

From despair to elation



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Rear of left leg before MLD



Rear of right leg before MLD



Rear of right leg healed



Front of right leg



Slim legs with only one new wound



Slim feet with only one new wound



Front of legs healed 16.06.2009



Rear of legs healed 16.06.2009

Introduction

The management and treatment of lymphoedema in an ulcerated limb can prove a challenge to the clinician and can significantly reduce patient's quality of life. This case study follows the path of a patient with a long standing history of leg ulceration associated with lymphoedema.

Mr A was retired and had been treated for leg ulceration at various centres since 1982 with little success. After 3 years he developed lymphoedema and was treated by his GP for recurrent episodes of cellulitis. Mr A was not very mobile due to osteoarthritis. He lived in his own home which had been adapted by social services to assist his daily living activities. Mr A had tried various treatments, including slimming pills which possibly affected his immune system but did not heal his wounds. He suffered from additional complications such as recurrent cellulitis and osteoarthritis which all added to his misery.

Multiple pathologies led to compromised healing, leading to exacerbation of his lymphoedema. Past regimes had focused on local skin treatment but did not address the systemic problems. Mr A was in considerable pain and the cellulitis presented a difficult challenge to manage. Lack of mobility restricted exercising needed to encourage lymph flow.

Method

Past treatments by Mr A's GP included various dermatological preparations, including manuka honey and steroid cream, applied topically to treat the flaky skin and open ulceration. Additionally, oral antibiotics were administered for recurrent episodes of cellulitis. Changes in the skin structure and an increased susceptibility to acute cellulitis in patients with lymphoedema often results in hospitalisation and the use of long term antibiotics (Mortimer, 1995). On referral to the specialist clinic a full assessment was undertaken to determine suitability for compression bandaging. Short stretch bandages have variations in working and resting pressures which are recommended to treat oedema. It was decided to use a cohesive short stretch bandage (Actico®) to prevent slippage once the oedema had reduced.

The active management phase comprised of Manual Lymphatic Drainage (MLD) by the specialist, in conjunction with the Actico® bandage regime. MLD was delivered once a week due to lack of funding, but was later increased to three times a week once funding was granted. This led to an improvement in Mr A's skin condition and volume reduction - resulting in significant pain relief.

Results

The use of the Actico® bandage regime provided a high working and therapeutic resting pressure regime, resulting in a comfortable bandage system for Mr A. Despite the need for more frequent MLD treatments (this was restricted to once weekly due to lack of funds), once the correct MLD regime and Actico® short stretch bandaging was implemented Mr A's condition improved significantly.

It has been shown that, in the management of long term oedema, a course of bandaging followed by hosiery is more effective than hosiery alone (Badger et al, 2000). The maintenance phase continued using MLD, high stiffness compression hosiery (ActiLymph®) and infra red magnetic light which was applied to one ulcer. ActiLymph® hosiery incorporates higher levels of fabric stiffness than British Standard hosiery, therefore enabling greater management of oedema. Electro-magnetic stimulation therapy was applied to the whole body including his knees.

Conclusion

Under the care of the specialist centre, using MLD and appropriate compression bandaging the leg ulcers healed, remained healed with no recurrent infection and the oedema reduced, much to the patient's delight.

Discussion

A full understanding of lymphoedema management using specialist knowledge and resources is the key to successful treatment of complex cases.

References

Badger, C.M.A, Peacock J.L, Mortimer P.S (2000) A Randomised, controlled trial parallel group clinical trial comparing multi layer bandaging followed by hosiery versus hosiery alone in the treatment of patients with Lymphoedema of the limb. *Cancer*, 88; 12: 2832-2837.

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