‘NO DECISION ABOUT ME WITHOUT ME’ MANAGING LYMPHOEDEMA

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Introduction:
Lymphoedema patients experience a wide range of psychological and physical difficulties including poor body image, anxiety, depression, embarrassment, impaired mobility and pain. The White Paper, Equity and Excellence: Liberating the NHS, set out the Government’s vision of an NHS that puts the patient first. For this to work health care professionals have to ensure patients are a stake holders in their own healthcare. This should include supporting them to understand their condition, education surrounding this and the various treatment options available to them. This approach can lead to effective patient empowerment which can in turn lead to an improved patient concordance.

Until now, bandaging sessions have often been physically and emotionally tiring for both patients and the clinicians implementing their care. This poster demonstrates both clinical outcomes and the clinical options made available using an innovative 2 layer compression system.

Method:
The team working at the Wound Healing Centre in Eastbourne are multi-disciplinary incorporating treatment for Lymphoedema. Tissue Viability and Potatity working under an Any Qualified Provider (AQP) framework. The team as a whole interlink their skill set to determine the most effective and efficient pathway of treatment for their patients.

This poster demonstrates an example of 2 patients who had previously either been unable to tolerate bandaging or had not achieved a positive outcome through existing treatment (Figure 7). The patients were holistically assessed, and patient comfort levels and patient concordance were evaluated throughout. This poster will illustrate treatment flexibility of a 2 layer compression using a simple application technique to both meet the needs of the patient and clinical effectiveness demanded from a 21st century treatment regime.

New innovative solutions to oedema were implemented within the treatment including a toe boot technique for foot and toe oedema (Figure 1-6) and a thigh high management system for upper limb oedema. The patients were asked to rate the comfort of the treatment regime, ability to walk, wear their own shoes and the appearance of the bandage throughout treatment. The clinician’s opinion of the compression system was assessed comparing to other techniques they had used alongside ease of application and nurse treatment time.

Results:
Following a 2 day intensive Lymphoedema course the practitioner found the system simple, easy to apply, time effective (compared to previous 2 layer option), without compromising clinical performance and while addressing previous issues with patient concordance. The patients experienced a reduction in foot, lower limb and thigh oedema with positive clinical outcomes both moving onto a prophylactic hosiery regime (figure 8). Both patients found the bandage system comfortable, acceptable to wear with very little slippage, were able to tolerate the system and found the treatment more tolerable than previous techniques used. Fluid reduction levels were unprecedented with one patient experiencing a reduction of 25cm in their right lower leg and 18 cm in the left lower leg. This decrease in oedema led to a 33% reduction in body weight which was accompanied by a dramatic improvement in patient mobility.

Discussion:
It is always important to care for the patient as an individual and explore the most appropriate treatment options available, according to best practice and clinical research. Chronic oedema treatment and management is not always addressed in the way it should be. Best practice should include addressing both the clinical and patient needs. For example, in these two case studies the patients were unable to tolerate the previous bandage system and the change to a more versatile system provided greater patient comfort and concordance. There is clinical need to manage chronic oedema and improve treatment outcomes by offering patients alternative techniques. Incorporating these innovative techniques into the care plan of these two patients has the clinician to address the patient and clinical challenges of chronic oedema, and in turn more effectively and efficiently manage their ongoing, individual clinical challenges.

Conclusion:
It is estimated that Lymphoedema impacts upon more than 1.2 million worldwide. Despite this prevalence, explicit assessment methodologies, effective means of treatment and comprehensive management strategies remain largely inadequate. Recent research and growing awareness of the condition has however offered well-founded interventions for the condition. The two patients highlighted in this poster demonstrate the effective implementation of theory and research into hands on clinical practice.

This bandage technique developed to treat patients with chronic oedema and leg ulcers was implemented by the lymphoedema specialist at the Wound Healing Centre in Eastbourne. The compression system alongside the application techniques available and the ability to bandage beyond the oedema allowed two patients an option to experience a new regime in treating their existing difficult to manage condition. The practitioner found the system easy to apply, durable (compared to other treatment options) and so have continued to implement this technique within the clinic.

The compression layer is applied at full stretch to reduce application variability and thus gives a consistent, reproducible and comfortable level of pressure over the limb. And help patients overcome the challenges of wearing bandages during Lymphoedema therapy. It is important for patient not only to understand the treatment options available but their individual benefits.

The compression system reported within this poster enabled the clinician to use different techniques for an improved, more comfortable and intensive clinical experience, with the versatility to meet the individual needs of the patient.

Figure 1
Figure 2
Figure 3
Figure 4
Figure 5
Figure 6

Reference:

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