



Clinical Measurements and Self-Care options for life changing progress for the patient

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LOHMANN & RAUSCHER – SYMPOSIUM B

EWMA - 2018



Aim



- ▶ This session follows on from the previous speakers and takes the science and clinical measurement back to the patient by combining knowledge, appropriate wound care and compression solutions to achieve positive patient outcomes.
- ▶ A real life story will be presented to demonstrate how self-care can form a valuable part of treatment and resource management.
- ▶ The session will highlight the need for appropriate compression therapy selection according to the patient's needs.

Assessment tools and equipment

Generalist – Specialist

- ▶ Visual
 - ▶ Physical
 - ▶ Paper documentation
 - ▶ Photographic
 - ▶ Tape measure – sometimes random
 - ▶ Onward referral
- ▶ Faster access to a Specialist Team – (scans etc....)
 - ▶ Visual
 - ▶ Physical
 - ▶ Paper documentation
 - ▶ Electronic documentation – lymcalc e.g.
 - ▶ Photographic – 2D & 3D
 - ▶ Tape measure/limb volume
 - ▶ Bioimpedence / Perometer
 - ▶ Moisture measure
 - ▶ Staging tools e.g. ISL/CEAP
 - ▶ Time?
 - ▶ Better position to do research/design selection tools

Assessment form



- ▶ Subcutaneous tissue
- ▶ 5 's' score (Subcutaneous Tissue/Site/Size/Shape/Skin)
- ▶ Factors affecting outcome
- ▶ Extent and Distribution of oedema
- ▶ Site of Oedema – using a 'shading' guide *cross-hatch for pitting, solid block for fibrosis*
- ▶ Staging presentation – see list on last page
- ▶ ISL staging
- ▶ CEAP staging



Treatment choices lead to different outcomes

General / Specialist



- ▶ Local lymphoedema service - NHS
- ▶ Keyworkers
- ▶ 4 cornerstones
- ▶ Stockings/skincare/general movement
- ▶ 3 appointments a year
- ▶ Northern Lymphology Ltd – Independent (fee)
- ▶ Also NHS in some area's
- ▶ Nurse Consultant
- ▶ Specialist interventions
- ▶ MLLB/NPLD/higher compression stockings/Wrapsystem/x-trainer/night-time compression
- ▶ Initial block DLT - (6 sessions) then 4-6 weekly NPLD
- ▶ Approx 12-16 apps a year

Case - initial presentation

A 48-year-old lady with unilateral lymphoedema of her left leg, secondary to surgery for endometriosis was referred for Decongestive Lymphoedema Treatment (DLT). *Current regimen was a class IV stocking – not holding oedema*

She attends an NHS keyworker service locally...

International Society of Lymphology (ISL) 2013	
Stage 0	latent or sub-clinical condition where swelling is not yet evident despite impaired lymph transport, subtle changes in tissue fluid/composition, and changes in subjective symptoms. It may exist months or years before overt edema occurs.
Stage 1	early accumulation of fluid relatively high in protein content (e.g., in comparison with "venous" oedema) which subsides with limb elevation. Pitting may occur. An increase in various proliferating cells may also be seen
Stage 2 & 2b	limb elevation alone rarely reduces tissue swelling and pitting is manifest. Late in Stage II, the limb may or may not pit as excess fat and fibrosis supervenes.
Stage 3	lymphostatic elephantiasis where pitting can be absent and trophic skin changes such as acanthosis, further deposition of fat and fibrosis, and warty overgrowths have developed.

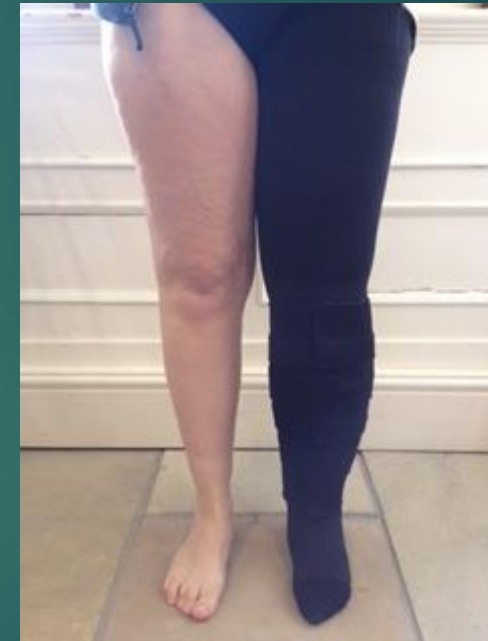
= 2b



What we did...

