Tackling obesity as part of the management plan for complex decongestive therapy in the treatment of lymphoedema.

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Aim

Using a case study approach the poster will demonstrate the importance of securing agreement and cooperation from the patient with regard to weight reduction prior to implementing a plan of care for the management of long standing lymphoedema.

Methods

The patient was a young man of 30. He was morbidly obese at 46 stones and had been obese since childhood. His Body Mass Index (BMI) stood at 91 (A healthy BMI being between 18.5 – 24.9 (NHS Direct 2003b)). He lived with his elderly mother and relied on her for much of his care. Due to his obesity the patient could only mobilize approximately 25m with a walking stick before becoming short of breath and suffering knee pain and was unable to drive because of his physical size. His quality of life was severely limited and he was prone to depression.

When he was referred to the specialist lymphoedema service he had non-healing ulcers of the left leg for 2 years (Figure 1), despite continuous treatment. He had chronic venous insufficiency, varicose eczema and relative immobility, as well as his obesity – all known risk factors in the development of lymphoedema (The Lymphoedema Framework 2006).

Securing the patient’s agreement to comply with a weight loss programme was essential to the success of the management. Since there had been poor concordance with medical advice in the past, it was essential to: develop a partnership approach to care, with the patient at the centre of any goal setting (Moffatt 2007a). Coleman and Newton (2005) discuss the approach necessary to support self-management in patients with chronic illness and highlight the need to identify problems from the patient’s perspective, basing goal setting and action planning on their areas of concern. It was also noted that in order to facilitate improved self-care the patient may need a longer appointment time in order to address any issues highlighted and provide psychological support. In this instance it meant that the patient initially had three one-hour appointments per week for treatment and advice/support. During this time he was receiving complex decongestive therapy (CDT), which comprised of multi-layer lymphoedema bandaging (MLLB) skin care and exercise advice. Throughout these appointments he was not only encouraged to persevere with his weight loss programme via a local slimming club, but also referred to the dermatologist and the tissue viability nurse for further specialist advice regarding his long and short-term management. He was educated about his condition and became more motivated to self-care.

The value of exercise in order to improve lymph drainage and function is well recognised (Hardy 2006, Doherty 2006, Lymphoedema Framework 2006, Lane et al 2005) but for this patient it also had the added benefit of increasing weight loss (O’Jacobs, 2003). This was particularly noticeable on two occasions where the weekly weight reduction was less after cellulitis reduced his ability to exercise on a daily basis. Exercise was encouraged by slowly increasing the distance walked week by week. Other avenues were explored but the patient felt that increasing walking distance was a more functional, and therefore more desirable goal.

Mobilizing whilst wearing a compression bandage system is not always easy, the bandages being prone to slippage and bulking behind the knee and around the ankle. For this patient the Actico® system of cohesive short stretch bandages was applied over wadding, which was comfortable and “low profile” allowing for mobilization to take place relatively easily. It also meant that he could wear ordinary footwear, thus further enhancing his ability to exercise. Foam was introduced between layers in order to reduce slippage. The combination of MLLB and exercise helped to improve blood (Moffatt 2007b) and lymph (Hardy 2006) flow, promoting healing of the leg ulcers. (Figure 2)

Results

• The patient began to attend a local slimming club and reduced his BMI from 91 to 75 within four months, being supported by both the specialist multi-professional lymphoedema service and his local club.
• The volume of his legs decreased (Figure 3), with the left leg (the one receiving MLLB) losing more volume than the right (both legs benefitting from the weight loss and increasing fitness).
• His leg ulcers have healed and the condition of the skin and soft tissue is much improved. (Figure 4)
• He can now walk approximately half a mile, can get on a bus and has a more active social life.
• His mood has lifted.
• He sees healthy eating and regular exercise as an important part of his daily routine, thus having an increased chance of living a healthy life in the future.
• He is self-caring with the daily application of made to flat knit compression stockings, skin care and exercise regime.
• He attends the clinic every three months as his continuing weight loss means that he needs new stockings to be measured and fitted at frequent intervals.

Discussion

This patient presented with complex needs which had to be addressed both in terms of recognising what those needs were, identifying which members of the multi-professional team needed to be involved (both within the health care teams and in the wider community) and helping the patient to accept responsibility for his own care in the long term. The programme of individualised care was tailored to his needs and was costly in terms of time and resources for a small specialist service to co-ordinate. However, by involving the multi-professional team it has been possible to improve his quality of life and reduce the projected cost to the National Health Service (NHS) in the future. The patient will need careful monitoring over the next several years and will continue to need psychological support and encouragement to continue his weight reduction in the long term. He will need further courses of CDT in the future in order to maximise the improvement.

By agreeing ground-rules at the beginning of the intervention the patient was encouraged to take responsibility for his condition and this was aided by an improved knowledge of the consequences for the future if he failed to comply. He is now enjoying life and experiencing success.

References

Moffatt D (2007b) Improving Compliance with Compression Therapy. In MHTC Compression Therapy in Practice (Worthing: MHTC Publishing)

Figure 1 Figure 2 Figure 3 Figure 4