

Case study: A multi-disciplinary approach to managing recurring cellulitis secondary to a complex chronic wound in an adult with lower leg lymphoedema

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Introduction: Chronic wounds in adults can be notoriously difficult to treat. Issues such as wound aetiology, lymphoedema, non-concordance with patient education and self-management can all contribute to complications from non-wound healing such as cellulitis and sepsis. The objective of this clinical case report is to present a multidisciplinary and multi interventional approach used to treat a chronic wound and prevent recurring cellulitis and sepsis in an adult.

Case presentation: A 48-year-old male presented to a national cellulitis improvement service with a wound present for approximately six months with two recent hospital admissions for sepsis complications from cellulitis. At this time, he was being treated with an acute course of antibiotics for cellulitis and a simple non-compressive bandage from a primary care service which was being changed three times weekly. Based on an initial clinical assessment, he had bilateral lower leg oedema, an ulcerated area to the left anterior lower leg and signs of resolving cellulitis that was the cause of his most recent hospital admission. Despite recurrent hospital admissions, he reported little knowledge in the way of wound management and how to reduce risk factors for recurring infection. A multi factorial intervention approach was used to treat the initial signs of cellulitis and wound management using a multi-layer compression bandage system, prophylactic and rescue antibiotics and eventually class two compression garments. Of equal importance was an intensive self-management lymphoedema treatment programme tailored using the results from the CELLUPROM[®] patient reported outcome measure to gauge the importance of skin care hygiene, adaption of work wear to reduce skin irritation and lifestyle changes such as weight management and an activity programme. These interventions involved repeated attendances to a cellulitis clinic from a multidisciplinary team of physiotherapists, nurses and paramedics to heal the wound and reduce the oedema. Outcomes included the improving CELLUPROM[®] scores as well as volume measurements.

Conclusion: Wounds can cause a multitude of health problems that need more than one treatment and approach to health. Multi-disciplinary teams and a plethora of clinical and behavioural interventions can all contribute to the overall success in treating chronic wounds and their complications to ensure maintenance of a successful outcome.