

Preventing cellulitis: Multidisciplinary management of a complex case of chronic oedema.

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Introduction

The presence of chronic oedema increases the risk of developing cellulitis, which is most commonly seen in the lower limb (JCN 2015).

Episodes of cellulitis can impact negatively on an individual's quality of life and can be costly for the organisation. In England, episodes of cellulitis resulted in 400,000 bed days per year, costing 96 million pounds (Levell *et al.* 2011).

Mrs Smith, a 50 year old lady, admitted to hospital requiring ICU care in September 2014.

Presenting complaint and clinical history:

- Sepsis
- Left leg cellulitis, extending to her abdomen
- Bilateral lower limb lymphoedema and papillomatosis
- Left leg ulceration and lymphorrhoea
- BMI 66
- Numerous skin sensitivities
- Reduced mobility

Method

Once medically stable, Mrs Smith was transferred to a nursing home, 2 months later, for rehabilitation and management of the underlying cause of the acute crisis. This involved a period of intensive woundcare and lymphoedema management.

Vac therapy and wound dressings were used between December and February, wound healing and oedema reduction was not achieved.

Toe to thigh inelastic cohesive compression bandages over a foam roll were introduced in February. Initially, Mrs Smith was bandaged 3 times per week.

- MDT involvement included:
- TVN for wound management
- Lymphoedema specialist
- Nursing home staff nurses
- OT
- Physios
- Dietician



Presentation before described treatment



Poor skin condition before described treatment



Reduced oedema and improved skin condition following compression bandaging

Results

Following introduction of compression bandaging, Mrs Smith's leg ulceration healed in 1 month, she was then measured for European classification made-to-measure, flat knit hosiery*.

Mrs Smith was then able to be discharged home to receive ongoing care supported by the community nursing team.

Discussion

Multidisciplinary collaboration has allowed Mrs Smith to receive appropriate and effective chronic oedema management. The introduction of compression bandaging utilising a foam roll** and inelastic cohesive compression bandages*** proved to be an important treatment intervention in order to facilitate rapid reduction of oedema, and in turn, lymphorrhoea reduction and wound healing.

The introduction of this treatment presented training issues, which were overcome by partnership within the multidisciplinary team and industry support.

As experienced by many patients with chronic oedema, cellulitis had a negative impact on Mrs Smith's morbidity and quality of life, resulting in expensive bed days in intensive care and other care related costs. Effective ongoing management of Mrs Smith's chronic oedema is a measure to prevent recurrence of cellulitis, which will impact on Mrs Smith's quality of life and cost of care.

Conclusion

As part of a programme of multidisciplinary care and a measure to prevent recurrence of cellulitis, cohesive inelastic compression bandages applied over a foam roll proved to be an effective treatment for the management of chronic oedema and wound healing.

JCN 2015 Diagnosing, assessing and managing cellulitis in the community. Journal of community Nursing 28 (5)

Levell NJ, Wingfield CJ, Garioch JJ (2011) Severe lower limb cellulitis is best diagnosed by dermatologists and managed with shared care between primary and secondary care. British Journal of Dermatology 164(6): 1326-1328