

MAKING TREATMENT OF A COMPLEX LYMPHEDEMA PATIENT FEASIBLE IN A COMMUNITY SETTING

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Introduction:

In The Netherlands 350.000 patients suffer from lymphedema. Ambulant patients typically attend lymphedema clinics, which may be time consuming and burdensome. The aim was to improve treatment outcome enabling treatment in the community in this complex lymphedema patient.

Material and methods:

Case ascertainment was used for the patient with massive lymphedema of both her legs. The 80 years old patient had diabetes and neuropathy. Her legs were covered with hyperkeratoses and copiously exuding lesions containing pseudomonas. She had pressure damage on her foot due to ill-fitting orthopedic shoes. For compression ^ashort stretch cohesive bandages with ^btubular terry underpadding was used. The toes were included in the compression bandage using a ^cfixation bandage. She received manual lymph drainage, twice weekly. Skin lesions were treated with a polyhexanide containing ^dbio-cellulose dressing covered with a ^esuperabsorbent pad. Depending on exudate production dressing changes took place on average 2 x/weekly in the first 2 weeks of treatment. Skin and wound debridement was conducted with a ^fmonofilament debridement product and PHMB, a moisturizer was used to treat the dry skin condition.



Fig 1:
Day 0: Toe bandages caused friction damage.



Fig 2:
Day 0: Edema, hyperkeratosis, scaling and fissures in both legs.



Fig 3 and 4:
Day 0: Orthopedic shoes are too tight causing pressure damage. Copious foul smelling exudate and critical colonization with Pseudomonas.



Fig 5:
Day 0: Leakage all the way through to the compression bandages



Fig 6:
Day 1: After debridement and correct compression bandaging there is no leakage.



Fig 7:
Right foot after one debridement session



Fig 8:
After one debridement session, lesions are visible



Fig 9 - 12:
The pressure damage (indicated with the arrows) is caused by the ill-fitting orthopedic shoes. Until the edema went down she was advised not to wear them.



Results :

Oedema had reduced after one week and the ulcers had closed at day 42 of treatment. She was then fitted new shoes and ready to wear compression stockings for maintenance therapy. To prevent recurrence, concordance with maintenance therapy is key.

Conclusion :

Wound healing and reduction of edema was achieved in a patient-friendly and effective manner within 2,5 months of treatment, improving her quality of life significantly.



Fig 13:
Day 24: There is 8 cm oedema reduction. Debridement with the monofilament product is continued.



Fig 14 - 15:
Day 24: The ulcers are covered with the bio-cellulose dressing + PHMB. The skin is clean and the oedema is gone.



Fig 16 - 18:
Day 24: The forefoot is padded relieving pressure over the ulcer. The compression bandage is adapted to the patients' needs.



Fig 19:
Day 24: Dedicated treatment working together with a multidisciplinary team at the wound expert center.



Fig 20 - 22:
Day 42: End result, the edema is further controlled with compression and the dry skin is treated with a moisturizer to prevent recurrence.



References:

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