

Short-stretch bandages and modern wound care in the therapy of ulcerated phlebolympoedema – a pilot study

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Introduction:

Using short-stretch bandages has become widely accepted as one important part of the decongestive lymphatic therapy (DLT)¹. Compression bandaging is indicated to reduce limb volume, enhance or protect the condition of the skin and tissues, and to manage symptoms such as ulcerated lymphoedema. Combined with phase-oriented wound dressings, an efficient treatment of ulcerated phlebolympoedema can be achieved. Parameters such as oedema, ulcer sizes and pain were examined in a pilot study over a period of about 56 days.

Material and Methods

9 patients (7 f, 2 m, average 67 years) with ulcerated phlebolympoedema (predominantly stadium II) were treated with short stretch bandages (Rosidal® Lymphsets) and modern wound care (Suprasorb®). All components of DLT, especially manual lymphatic drainage, were integrated. If necessary, mild analgetics or antibiotics were added. Reduction of oedema, ulcer sizes and pain were noticed in intervals of 14 days up to day 56- patients were re-examined several month later in order to avoid relapses.

Patient 1

Patient 2



day 1



day 14



day 56



day 86



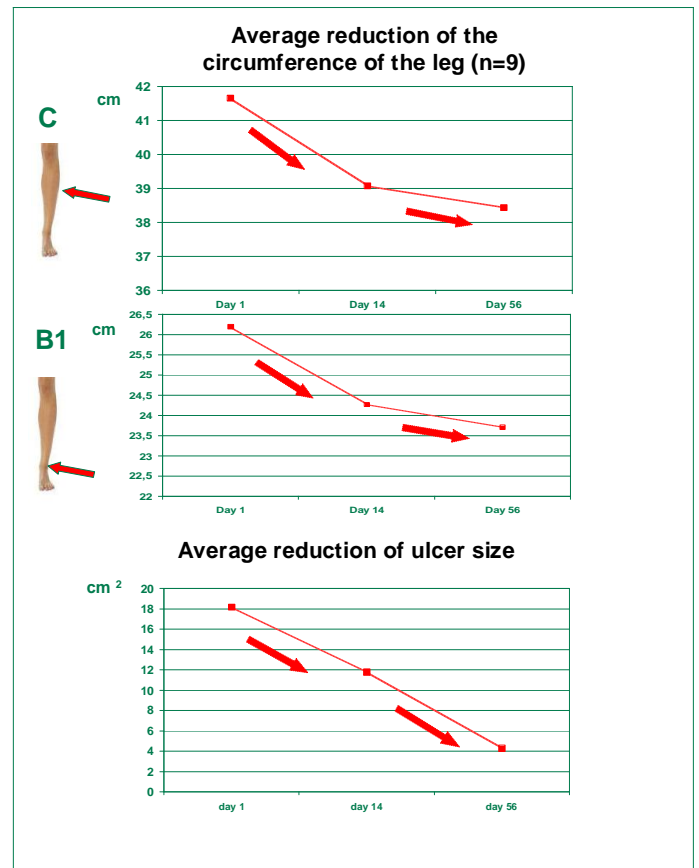
day 1



day 40



day 239



Results:

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 22% compared with the initial point. On a 10-point-pain scale (Visual Analogue Scale, VAS), pain decreased from 8,7 (severe pain) before compression to 1.2 (mild pain) afterwards.

Discussion:

Short stretch materials exert high pressure peaks intermittently during walking (massage effect on the veins, natural dynamic compression). Oedema dissipate quickly during first 2 weeks in accordance with literature². After two months, ulcer sizes were reduced drastically. Even though there is an effect of facultative used analgetics, short-stretch compression 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 phlebolympoedema.

References:

1. European Wound Management Association (EWMA). Focus Document: Lymphoedema bandaging in practice, London MEP LTD 2005
2. Leduc O, Leduc A, Bourgeois P, Belgrado JP. The physical treatment of upper limb edema. Cancer 1998; 83(12 Suppl American):2835-39