

The use of a compliance assessment tool in garment prescription and fitting for patients with lymphedema and lipedema in the state of Qatar

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Introduction: As the only dedicated lymphedema management clinic in the state of Qatar, our department has received 2112 patients with Lymphedema (LE) and Lipedema in the past five years. Six hundred twenty-six custom-made garments (CMG) were prescribed as a standard evidence-based care to reduce the volume in the complete decongestive therapy (CDT) maintenance phase. Several challenges have been identified over the entire process of garment prescription/fitting (GPF) and patients' adherence that led to the loss of the success achieved through the CDT program, progression of the symptoms, patients' readmissions into the decongestive phase, increasing the therapist burden in a busy lymphedema clinic, financial burden on the health care organization or patients and increased psychosocial burden.

Aims: To describe the specific challenges involved in the garment prescription and fitting process for patients with stage (2) and stage (3) Lymphedema as well as patients with Lipedema, the development and implementation of an assessment tool aiming to improve the process, thus improving the outcomes.

Method: The specific challenges related to patients, therapists and vendors during the GFP process were identified through patient electronic documentation data during re-evaluations indicating non adherence to CMG, dissatisfaction, increase in volume; re-referrals identified through patient registry data, and garments' registry data requiring remeasurements. These were addressed through multiple patients focus group discussions and clinical experience opinions by experts in the department besides reviewing experts' views from the literature. This led to the formulation and implementation of a Compliance Assessment Tool (CAT) before the GPF.

Results: Preliminary data collected following the use of the CAT indicated that the number of ill-fitting has reduced, six months limb volume reduction was maintained with reduced number of readmissions to the decongestive phase, and patients' verbal satisfaction has improved. Later a patient satisfaction survey was introduced to evaluate the GPF process clearly.

Conclusion: The implementation of CAT is considered beneficial in lymphedema management. CAT at the early stage prior to the GPF process might improve long-term positive outcomes in LE and Lipedema patients requiring long-term compression garments. However, rigorous research is needed to validate the tool's efficacy.