The management of Lymphorrhoea with **Flivasorb®** and **Actico®**

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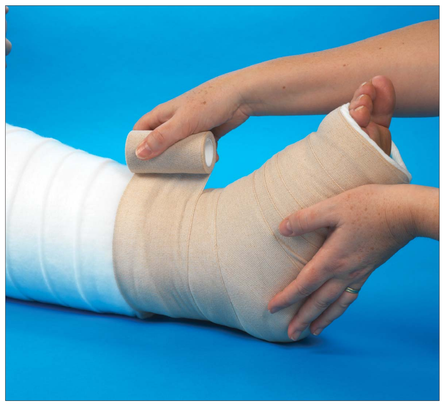
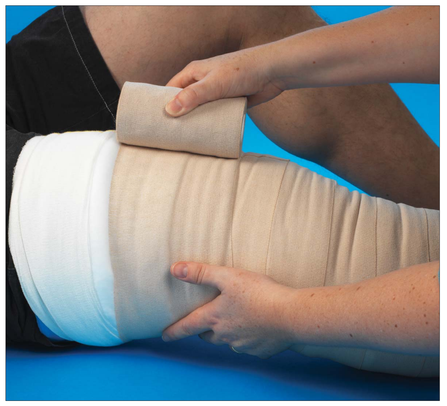
Padding to shape and protect the limb*

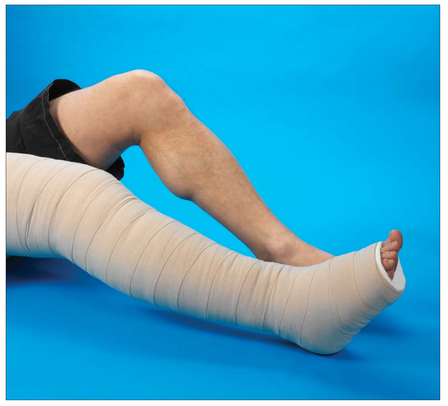
8cm Actico® compression commenced from the base of the toes



10cm Actico® compression applied to the lower leg



12cm Actico® compression applied to the upper leg



Actico® full leg bandage applied

Introduction

The management of lymphorrhoea remains a very real challenge in the patient with chronic oedema. Generally these patients have been mismanaged for many months, and sometimes even years. There is limited reliable data relating to the incidence of lymphorrhoea, and a general lack of consistency about how it should be addressed (Renshaw, 2007).

There are many terms used to describe lymphorrhoea including leaky, weepy and wet legs. The general feeling is that the leakage will eventually stop of its own accord (which is rarely the case) and management in the community largely consists of absorbent dressings. In the acute setting this is usually not the case, as dressings and bandages are a scarcity and many patients are left to drip on incontinence sheets or draw sheets in the bed or on the floor.

The fact that a patient has lymphorrhoea means that there is a port of entry for infection - and many patients have associated infection.

Method

A new dressing recently became available through Activa Healthcare called 'Flivasorb®' which has the ability to absorb large quantities of fluid and lock it away from the limb. This technology is available in other dressings, but none with a fully breathable paper backing allowing the limb to breathe through the collected leakage.

The case study chosen was a 73 year old lady, largely housebound, with various health problems including congestive cardiac failure. She had been suffering with lymphorrhoea for many months and had not worn shoes for almost 12 months due to the excessive leakage. Her daughter had managed to buy £70 slippers which fitted, but the leakage meant that the slippers were always soaked through and began to smell. The district nursing team, including the community matron, were involved in her care, as were the community tissue viability team. She had also been seen by the palliative lymphoedema service practitioner, as she met their criteria having had a lymphoma in the past. Mrs X was visited at home by the district nurses, the palliative lymphoedema nurse and the community tissue viability team.

Mrs X had significant chronic oedema with a venous leg ulcer and copious lymphorrhoea. It was recommended to commence daily washing with a mild water based emollient and thorough drying and moisturising with an emollient spray. It was agreed to apply Flivasorb® to the multiple sites where lymphorrhoea was present and then to cover both legs with ActiFast®, and FlexiBan® in large quantities to above the knee, padding into the creases with 'pillows', followed by Actico® cohesive short stretch bandage. Due to the therapuetic working and tolerable resting pressures, Actico® is indicated for the treatment of venous disorders and the reduction and control of oedema and lymphoedema. If swelling extends to the thigh, it is necessary to apply full leg bandaging (Moffatt, 2007).

Results

Following her first day of the dressing regime and above knee bandaging, Mrs X found the layers slightly heavy. It was therefore agreed that after washing, drying and moisturising one layer of Actico® would be applied. However, on removal it was clear just how effective the Actico® and Flivasorb® regime had been. There had been no strike through from the lymphorrhoea and the Flivasorb® dressing had locked away all of the leakage, allowing the healthy skin to dry; therefore redness was also reduced. Lymph fluid is acidic and will macerate healthy skin where it comes into contact.

Several days later, the lymphorrhoea slowly started to abate, the Flivasorb® did not contain as much leakage and was therefore not as heavy. The patient agreed to try 2 layers of Actico® again and this time it was well tolerated. Within 2 weeks the leg ulcer showed significant signs of improvement, with less appearance of maceration. Mrs X was able to wear the slippers that her daughter had bought for her at great expense and the healthcare professionals involved were happy with the care plan.

At the end of the 4 week period of application the leg without the ulcer was dry and was fitted with flat knit compression hosiery. The other leg required bandaging for another 2 weeks, after which the lymphorrhoea had ceased and the ulcer could be dressed with an adhesive dressing under a stocking.

Discussion

Flivasorb® plus above knee bandaging using Actico® is an excellent and effective choice for the patient with chronic oedema and lymphorrhoea.

Conclusion

Chronic oedema management often involves numerous healthcare professionals and must always take into account the patient's health status and wishes. However, in this instance the innovative new dressing, in combination with Actico® above knee bandaging, resulted in very successful and timely management.

References

Moffatt, C (2007) Compression Therapy in Practice. Wounds UK Publishing. Aberdeen.

Renshaw, M (2007) Lymphorrhoea: "Leaky legs" are not just the nurse's problem. British Journal of Community Nursing. Vol 12, 4suppl, pp18-21.

* Photos shown demonstrate the technique of full leg bandaging and are not specific to the patient mentioned on this case study.

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