

Development of clinical practice

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Introduction: My poster is a patient case concerning a 65 year old man, who for at least 3 years has had severe secondary lymphoedema/elephantiasis of his left arm and left side of the thorax. The lymphoedema has come after the insertion of a dialysis fistula in the left arm. The patient has since got a kidney transplantation and it is not necessary with the dialysis fistula any longer. The vascular surgeons offer to close the dialysis fistula again, but it is not possible because of the severe lymphoedema. The patient's quality of life is highly affected. The patient has difficulty using his arm because of the weight of the oedema. The patient cannot find clothes with space enough for the arm, and he cannot ride his bike. Due to the dialysis fistula, it is difficult to perform an effective compression bandaging, as a dialysis fistula should not normally be compressed. Before referral to us, the patient was treated with multicomponent compression bandages, bandages of Velcro and IPC- pump, all without the desired effect. In our department, a new combination of compression material was tested. The combination is still gentle on the patient's dialysis fistula and still effective on the oedema. This method has subsequently proven to be quite effective in the treatment of arm lymphoedema. This method is therefore now the preferred compression treatment of arm lymphoedema in our clinic. The purpose of bandaging is to reduce the lymphoedema in the arm, so the patient can undergo surgery to close the dialysis fistula and improve quality of life.

Method: Due to the challenges of compressing the dialysis fistula, it was necessary to rethink how compression treatment could take place without damaging the dialysis fistula. The patient was treated with a new combination of materials with a layer of foam and an elastic compression bandage, which were gentle on the dialysis fistula and still powerful enough to mobilise the severe lymphoedema.

Results

The lymphoedema was significantly reduced, so it was possible for the vascular surgeons to close the dialysis fistula and now there is control of the lymphoedema.

Conclusion and recommendations: The bandaging technique has changed clinical practice in our clinic. This bandaging technique is now the preferred treatment for arm lymphoedema in the clinic subsequently. It is experienced that the treatment is more gentle and still effective. We experience fewer cases of nerve involvement in fingers/hands since we started using this combination of a layer of foam and an elastic compression bandage, which we have experienced previously with use of other multicomponent compression bandages.