

***All patients deserve the right
to appropriate care***

**Suzie Ehmann DPT CWS CLT-LANA
Clinical Specialist – Edema Management Center
Carolinas Healthcare System – Stanly
Albemarle, North Carolina USA**

Aim & Method

- Chronic edema associated with venous leg ulcers (VLU) are not typically managed with “lymphedema” multi-layer lymphedema bandages (MLLB) despite the evidence to support presence of lymphatic impairment in the tissue surround VLU
- Referral to Lymphedema ‘specialist’ reserved only for large misshapen limbs
- Components of MLLB
 - rolled open cell foam
 - multiple short stretch bandages* of progressive larger width (6cm, 8cm, 10cm, 12cm)
- Case series patients of patients referred to lymphatic therapist due failure to heal ulcerations with traditional VLU compression systems (2 layer cohesive short stretch, multi-layer bandage system consisting of both long and short stretch)
- Each patient received modified complete decongestive therapy

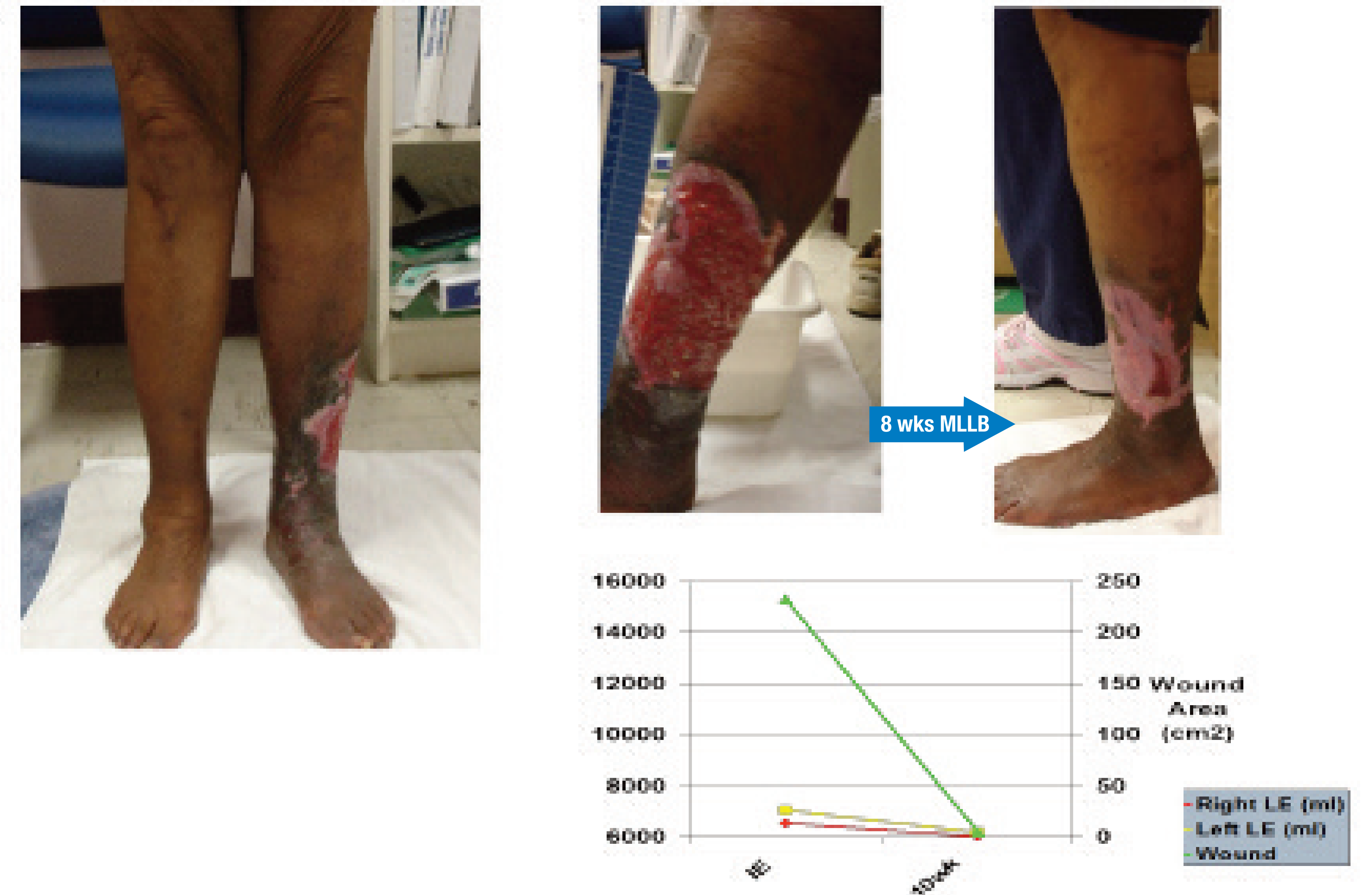


Case 1



- 78 yo male with h/o CHF, HTN, IDDM, CVI non healing VLU and DFU
- Previously tried cohesive short stretch, failed d/t pt c/o pain
- Received MLLB daily x 5days, then 3x/wk for 10wks.
- Tolerated wrap, volume reduce and trophic changes resolved

Case 2



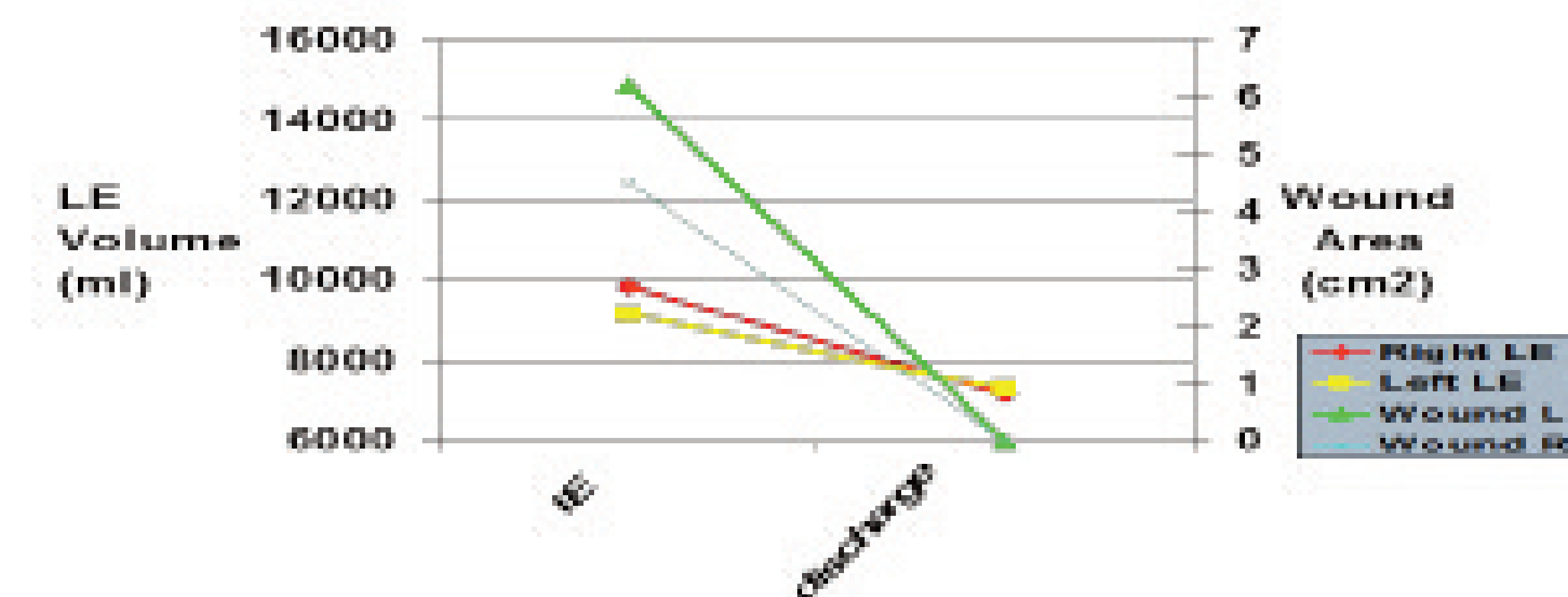
- 80 yo female with h/o ESRD on HD, HTN with non-healing leg ulcer x 7months
- Previously tried unna boot with long stretch – failed d/t excessive drainage and pt c/o pain
- Received CDT 2x/wk for 10wks
- Full wound closure at 10wks