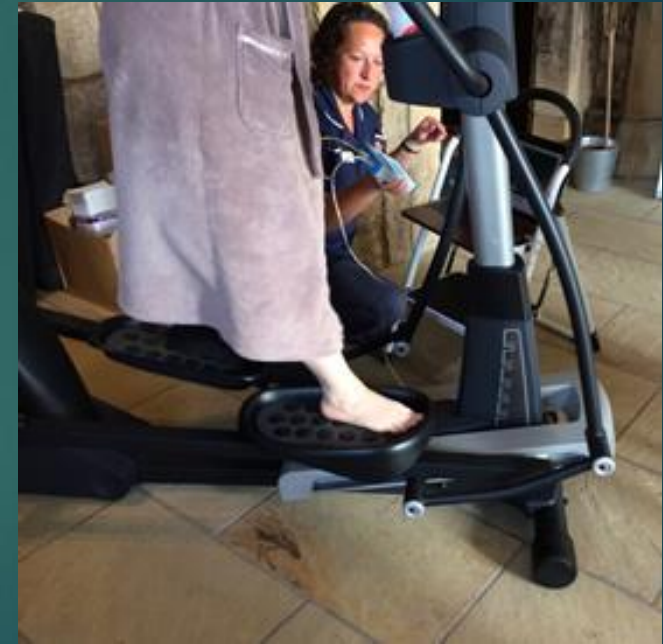


- Individual aims were set by the patient – to work back with her horses and ride again
- DLT consisted of compression bandaging using a foam roll and cohesive inelastic bandage system (Whitaker et al 2015) and lymphatic drainage using a hand-held negative pressure device (LymphaTouch), for 6 sessions over 10 days
- Following DLT a class IV flat-knit compression stocking was fitted with a below-knee ReadyWrap® system over the top of the stocking to prevent 'rebound' oedema

