

WHEN OEDEMA REDUCTION IS NOT ENOUGH – CASE STUDY OF A LYMPHEDEMA PATIENT

R van Dam¹, RN, A van den Wijngaard², RN

¹Wound and compression specialist, Boerhaave Foundation for Nursing homes, location: St. Jacob, 2035 RJ Haarlem, The Netherlands. riavandam@sintjacob.nl,

²Wound and compression specialist, Lohmann & Rauscher, The Netherlands, Alicevandenwijngaard@xs4all.nl,

Introduction:

Management of patients with lymphedema is well established in the Netherlands. However it is not evident that outcomes are successful.

Aim:

Aim of the case study was to identify risk factors and to correct flaws in the patients' treatment regime, leading to successful outcome.

Methods:

Case ascertainment was used in the 80 year-old non concordant female patient with combined venous lymphatic ulceration (Fig 1 – Fig 3). Mainstay of lymphedema treatment is skin care, exercise and compression with rigid bandages. To optimise concordance it is important to analyse the individual patient issues and to adapt the treatment regime accordingly.

The ulcers on both her forefoot and lower legs had recurred due to friction of ill-fitting shoes and socks (Fig 3 - Fig 6). The other ulcers on her lower legs had closed. The complete regime was revised, using a less bulky *two component compression system (Fig 8 and Fig 9), a **collagen dressing, a ***silver alginate dressing and specialist lymphedema footwear.

Results :

Skin lesions and ulcers were closed within 6 weeks and the reduction of edema was 12 cm (measured at the calf) per week for the first 3 weeks (Fig 10). After 4 months of treatment the patient was fitted ready to wear compression stockings for maintenance therapy, continuing with skin care and specialist footwear (Fig 11).

Conclusion :

- To prevent recurrence, identification of risk factors, optimizing concordance with maintenance therapy is key.
- The less-bulky compression system allowed for better fitting of footwear.
- Ulcer healing and reduction of oedema was achieved in a patient-friendly and effective manner within 4 months of treatment.



Fig 1:
Day 0: Massive oedema in both legs



Fig 2:
Up till now she refused to wear compression



Fig 3:
Ulcer on her forefoot is due to friction of her shoe.



Fig 4:
Her socks were too tight causing damage



Fig 5 and Fig 6:
A fold in the sheet caused a deep crease in her oedematous leg

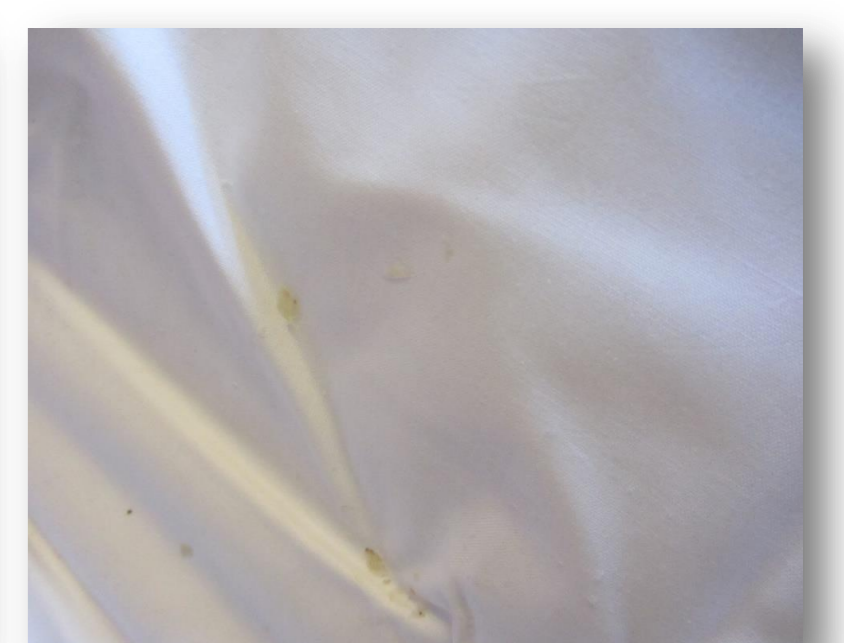


Fig 7:
Silver alginate dressing in place.



Fig 8 and Fig 9:
The two-layer compression system in place on both legs. The socks need to be large enough avoiding damage.



Fig 10:
The oedema has reduced and the ulcers are healing.



Fig 11:
After 4 months she was ready to wear compression stockings for maintenance therapy.