“I never thought this day would come” - the management of a patient with chronic oedema

Torbay and Southern Devon Health and Care NHS Trust

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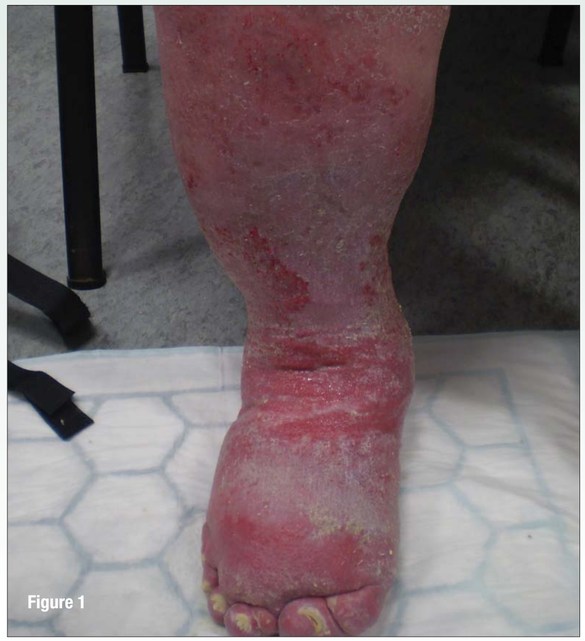
Figure 1

