

Providing a holistic approach to skin care

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Introduction

Skin care is an essential part of treatment for patients with lymphoedema and can often be inadequate, resulting in thickened scaly skin called hyperkeratosis (ILF, 2010).

The authors describe how this problem has been addressed in a lymphoedema clinic and demonstrate how it has enabled the clinic to use its resources more effectively, while delivering improved outcomes for the patient.

Aims

The aim of this service development was to utilise the role of the band 3 Health Care Assistant in providing skin care for lymphoedema patients in a clinic setting under the direction of a lymphoedema specialist (Figure 1).

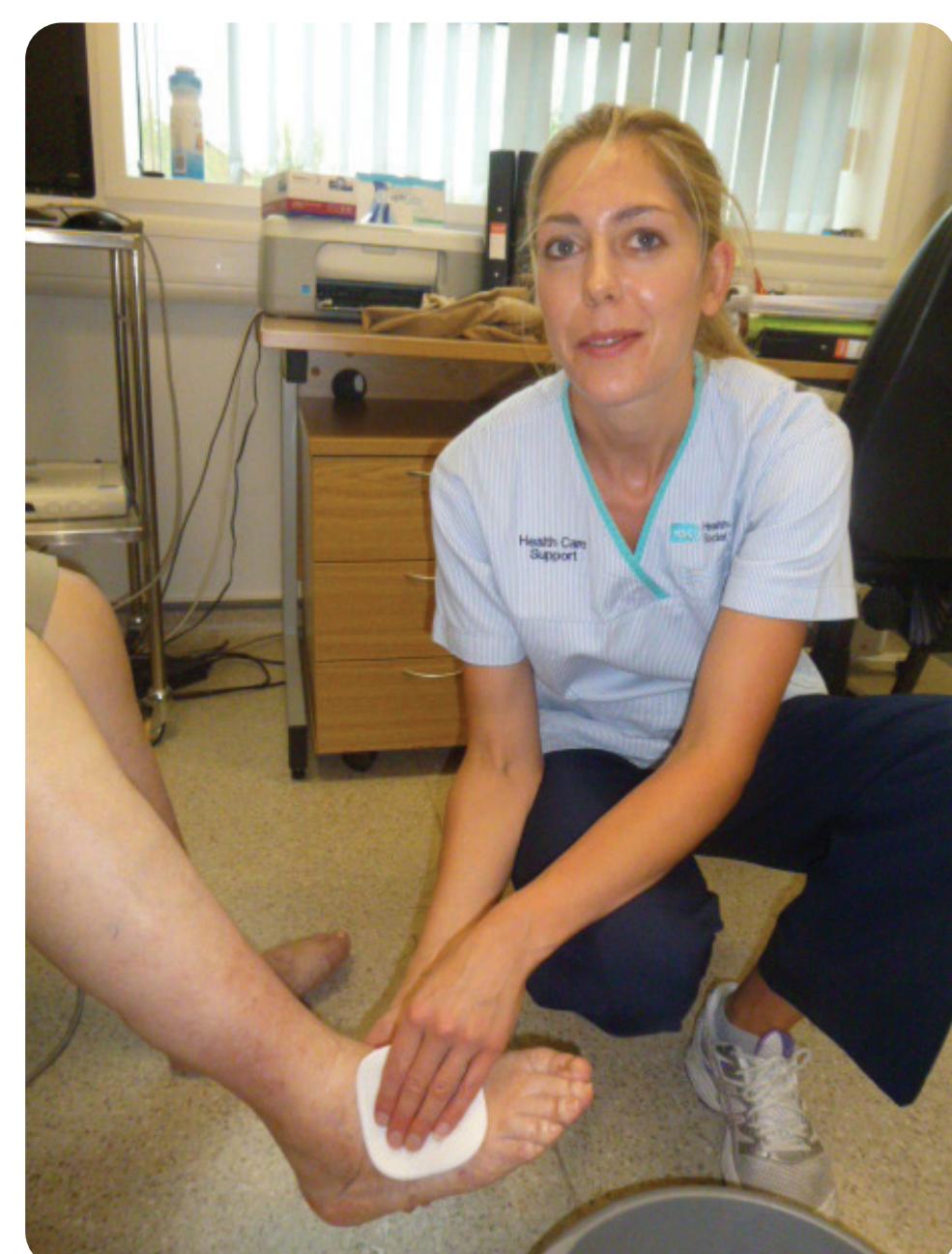


Figure 1

Description

Hyperkeratosis is a build-up of keratin on the skin's surface causing the skin to appear dry and scaly (Whitaker, 2012).

The dry scaly skin can be itchy, painful and produce a generalised feeling of discomfort (Crook et al, 2013) as well as having an accompanying distinct odour due to bacterial colonisation (Jakeman, 2012).

Debridement of hyperkeratosis was often achieved with a scalpel by the specialist nurse and could potentially be traumatic and painful for the patient, and a risky and time-consuming process for the nurse.

By using a new debriding procedure, utilising a monofilament debridement pad[†] (Figure 2), patients experienced a pain free, safe and effective alternative treatment with minimal risk and trauma. It can be utilised by all kinds of health care practitioners in hospital or community and can also be used by the patient who requires maintenance debridement of hyperkeratosis.



Figure 2

Managing and preventing hyperkeratosis keeps the skin in good condition and allows emollients to penetrate the skin, preventing cracks appearing and preventing cellulitis (Whitaker, 2012).

In the authors' clinic the treatment was performed by a Lymphoedema Physiotherapy Assistant, thus freeing up Clinical Specialist time.

Discussion

By investing time in achieving significantly better hyperkeratosis management, the skin condition improves and facilitates a better outcome from emollient therapy and the compression therapy of choice in the clinic - cohesive short stretch compression bandages* and flat knit compression hosiery**.

References

- Whitaker J (2012) Self-management in combating chronic skin disorders. Journal of Lymphoedema. 7(1) 46-50.
- International Lymphoedema Framework (2010) Compression therapy: a position document on compression bandaging. International Lymphoedema Framework in association with The World Alliance for Wound and Lymphoedema Care.
- Crook et al (2013) The development of All Wales best practise statement on the management of hyperkeratosis of the lower limb. Poster presentation. EWMA, May, 2013.
- Jakeman A (2012) The effective management of hyperkeratosis. Wound Essentials. (1) 65-73.

[†] Debrissoft® from Activa Healthcare * Actico® cohesive inelastic bandages from Activa Healthcare ** ActiLymph® and ActiLymph® MTM hosiery from Activa Healthcare