Lymphoedema management - A multidisciplinary approach.

Introduction
Over the last few years awareness of the hidden epidemic of lymphoedema/chronic oedema has begun to emerge. It is now estimated that there are at least as many patients with this condition as there are leg ulcer patients (Moffatt 2003).

Case Study
Mrs Smith, aged seventy-two, was referred to the Rehabilitation Team in April 2008 following the unexpected death of her husband. Mrs. Smith was at risk of falls and had not been out of her home for seven years. The referral was made by the Innovations team. Mrs. Smith was also at risk of falls and had not been out of her home for seven years.

Challenges
- Lymphoedema
- Lymphorrhoea (Leaky Legs)
- Hyperkeratosis (Scaly Skin)
- Mobility

Method
The aim of treatment was to reduce the lymphoedema and manage the hyperkeratosis and lymphorrhoea and work in conjunction with the multi disciplinary rehabilitation programme.

During the holistic assessment Mrs. Smith agreed for her legs to be examined, something which previously only the General Practitioner (GP) had been allowed to undertake.

In October 2008 a member of the Rehabilitation Team requested a joint visit with the Leg Ulcer Specialist and a Community Matron, as Mrs. Smith's legs had started to weep excessively with lymphorrhoea. The Occupational Therapist was also involved at this time.

Actico®8cm, 10cm and 12cm was used for full leg bandaging three times a week. Special attention was made to regions around the ankle and knee to make sure all creases were padded. Actico® is a cohesive inelastic bandage system that has therapeutic working and resting pressures. Best practice documents recommend the use of inelastic bandages with alternating working and resting pressures (Lymphoedema Framework 2006).

In January 2009 hosiery for the right leg was fitted. During February and March 2009 the Rehab Team visited twice a week to support her with prescribed exercises, and bandaging commenced to the left leg.

The right leg was bandaged and the decision was made to use ActiFormCool® as the contact dressing to hydrate the hyperkeratosis. ActiFormCool® is an ionic sheet hydrogel dressing and is suited for all stages of wound healing and demonstrates intelligent moisture management, which minimises the risk of maceration (Hampton 2004).

Results
By July 2009 Mrs Smith had both legs in hosiery. In October that year Mrs Smith was able, with the support of the multi disciplinary team, to leave her house and sit on the porch. Her ambition is to visit Marks and Spencer for lunch.

Discussion
Manual lymphatic drainage is commonly used on lymphoedema patients in conjunction with bandaging. In this case the use of Actico® cohesive inelastic bandaging system alone proved to be effective in the management of lymphoedema and lymphorrhoea.

District Nurses were able to use their skills gained in treating chronic oedema patients on Mrs Smith. Transferable skills can negate the need to transfer patients to the already overloaded lymphoedema services.

The hosiery used was made to measure in European Standard to accommodate her large legs.

References