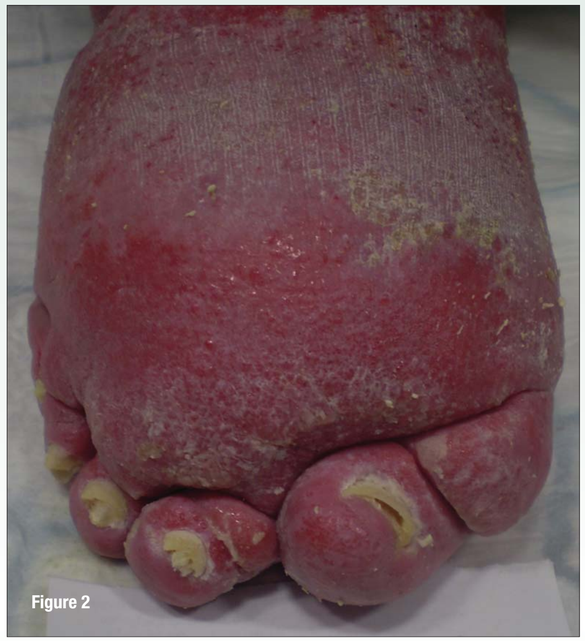
Figure 2

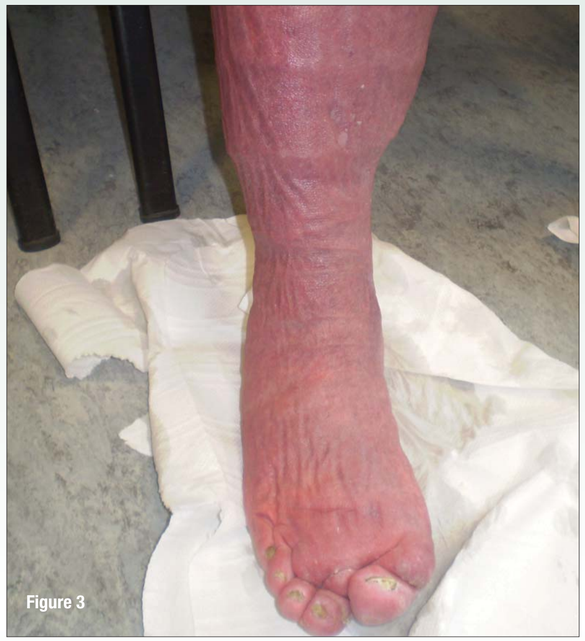
Figure 3

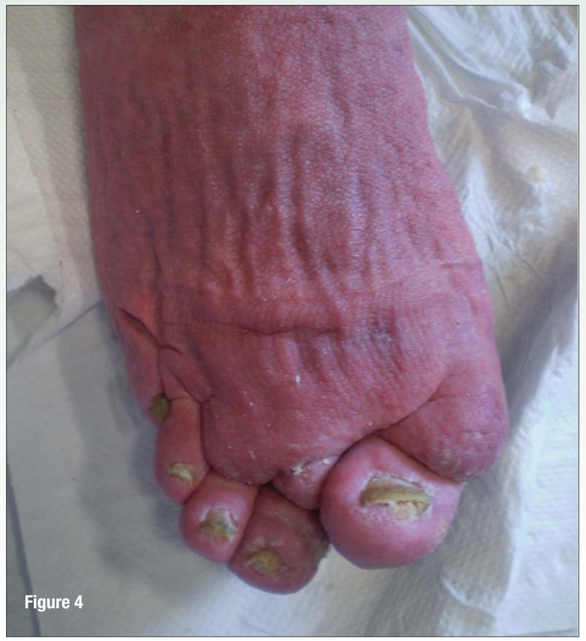
Figure 4

Management of chronic oedema with cohesive inelastic bandage system* and flat knit, made to measure hosiery showing dramatic improvement.**

Introduction

This is a single case study of Mrs W, but is truly representative of the story of many patients who are ‘mismanaged’ due to lack of awareness of chronic oedema (Green and Mason, 2006), which has a similar prevalence to leg ulceration. It truly demonstrates that when a patient is referred to a nurse who has the skills and knowledge to diagnose and manage the condition effectively, huge improvements can be achieved in a short period of time, with dramatic changes to the patient’s quality of life (Lewis, 2010).

When Mrs W was first seen in the specialist clinic she could hardly talk for crying. For the last 7 months she had been passed from GP to Practice Nurse with the aim of ‘drying the legs out’ and ‘padding them up’. But with the smell in her house and having to put paper put down on the floor due to the exudate, this had led to further distress and Mrs W did not want to leave the house or indeed have visitors.

Mrs W had chronic oedema/lymphoedema, numerous sloughy ulcers, chronic skin changes and lymphorrhoea. She was in constant pain and sleeping in a chair. This was due to the pain and to prevent the daily washing of bed linen because of the lymphorrhoea.

Mrs W had a medical history of hypertension, acquired hyperthyroidism and a history of ulcerative colitis. She was not a diabetic and had no arterial involvement. A Doppler assessment was unable to be performed, but she had biphasic sounds with no history of intermittent claudication or rest pain. Patients whom the nurses are unable to Doppler are sent to the Vascular clinic. From here Mrs W was recommended a course of ‘conservative’ treatment i.e. application of ‘reduced compression therapy’ with elastic bandages. Hofman (2010) discusses the unsuitability of elastic bandages especially at low levels of compression and the effects on oedematous legs.

Method

Mrs W was unable to be seen in the specialist lymphoedema clinic for four months. However, the author had attended recent training with the lymphoedema specialist, and it was decided to commence compression bandaging with a cohesive inelastic bandage system. Advice from the representative of the bandage company recommended the use of different widths of the bandage and application techniques. In addition, toe bandaging was used. Initially the bandages were applied daily and then reduced to twice a week. A referral was also made to the podiatrist for management of her toenails. One month later a discussion with the lymphoedema specialist confirmed that this was appropriate and effective management for this patient.

Results

Within only 3 months the ulcers had all healed, the size of the limbs had reduced and she is now managed in made to measure flat knit hosiery, and has no lymphorrhoea.

Discussion

Correct diagnosis and management enabled Mrs W to return to her original quality of life, and for the first time in seven months she was able to see her grandchildren in her home, leave her house, visit her friends and go out for meals. The patient stated that she “never thought this day would ever come” and was even talking about booking a cruise with her husband.

Conclusion

This patient demonstrates that, with perseverance, you can overcome any obstacle and achieve dramatic results.

Reference

Green T, Mason W (2006) Chronic oedemas: identification and referral pathways. British Journal of Community Nursing. The Lymphoedema Supplement. Apr, 11(4) S8, S10-6.

Lewis M (2010) Chronic oedema – a patient’s perpetual journey for treatment. Poster presentation, EWMA conference, Geneva.

Hofman D (2010) Managing ulceration caused by oedema. Wounds Essentials. Volume 5 80-86.

* Actico® from Activa Healthcare Ltd. ** ActiLymph® Made to Measure from Activa Healthcare Ltd.

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