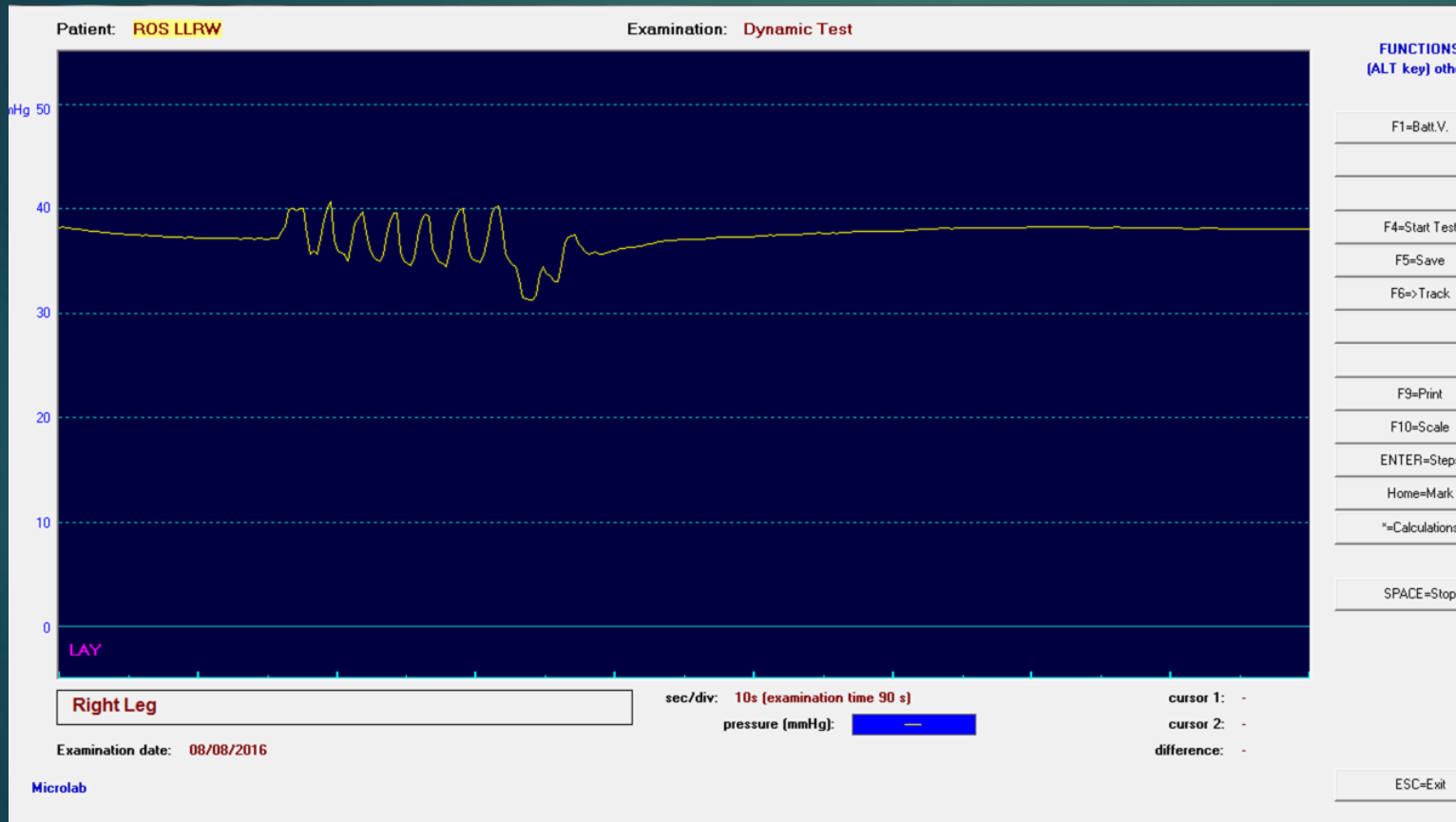


- Whitaker J et al (2015) Clinical audit of a lymphoedema bandaging system: a foam roll and cohesive short stretch bandages. JOURNAL OF WOUND CARE VOL 24, NO 3, MARCH 2015

First we needed to check the performance of the compression prescription against 2b lymphoedema



