

IMPROVING QUALITY OF LIFE FOR PATIENTS WITH CHRONIC OEDEMA AND LYMPHOEDEMA PARTNERSHIP WITH INDUSTRY

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Aim: To highlight how a tissue viability service worked collectively with industry to improve quality of life for a chronic oedema and lymphoedema patient post unsuccessful extensive removal of lymphnodes. To show that industry can help provide useful support to clinical practice in terms of skill assessment and development.

Method: Interview based on a single patient case study who has suffered with chronic oedema and lymphoedema for years. Due to mismanagement of patient's condition he has become a subject for teaching to junior medical staff at the local hospital. On the other hand, being under compressed by community practitioners as they treated lymphoerrhae on both his legs as venous leg ulceration.

Results: An improved QoL for the patient post the application of appropriate compression therapy. Community practitioners became confident and competent in oedema assessment post education and training from the industry.

Conclusion: Given the current financial setbacks to healthcare systems across the world close working with industry enables the provision of an effective, efficient and timely assessments and treatment plans. Thereby enabling improved quality of life for patients and equipping clinicians with better clinical skills.

MOBILITY AND QUALITY OF LIFE – CHALLENGES WITH THE SUPPLY OF PATIENS WITH (CHRONIC) WOUNDS

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Introduction: Mobility is a central need of humans and a relevant condition for Independence and quality of life. It is valid in the view of the demographic change and changes in the political paradigmas to promote mobility. The activities belong to the consultation, prevention and health promotion.

Methods: The topic mobility became a systematic literature search in relevant data bases (PubMed, DIMDI, Cinahl) accomplished. The moreover one became up the basis of qualitative interviews, which were evaluated after May ring, an extended understanding of mobility develops.

Results: Together taken the nursing understanding must extended by mobility. With it three dimensions of mobility are meant: (1) mobility as acting, e.g. the physical, mental and psychological activity, (2) the functional mobility as Option and finally (3) the subjective dimension of mobility, i.e. self concepts, strategies, goals, needs and motives. These three dimensions of mobility stand in a interdependenten relationship to each other

Discussion: The receipt of mobility is also located in the focus for the supply of humans with (chronic) wounds. In addition the understanding must differentiated from mobility represented and