Case 3



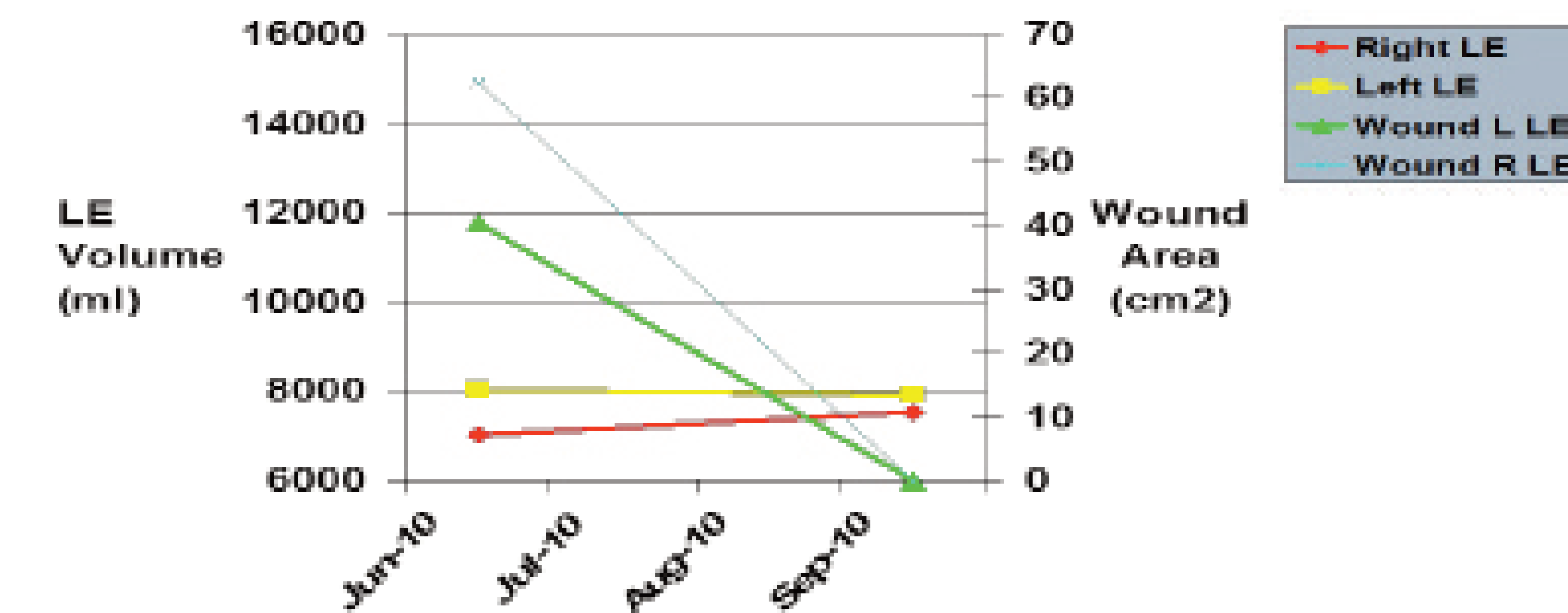
Initial presentation

3wks MLLB



- 63 y/o male with h/o LE ulcerations x 6months – weeping profusely
- Failed previous treatment with cohesive 2 layer wrap – pt would ‘swell thru ‘ wrap and pt c/o wrap “too tight”
- Treated with MLLB 2x/wk for 3 wks; Weeping resolved and volume reduced
- Pt denied any pain with the MLLB

Case 4



- 52 y/o male with h/o recalcitrant VLU x 5yrs
- Failed previous treatments with cohesive 2 layer short stretch and unna boot with long stretch over top; unna boot exacerbated the VLU
- Treated with MLLB 2-3x/kw for 10 wks with resolution of VLUs

Conclusion

- This combination of materials produce a short stretch compression profile
 - short stretch compression enhanced impact on venous and lymphatic function vs. long stretch bandage systems
 - short stretch more tolerable to patient
- MLLB is a viable treatment option for patients with chronic non-healing wounds of venous origins who have failed to respond to traditional means



Characteristics	Multi-Component "Lymphedema" Bandage	Other Multi-component compression bandage kits (i.e. profore, coban 2 layer)
Cotton and foam padding to address irregularities in limb shape		2, 3, 4 layer systems have various padding layers – however they are not always sufficient to address altered limb shapes
Components of bandage addresses fibrotic tissue changes		
Short Stretch bandage provides for high working pressure & low resting pressure maximizing venous & lymph function		

* Rosidal K short stretch compression bandage, Lohmann & Rauscher, Germany

EWMA Conference, Bremen, Germany 2016. This poster was supported by a scientific grant of L&R GmbH & Co KG, Rengsdorf/Germany