient with bilateral leg oedema.

Method
I consulted expert documentation set out by the Lymphoedema Framework and EWMA Position Document to establish recommended best practice for these patients. A day spent with the lymphoedema service in a neighbouring PCT helped me to gain experience to understand the principles of treatment, and I attended a company training programme (Activa Healthcare) for the practical aspects of full leg bandaging.

The patient is an 83 year old lady who had been treated with 4 layer bandages and varistretch bandages on and off for 30 years. These bandages are only indicated for below knee bandaging and this standard practice of bandaging from toe to knee resulted in swelling distal and proximal to the bandage (picture 1) (Williams 2003). This meant that she was unable to be fitted with stock sizes of British Standard hosiery (picture 2) and her care had to be maintained by qualified nurses in the community without being discharged.

Following full vascular and holistic assessment to confirm safety for high compression, it was decided on full leg bandaging with a cohesive short stretch multilayer system (Actico®). Inelastic bandages reverse venous hypertension encourage lymphatic flow and reduce oedema (Williams 2006). The limb was measured for baseline information.

After appropriate skin care with emollients, padding (Flexiban®) was applied to protect and shape the limb, followed by several layers of the cohesive bandages (picture 3). Varying widths of the bandage provided full coverage from the base of the toes, across the dorsum of the foot, and continued to mid thigh, taking extra care behind the knee. Bandages were reapplied daily reducing to 3 times a week, then once weekly after 28 days of treatment.

The patient was encouraged to walk whilst wearing the bandages.

Results
Within 14 days the limb circumference reduced by 5cm, her skin had noticeably improved (picture 4), and she reported less pain. She became more mobile and her spirits lifted. She is now wearing thigh length European standard class 2 hosiery (ActiLymph®) for maintenance of her limb size and shape (picture 5). These garments are ideally suited to help maintain limb size once the oedema has been reduced. She now no longer needs visits from the nursing staff, requiring only a home help to assist with application of compression hosiery, freeing up the time of the qualified staff.

Conclusion
As a result of the success with the treatment of this patient, the tissue viability nurse has trained the other nurses in the team in full leg Actico® bandaging which has benefitted other patients with chronic oedema. The service is up and running, making care of these patients more readily available. Ongoing study days have been organised to maintain our practice. The patient in this case study is delighted to be able to lead a more enjoyable lifestyle, and is now going dancing, and for the first time in 30 years she is free of bandages and nursing care.

References