

# Patient Empowerment:

A case study demonstrating its importance in improving Lymphoedema management.

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## Background

GOOD MANAGEMENT SHOULD:

- prevent progression
- improve function and quality of life
- reduce swelling, infection and cellulitis
- enable patient control

GOOD TREATMENT SHOULD:

- cater to patient needs
- encourage goal driven strategies

## Case Presentation

A 48 year old nurse with cervical cancer (2009). Treatment included surgery, lymph node resection, chemotherapy, radiotherapy and hormonal replacement therapy.

Her left leg developed lymphoedema and she was prescribed Manuel Lymph Drainage (MLD), massage, vibration therapy, bandages and a compression garment for daily wear.

Limited time and funds resulted in difficulty continuing with treatments and ultimately increased swelling and recurrent bouts of cellulitis occurred by 2013 (a) and (d). Lower limb and ankle fibrosis, decreased ankle range of movement, difficulty donning and discomfort wearing the garment at work led to non-compliance.

A *Quality of Life SF-36* assessment showed physical and emotional functional domains and wellbeing were critical. Embarrassment about limb and ankle appearance, lack of work roster flexibility added to frustrations and 'management fatigue'. **Empowerment would be important.**

## Treatment

The patient listed outcome aims and committed time to a 3-4 week intensive reduction phase. The Cellulitis was treated (several months of antibiotics) and better regular skin and nail care began. Referral to *International Lymphoedema Framework* best practice and *Australasian Lymphology Association* position statement documents, helped to support the treatment regime and proved useful with a newfound GP.

Exercise with **a social connection** greatly improved commitment and enjoyment.

Vodder MLD with an initial focus on fibrotic tissue and teaching of self-massage techniques as part of daily living activities, was implemented.

Compression (with toe) bandaging (b) was adapted to patient work timetables: Mobiderm® with self-bandaging at home when feasible, night-garment Caresia® approx.4/7, kinesiotape 2-3x/week were all used to increase **flexibility of treatment timing** around work shifts.

“...you have no idea how much the positive, friendly, non-judgemental approach helped me conquer not just the leg swelling, but also my reluctance to set aside the emotional baggage I attached to this condition.”

## Results

Photos demonstrate changes in skin and ankle dorsiflexion post reduction phase (c) and (e). Circumferential measurements (pre/post reduction) and *Quality of Life SF-36* scores (pre/post treatment) to show improvements, were graphed. As reduction was achieved, ankle mobility and dorsiflexion comfort improved.

The flexible regime encouraged **ongoing commitment**. The patient then opted (with assistance) to choose a custom-made flat knit compression garment (CCL2) with comfort zones suitable for work.

## Discussion

Where conventional daily compression garments don't suit; treatment options like night-garments, self-bandaging, kinesiotape can be considered for some patients. Incorporating exercise as a social component is helpful.

