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SHORT-STRETCH BANDAGES AND MODERN WOUND CARE IN THE THERAPY OF ULCERATED PHLEBOLMYPHOEDEMA - A PILOT STUDY

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Aim: Commonly used as one important component of the Complex Physical Therapy, compression therapy for lymphoedema is based mainly on the use of short-stretch bandages. Phase-oriented wound dressings support an efficient treatment of ulcerated phlebolymphoedema. Ulcer sizes, oedema and pain of 9 patients were examined in a pilot study over a period of about 56 days.

Methods: 9 patients (7 f, 2 m, average 67 years), predominantly with phlebolymphoedema stadium II, were treated with short stretch bandages (Rosidal Lymphsets), other components of the Complex Physical Therapy and modern wound care (Suprasorb). If necessary, mild analgetics or antibiotics were added. Reduction of oedema, pain and ulcer sizes were noticed in intervals of 14 days up to day 56.

Purpose: After 14 days, the average circumference of the leg –B-point- was already reduced up to 93% compared to the beginning, followed by 90% after 56 days. The ulcer sizes were reduced after 56 days up to 37% compared with the initial point. On a 10-point scale, pain decreased from 8.7 (severe pain) before compression to 1.2 (mild pain) afterwards.

Conclusion: Short stretch materials exert high pressure peaks intermittently during walking (massage effect, natural dynamic compression). Oedema dissipate quickly during first 2 weeks. After two months, ulcer sizes were reduced drastically. Even though there is an effect of facultative used analgetics, short-stretch bandages may have a positive impact on the reduction of pain. Phase-adapted modern wound care supports healing tendencies and enhances the patients´ quality of life in the treatment of ulcerated phlebolymphoedema.