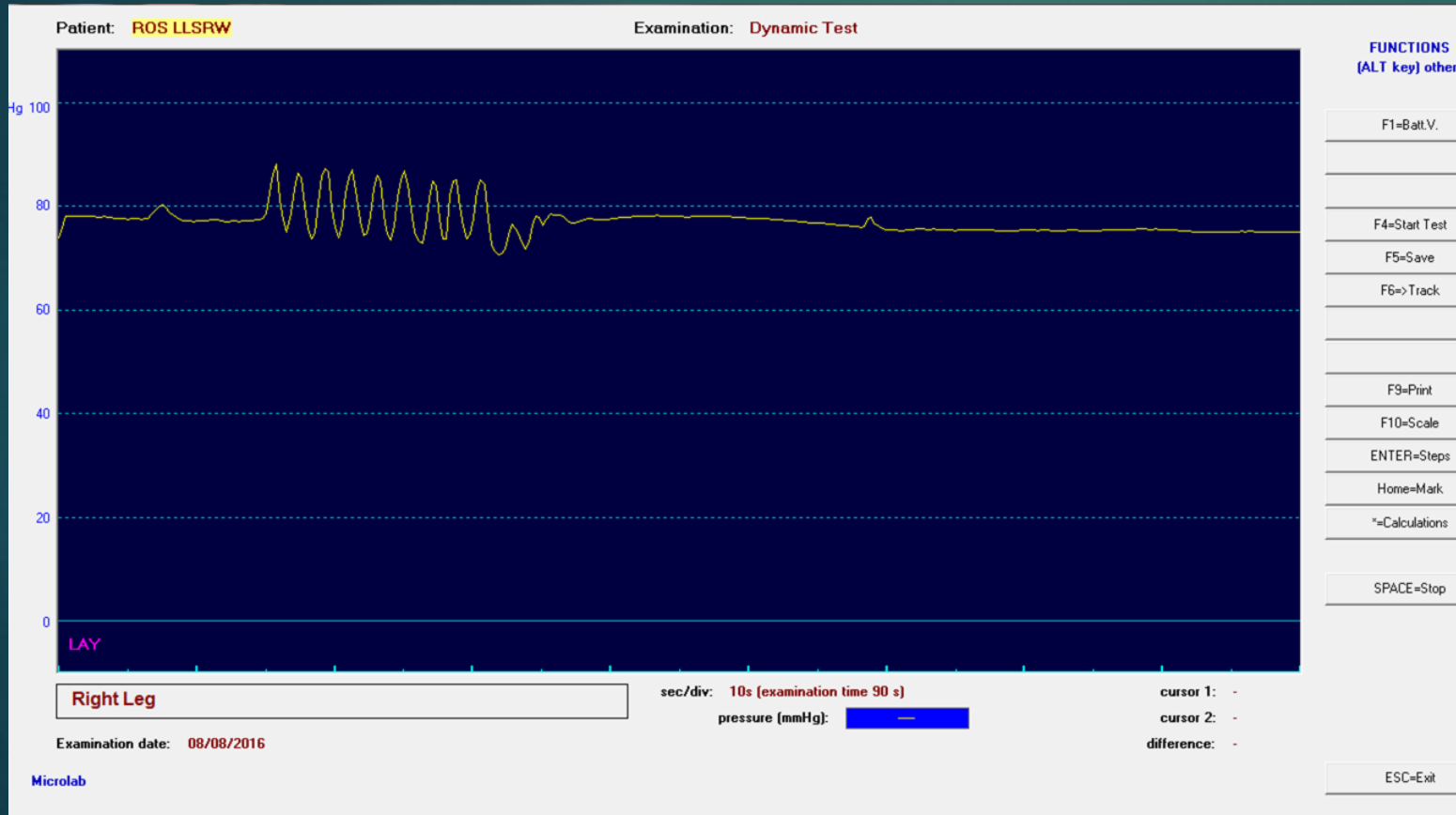
Case – wrap only SUPINE



- ▶ Lying pressure - 38mmHg
- ▶ Dorsiflexion ↑41 ↓34
- ▶ Standing pressure - 38mmHg
- ▶ DSI = 3
- ▶ IPP = 7
- ▶ SSI = 0

