MANAGEMENT OF A PATIENT WITH LYMPHOEDEMA

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Introduction

Lymphoedema is a chronic swelling resulting from the accumulation of fluid in the tissues which arises as a result of dysfunction in the lymphatic drainage system (BLS 2001). It usually affects one or more limbs and, in some cases, involves the head, trunk or genital area. It is perceived to be an uncommon condition which is difficult to treat. The reported incidence varies from 6.7% to 62%; a recent study gave the overall figure of 25%, rising to 38% in patients receiving auxiliary lymph node clearance and radiotherapy (Mortimer 1996; Mortimer et al 1996).

Lymphoedema is commonly associated with lower limb venous hypertension and also cellulitis. However, there is a paucity of specific evidence regarding the prevalence of lower limb lymphoedema (DHSSPS 2004). Because it is not life-threatening many practitioners believe it is therefore best left alone. This point of view fails to take account of the following facts:

• Failure of lymph drainage commonly attributes to chronic oedema
• Patient suffering, in terms of physical, social and psychological handicap, can be considerable
• Treatment can improve the condition
• Skin ulceration frequently occurs due to oedema

Winter (2001) estimated that there are probably 100,000 people suffering from all types of lymphoedema in the UK - with 8% having to give up their work. Social and economic exclusion is a feature of lymphoedema, which can lead to chronic illness due to decreased mobility and vitality and an increase in pain and possible obesity (Winter 2001).

This poster will outline the clinical outcomes of a patient with bilateral lymphoedema.

Patient Details

Patient: Mr Lowe
Age: 56 years old
Diagnosis of Lymphoedema: 7 years ago by Consultant Vascular Surgeon
Treatment: Long stretch bandages at Acute hospital
Referred to Tissue Viability Service February 2004

Aims of Treatment

• To restore the equilibrium between capillary filtration and lymphatic drainage (Foldi et al 1985)
• To encourage lymph fluid to drain through unaffected vessels
• Educate Mr Lowe regarding management of his condition with maximum independence

Treatment in Primary Care

• Measurement of limbs
• Alternate day bilateral bandaging using cohesive short stretch Actico® bandages to mid-thigh (Fig 4)
• Manual lymphatic drainage provided by Physiotherapist
• Education on skin care, diet, exercise and rest
• Referred to exercise assessment programme

Mr Lowe made significant improvements mainly as a result of:
- excellent concordance with treatment
- use of cohesive short stretch bandages (Fig 4) and various hosiery (Fig 5 & 6)
- interdisciplinary planned care

Outcomes for the patient included

• Improved mobility
• Improved social interaction
• Established exercise programme
• Maximum independence to manage condition using compression garments
• Improved nutritional knowledge
• Increased awareness of his condition
• Increased energy
• Ability to cross legs at ankle (Fig 7)
• Weight loss enabled him to buy clothes in general men’s wear department

Conclusion

Management of patients with lymphoedema requires skilled knowledgeable practitioners to plan and deliver treatment and it requires concordance by the patient (Moffatt 2004). This case study illustrates how accurate diagnosis and interdisciplinary care planning with the patient ensured good clinical outcomes and patient satisfaction.

Fig 1: First visit - Chronic oedema caused by failure of lymph drainage system

<table>
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<tr>
<th>First visit</th>
<th>Ankle</th>
<th>Calf</th>
</tr>
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<tbody>
<tr>
<td>Left leg</td>
<td>56.5cm</td>
<td>80cm</td>
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<tr>
<td>Right leg</td>
<td>63.5cm</td>
<td>66cm</td>
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Fig 2: 7 weeks later - Reduction in limb volume

<table>
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<th>Calf</th>
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<tbody>
<tr>
<td>Left leg</td>
<td>45.5cm</td>
<td>45cm</td>
</tr>
<tr>
<td>Right leg</td>
<td>62.5cm</td>
<td>59.4cm</td>
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Fig 3: 1 year later

<table>
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<tbody>
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<td>Left leg</td>
<td>39cm</td>
<td>58cm</td>
</tr>
<tr>
<td>Right leg</td>
<td>45cm</td>
<td>62cm</td>
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Fig 4: Bilateral bandaging to mid-thigh

Fig 5: Hosiery in situ

Fig 6: Hosiery

Fig 7: Patient able to cross legs at ankle

References


