Wirral University Teaching Hospital NHS Foundation Trust

Lymphovenous disease: A condition for life...not suffering for life.

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Chronic swelling of the limb is a familiar problem in the community (Williams, 2003), and there can be several different aetiologies (Green & Mason, 2006).

Lymphovenous disease, as the name suggests, is a combination of venous and lymphatic problems. As the venous and lymphatic systems are inextricably linked, chronic failure of the venous system will ultimately lead to failure of the lymphatic system (Green & Mason, 2006).

Introduction

Mrs T is 52 years old, she suffers from lymphovenous disease, obesity and poor mobility. She was struggling with bilateral lower leg ulceration, and lymphorrhoea, this occurs when lymph leaks from the skin surface. She lived with her daughter who is due to get married and Mrs T feared she would not be able to attend due to her condition.

District nurses had been involved since July 2009 applying twice daily dressings, which were not adequately managing the lymphorrhoea.

A number of dressing combinations had been used unsuccessfully and regular opiates were required to assist in managing the severe pain, particularly at dressing change.

She had been refused admission to her local supermarket due to wet dressings and odour. She was almost house bound.

The nurses were struggling to cope with the copious amounts of lymphorrhoea.

Aim

To reduce the oedema, thereby reducing lymphorrhoea and healing ulceration.

Method

Following an appointment with a vascular consultant, Mrs T was referred to the lymphoedema service with long standing lymphovenous disease and bilateral ulceration.

The ulcers were malodorous and her footwear was sodden from the lymphorrhoea.

Hospital admission resulted in washing, application of superabsorbent dressings* and below knee bandaging with a compression cohesive inelastic short stretch compression system**; as the swelling did not extend to the knee. The process was repeated 4 times in week 1 and 3 times during week 2. Following discharge, management was continued by district nurses twice weekly.

Results

The regime managed the oedema, ulceration and lymphorrhoea effectively. By the end of week 2 the left leg was dry and the ulcers were healed. Hosiery was fitted to her left leg. District nurses continued bandaging her right leg twice weekly for 8 weeks until the leg was dry and into hosiery. She is now looking forward to attending her daughter's wedding.

Conclusion

Although lymphovenous disease is incurable, it is not unmanageable and the sufferer need not be a patient for life. Appropriate management in this case and many others has led to cost minimisation for the Trust, reduced nursing hours and, most importantly, improved quality of life for Mrs T.

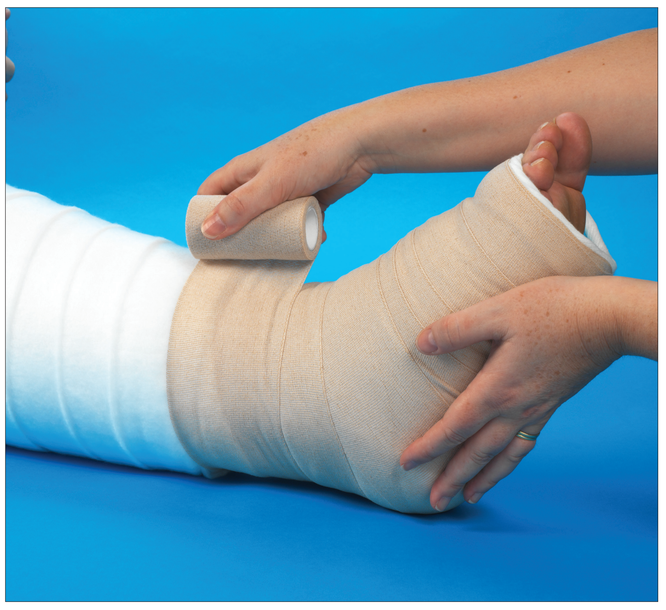
References

Green T, Mason W (2006) Chromic oedemas: identification and referral pathways. The Lymphoedema Supplement. April. S8-S16.
Williams A (2003) An overview of non-cancer related chronic oedema – a UK perspective. http://www.worldwidewounds.com/2003/april/Williams/Chronic-Oedema.html

* Flivasorb® - The superabsorbent wound dressing from Activa Healthcare
** Actico® - The Cohesive Inelastic Bandage System from Activa Healthcare

After the application of the superabsorbent wound dressing* - pad to shape and protect the limb

8cm cohesive inelastic bandage** applied from the base of the toes



10cm cohesive inelastic bandage** applied to the lower leg

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