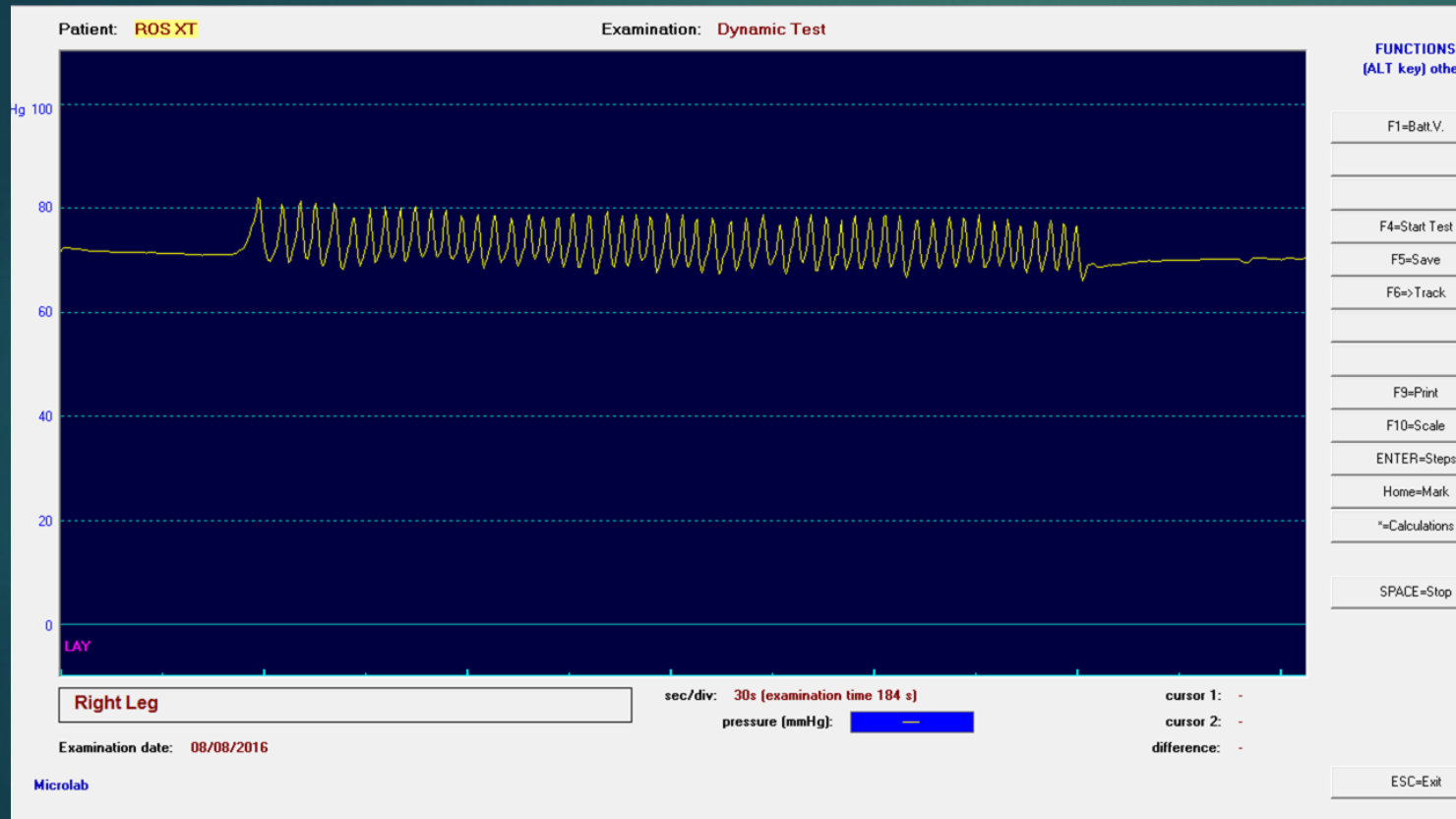
Remember – ISL = 2b

Case – stocking & wrap SUPINE

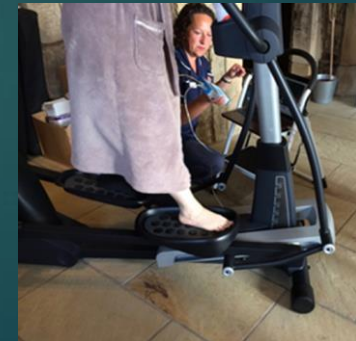


- ▶ Lying pressure - 78mmHg
- ▶ Dorsiflexion ↑88 ↓73
- ▶ Standing pressure - 76mmHg
- ▶ DSI = 10
- ▶ IPP = 15
- ▶ SSI = -2

Case – Stocking & wrap on X-Trainer



- ▶ Standing pressure - 72mmHg
- ▶ Dorsiflexion ↑82 ↓67
- ▶ DSI = unable to calculate (not supine)
- ▶ IPP = 15
- ▶ SSI = 0



Results/Discussion

Limb volumes reduced following DLT & maintained with monthly lymph drainage, compression stocking(IV) and ReadyWrap® system – **further reduction and NO RE-Bound**

Year	Right leg (mls)	Left Leg (mls)	Difference (mls)	% difference
2015	8,982	11,230	2,248	25%
2017	8,212	9,468	1,256	15%

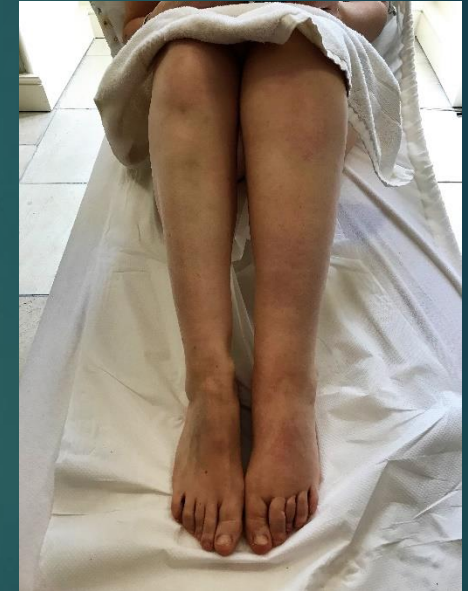
% change in absolute volume	% change in excess volume
15%	44%

Williams A, Whitaker J, (2015) Measuring change in limb volume to evaluate lymphoedema treatment outcome. EWMA Journal Vol. 15, No. 1

Summary



- ▶ Access to Specialist knowledge and expertise can lead to precise targeted treatment options to gain optimum results
- ▶ Including the patient's wishes/expectations should be first on the list
- ▶ Understanding how measurable tools can be used efficiently and safely to direct prescriptive care is paramount — *(no point in collecting information if you don't know how to use it or interpret it)*
- ▶ Demonstrating the direct effect on the patient's tissue/diagnosis and how recommended available products affect them should be fully understood before use
- ▶ Addressing the above leads to safe, cost-effective treatments which support self-management and achieve patient's personal goals



Back to normal life



THANK YOU

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