

Development of a training and treatment academy to improve chronic oedema management in the community: A New perspective.

Rebecca Elwell, Macmillan Lymphoedema CNS, UHNS NHS Trust,
Rachael Sykes, Honorary Lymphoedema CNS, UHNS NHS Trust.

Aim

This model aims to bridge the gap between initial specialist Nurse assessment and implementation of patient care in the field of chronic oedema. Chronic oedema is a tissue swelling present for three months, commonly caused by uncontrolled venous disease, impacting on lymphatic function. Timely assessment and intervention are essential to achieve long term, positive outcomes (Bianchi et al. 2012).

Method

Traditional models in the U.K. involve referral to a clinical nurse specialist (often hospital based) where, following assessment and correct diagnosis, compression bandaging is often indicated. The aim is to achieve significant oedema reduction and re-shaping, prior to maintenance with hosiery (Figure 1).

Previously, if the patient required bandaging, there was a delay between intervention to allow for training. Delays such as this can lead to further disease progression, impacting on treatment (Bianchi et al, 2012).

Cohesive short stretch bandages* are recognised as the most appropriate for chronic oedema, as they have a massaging effect on the tissues, whilst preventing trauma and slippage. Often inappropriate bandage selection and technique can lead to further long term problems for the patient (Williams 2009).

Results

An honorary contract in partnership with industry has been utilised to ensure training and treatment are provided to the highest standards in the most cost-effective manner. The honorary contract nurse will see the patient in the community with their community nurse (Figure 2).

The benefits are multi-faceted; an emphasis is placed on shared care, there is less opportunity for mis-interpretation of treatment plans and, importantly, training can occur during the initial appointment.

Conclusion

This model of chronic oedema care will ensure that treatment is provided to the highest standard, in the most cost-effective manner. Patients will receive timely care closer to home and community nurses will be trained to the highest standard.

References

Williams A (2009) Chronic oedema in patients with CVI and ulceration of the lower limb. Chronic Oedema Supplement, British Journal of Community Nursing, 14(10): S4-8
Bianchi J, Vowden K, Whitaker J (2012) Chronic oedema made easy. Wounds UK 8 (2). Available from www.wounds-uk.com/made-easy



Figure 1

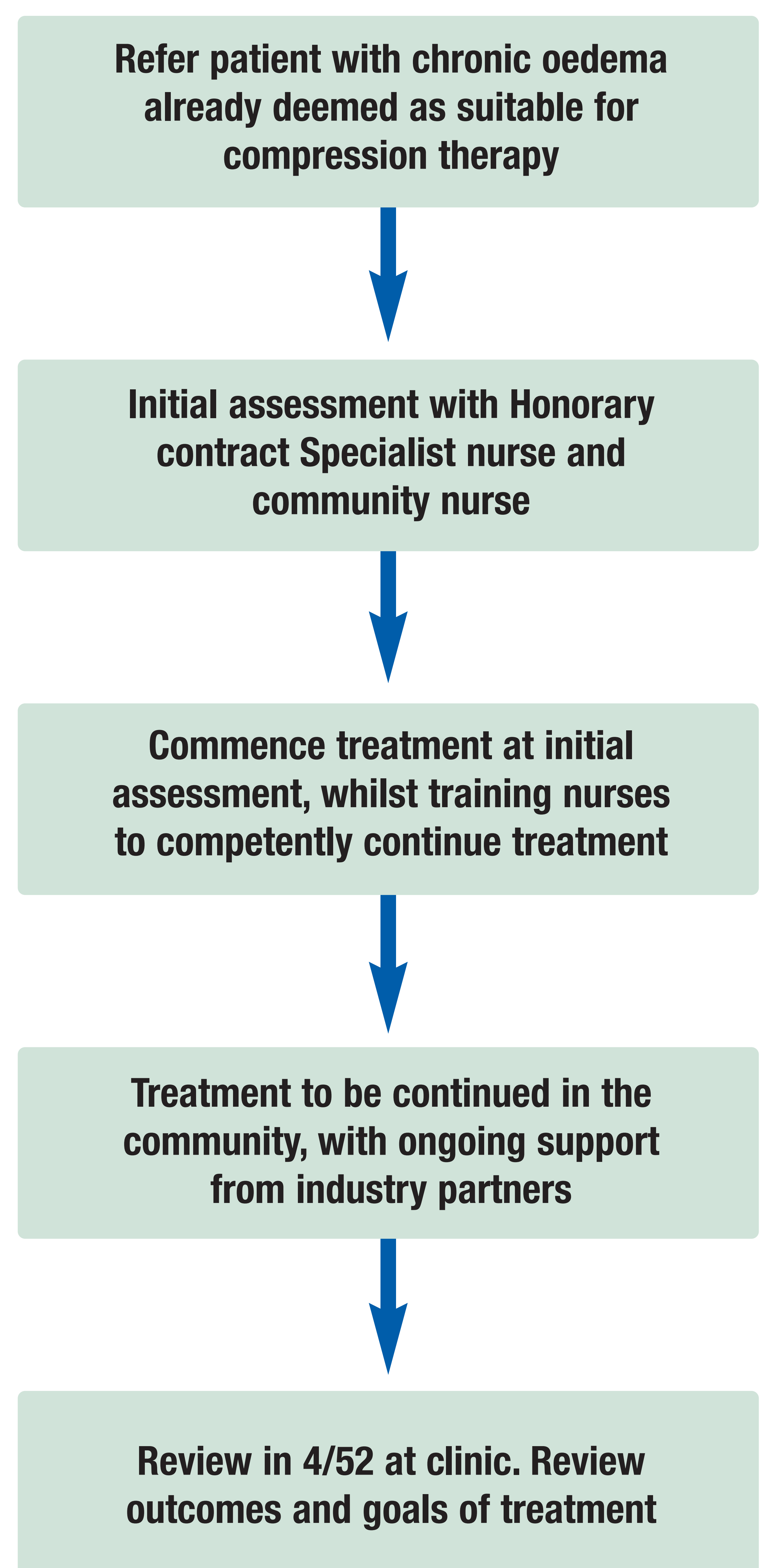


Figure 2