

'When you have End Stage Heart Failure, 85, your legs leak and you've had previous ulcers.... Help!'

Mrs Justine C Whitaker, MSc, RN – Nurse Consultant, Northern Lymphology Ltd & Senior Lecturer – University of Central Lancashire



INTRODUCTION

Ageing can often render an individual with very complex needs and a rapid deterioration should a problem arise. Individuals with End Stage Heart Failure (ESHF) need prompt referral to a specialist service for careful assessment, specialist intervention and a speedy resolution, should this be the case. Failure to do this can quickly lead to a rapid decline in personal health, exacerbation of ESHF and economic burden to the NHS.

METHOD

An 85 year old lady with ESHF on a multitude of diuretics, cardiac drugs and anticoagulants (Fig.5) had a small fall against her bath sustaining bruising and oedema. Known to have previous venous leg ulcers which took over 12 months to heal, a small ulcer occurred in the right lower gaiter region due to the excess oedema. This intern began to leak lymphorrhea causing distress, anxiety and discomfort. (Fig: 1,2&3) Bi-phasic and tri-phasic doppler sound waves recorded – okay to compress.

Clinical Need: Prevent imminent risk of cellulitis; reverse the lymphorrhea; heal the ulcer; reduce oedema; relieve anxiety – all without exacerbating the ESHF.

Skin care using an emollient was performed starting at the thigh, working distally whilst using 'sweeping-upwards' hand movements towards the inguinal lymph nodes. An antimicrobial dressing* was applied followed by a slim highly absorbent pad**. A two-component bandage(2CB)*** was applied from toe to thigh on the right leg and toe to knee on the left leg. Bandages were then replaced by a Compression Wrap System (CWS)**** A further 2 appointments were given to monitor the results and introduce a below knee, made to measure, flat knit compression stocking as an optional alternative to the CWS. A night-time compression garment***** which is known to enhance tissue oxygen levels was introduced to manage the 24 hour cycle of care. (Chohan et al, 2019). (Fig.4)

RESULTS

By appointment 3, the bruising had resolved, oedema and lymphorrhea was under control and risk of cellulitis much reduced, therefore antimicrobial dressing was discontinued. Six appointments over 2 weeks were needed using the 2CB. On appointment 6 the CWS was introduced for carer/self-management. By appointment 8, final appointment, oedema was minimal, ulcer healed, no lymphorrhea, no cellulitis, less anxious, and with help from daughter (carer) was now able to be self-managing with skin care, CWS/stockings for day time management and Night-time compression for evening/night management. No 'rebound' oedema occurred and ESHF remained stable. (Fig.6)



Fig. 1



Fig. 2



Fig. 3



Fig. 4

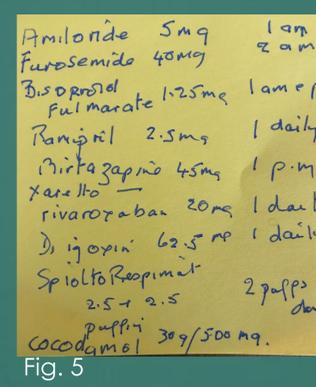


Fig. 5



Fig. 6

DISCUSSION

The level of anxiety this lady had was due to the previous experience of leg ulcer management with pain, disruption and length of time dependent on community services. Coupled with ESHF, lymphorrhea, infection risk, ulcer and reduced mobility – careful planning, continuity of care, and a rapid response was required to gain resolution. Using appropriate products which deliver what they are supposed to, coupled with a sound knowledge of anatomy and physiology, considering the lymphatic system, in less than a month the whole issue was completely resolved and the lady remains independent at home with the caring support of her daughter. Involving family members in patients care early in the course of treatment builds trust, lessens the anxiety of the patient and enhances a smooth and rapid discharge of care. Following an algorithm for 24 hour self-care is a useful tool. (Fig.7)

CONCLUSION

Recognising the patients needs and anxieties when a problem occurs with ESHF and age, is paramount in prioritising care. This together with a sound knowledge and understanding of the anatomy of other physiological structures such as the lymphatic system and its role in managing complex cases, leads to an early resolution of what is classed as a very complex case. Careful choice of products which enhance care and don't cause further skin damage is vital for tissue viability over a 24 hour period not just day light hours. Involving family members or regular carers early in the process of treatment and management using the products gives opportunity for education, building trust and positive long-term outcomes. All this can be done succinctly in ESHF with specialist knowledge/support and intervention acknowledging the Lymphatic System,

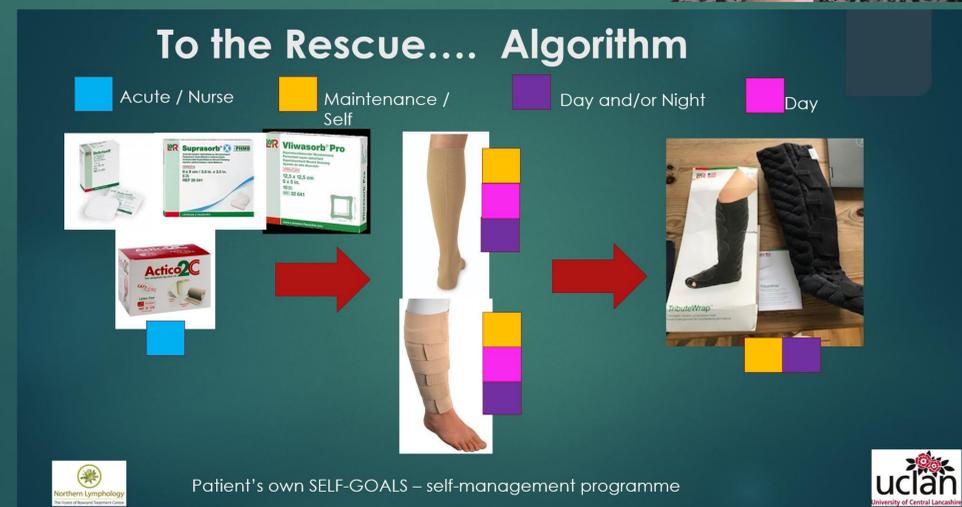


Fig. 7

References:

Chohan A, Haworth L., Sumner S., Olivier M., Birdsall D., Whitaker J. (2019) Examination of the effects of a new compression garment on skin tissue oxygenation in healthy volunteers. Journal of Wound Care. Vol 28, No. 7

* Suprasorb X +PHMB ** Vliwasorb Pro *** Actico 2C **** ReadyWrap ***** TributeWrap