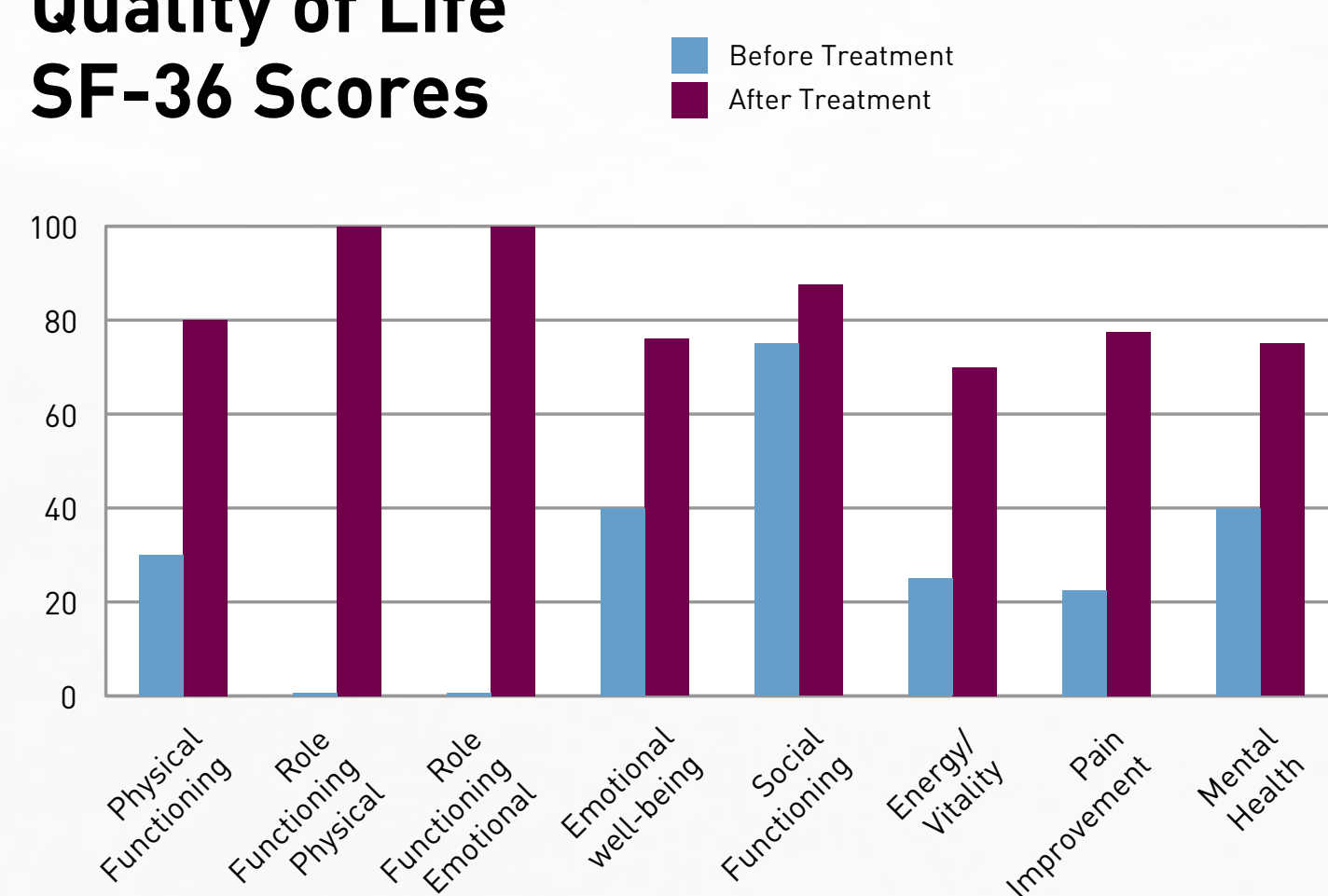
Once goals are achieved, a patient is more likely to adopt other control strategies. **This patient is now helping to educate her GP.**

Quality of life is personal, though comparison scores can be useful to mark improvements. The *SF-36* domains are weighted equally and this may differ for individuals<sup>2</sup>. The *Freiburg Quality of Life* survey may be more specific for lymphoedema. The ability for this patient to enjoy the ankle and limb reduction (e), wear shorter pants and especially go beach walking has resulted in more consistent use of the compression garment and other treatment modalities.

