A FLEXIBLE APPROACH TO TREATING A CHRONIC OEDEMA PATIENT IN IRELAND.

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Introduction:
Lymphoedema, chronic oedema services in Ireland are provided by the HSE public health services however, these clinics are limited and it often falls to the patient to fund their own treatment for this chronic condition. This can be a costly situation for patients who require daily treatment. It is a challenging scenario for clinicians when intensive treatment is required in order to reduce the patient's oedema. A flexible approach to treatment is required in order to fulfill the clinical needs and the budget of the patient.

Accepted treatment for this condition has been to apply compression bandages over a remodelled cone shaped padded limb on a daily basis for 2-4 weeks. The padding was thought to achieve graduated compression and effective oedema reduction.

This practice reduces oedema but, can result in a lack of mobility and considerable expense to the patient due to the daily application of bandages.

The patient is then put into a compression garment or hosiery, which helps maintain the fluid loss. This case study was undertaken to investigate the efficacy of a two layer bandage system for lymphoedema, and 3M Coban 2 compression system. It requires no remodelling or shaping of the limb with padding. This allows the patient to move and exercise which helps with oedema reduction.

This system was chosen as it required only two sessions per week of application. It is proven to work best when used for 3 weeks of intensive therapy but, due to accessibility and cost constraints of the patient, a different regimen was chosen by the clinician.

Mrs M is a 60 year old lady with a history of osteoarthritis and concomitant orthostatic lymphoedema, affecting lower limb mobility and increasing her risk of cellulitis. She presented with bilateral lymphoedema in both legs.

Method:
The patient was holistically assessed and then received skin care, manual lymphatic drainage (MLD) and bandage compression to the groin with Coban 2 layer compression system twice over the course of just one week. The patient’s limbs were measured at 4cm intervals to determine volume readings and photographs were taken before and after treatment.

Discussion:
Mrs M mobilised with ease for the first time in years due to the reduction in oedema. The 2 layer compression system stayed in place and proved very efficient at shifting fluid in a very short space of time. It would have proved enlightening to see how much more fluid would have been lost if the treatment had continued for the further recommended two weeks.

Conclusion:
Whilst the Coban 2 layer compression system has been shown to be most effective at a twice a week application for three weeks, it shows that a considerable amount of fluid is lost even with two applications in one week.

It proved extremely cost effective and allowed the patient to continue to mobilise whilst undergoing intensive bandaging. It also showed that remodelling a leg in order to achieve graduated compression is not a requirement of effective oedema reduction.

Results:
Mrs M lost 1.5 litres of fluid from the right leg and 2.5 litres from the left leg in 1 week of treatment. She was then measured and fitted for Class 2 open toe full length hosiery.

References: