INTRODUCTION
Management of lymphoedema is often put into the ‘too hard basket’, especially in the palliative care setting. All too often when a patient is admitted to hospital for palliative care the emphasis is on pain management. However, there are often other, just as important symptoms that receive little attention, leading to inappropriate and/or inadequate holistic care (Fenton, 2011).

A review of the literature indicates that managing lymphoedema in palliative patients can be very challenging for health professionals owing to the frequently changing needs of the patient (Williams, 2007; Honnor, 2008; Todd, 2009). Lymphoedema can have devastating effects on a patient’s physical and psychosocial health. Increased limb size can interfere with functionality and mobility and affect body image and self-esteem. Pain and discomfort are frequent symptoms, as is cellulitis resulting from stagnant high protein concentration. There is no cure for lymphoedema but it can be alleviated with appropriate holistic care. If ignored it can progress and become difficult to manage.

Meticulous assessment and good communication is the key to management decisions on the most appropriate way to manage lymphoedema/oedema in palliative care patients. Assessing the issues that the patient feels are most important is a priority and being flexible in treatment plans is essential (Lymphoedema Framework, 2006).

CASE STUDY
Lilly, in her late 80’s was admitted to the palliative care unit for respite. Lilly and her husband lived in a rural area with support from their daughter and the community palliative care.

Lilly was diagnosed with cancer of her jaw in 2010. Lilly underwent surgery soon after which involved part removal of her right fibula bone, which was grafted to form her new jaw. Lilly was on a puree diet due to the tumour regrowth in her mouth. A feeding tube was in situ, however was not being used. Her right lower leg had extensive deep scaring where the bone was removed, and her right thigh had also been affected by skin grafts. The community palliative care nurse had provided regular lymphoedema management, including manual lymphatic drainage and application of shaped elasticated tubular bandage and kinesio tape, with good effect. However in the 10 days preceding her admission Lilly had not been wearing any compression.

On admission to the unit Lilly had bilateral leg oedema from the dorsal of her feet to her groin and even lower abdomen. At this point her overall function and mobility had declined and her husband was finding it more difficult to care for her at home. Lilly’s skin on her legs and feet was tight, transparent and blistering. Lymphorrhoea was inevitable, if left untreated (Refer photo 1).

Lilly’s right leg and foot were more affected due to her surgery affecting the lymphatic pathways.
As a result of a holistic assessment and effective communication with Lilly discussing her goals and treatment options, she was more than happy to trial the Coban 2 Layer Compression Bandaging System. Lilly was aware of her prognosis of 4-6 months and possible relocation from her home to a residential aged care facility as her health deteriorated. She stated that her goal was to go home for a couple of weeks to enjoy her birthday with her family. Lilly wanted to improve her function and mobility so she could achieve this goal and improve her quality of life. Patient’s goals can sometimes be unrealistic and often interventions can have little effect on the swelling. Therefore it was important that this was discussed with Lilly.

Coban 2 Layer Compression System is a low profile, two layer compression system which is comprised of an inner foam comfort layer and an outer compression layer. The two layers cohere together to form one thin conforming compression bandage, which is light and flexible. The toe boot technique was used and bandaged to the thigh (Refer to photo 2).

The bandages were reapplied every 2 days due to the amount of reduction and wanting to maintain the compression. It was evident after a few days that the fluid was shifting into her lower abdomen and buttocks. To improve this situation and enhance lymphatic flow, Kinesio tape was applied from groin, lower abdomen and buttocks towards the axilloinguinal collateral pathway. This additional treatment was very beneficial and reduced oedema in these areas.

Lilly tolerated the bandaging extremely well, and was excited to see her legs and feet reduce in size. Her confidence, self-esteem, function and mobility all improved and lymphorrhoea was avoided.

Within 2 weeks her legs and feet were significantly reduced in size, to the point of being able to don her shaped elasticated tubular bandage comfortably. See photos below.

Lilly remained in the unit for a number of weeks until her discharge. Lilly maintained her reduction in swelling with MLD, exercise, elevation, skin care, kinesio taping and shaped elasticated tubular bandage.

Lilly was discharged home a few days before her birthday. Her husband and daughters were all present to enjoy this special event and spend valuable time together. Lilly’s function and mobility had improved to the point that the family were able to manage Lilly’s care needs at home with the assistance of community and palliative care nurses. Lilly’s reduction in her lymphoedema was maintained with regular assessment and management. Lilly was transferred to a residential aged care facility after spending nearly 4 weeks at home where she died about 5 weeks later.

Refer photos opposite

CONCLUSION
This new lymphoedema bandaging system will certainly be a useful treatment option for palliative care patients experiencing lymphoedema. The Coban 2 Compression System was found to be extremely easy and quick to apply. It certainly saved time applying it only every 2-3 days. It was light and flexible enabling the patient to mobilise more easily. Combining Kinesio taping with Coban 2 proved to an effective way to reduce Lilly’s swelling.

Coban 2 Compression System is a valuable addition to a lymphoedema practitioner’s tool kit, which will give flexibility and options in the approach and management plan of this challenging symptom. There are certainly advantages to using this system, not only for patients’ physical and psychological wellbeing but also for practitioners and their facility.

With restricted resources as a sign of the current tough economy, this product will save time and money providing positive outcomes for palliative care patients.

REFERENCES
3M™ Coban™ 2 Compression Systems for Lymphoedema

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