## Conclusion

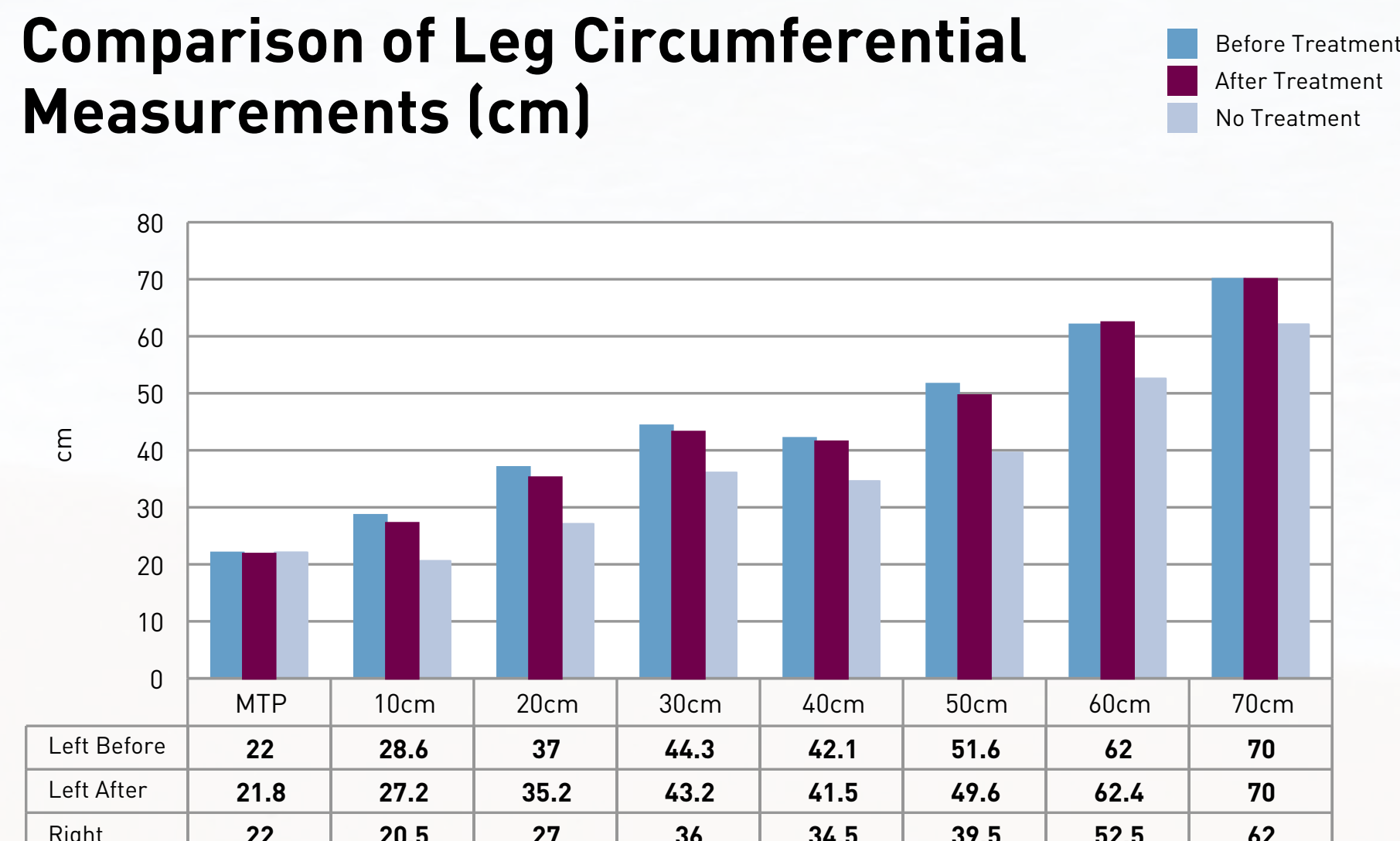
For successful and ongoing management: **develop a partnership with patients**. Improved quality of life and desired functional outcomes ensure the process is goal driven.

## Quality of Life SF-36 Scores



note: One question [not graphed] - perceived change in health scored from 25 to 75 points.

## Comparison of Leg Circumferential Measurements (cm)



a



b



c



d



e

## References

- (1) Lymphoedema Framework. Best Practice for the Management of Lymphoedema. International consensus. London: MEP Ltd, 2006. [http://lymphoedema.org.au/ALA/Documents/ALA\\_Position\\_Statement\\_on\\_Cellulitis.pdf](http://lymphoedema.org.au/ALA/Documents/ALA_Position_Statement_on_Cellulitis.pdf)
  - (2) Fayers PM, Machin DM: Quality of Life: Assessment, Analysis & Interpretation. Chichester: Wiley; 2000.
- Ware JE Jr, Snow KK, Kosinski M, Gandek B: SF-36 Health Survey Manual and Interpretation Guide. Boston, MA: The Health Institute, New England Medical Centre; 1993.

Good treatment should encourage goal driven strategies