

Lower Limb Lymphoedema: Case series using COMPREFLEX Adjustable Compression System (ACD)

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INTRODUCTION: The use of Adjustable “Velcro” Compression Devices (ACD) in the management of lymphoedema and chronic oedema is not a new concept. They have been available for many years and are widely used in clinic and community settings where bandaging or traditional compression garments are not suitable and are becoming more common in treating venous disease, patients with wounds and lipoedema. These case studies demonstrate the flexibility of the device and how they can enhance patient care and compliance.

Case Study 1



62 Year old male, Bricklayer for 39 years. He is morbidly obese and awaiting gastric sleeve surgery. He has worn custom made, Class 3 compression garments for 5 years and these have maintained his leg swelling although he struggled to apply them at times. He commenced wearing COMPREFLEX (ACD) in February 2018. Over a period of 7 weeks his limb measurements reduced by 10 – 16%. He reported an improvement in mobility and ability to don and doff the garment.



Case study 2

54 year old female, bilateral leg swelling for 8 years, with ulceration and repeated episodes of cellulitis. Previous treatment included compression bandaging. Limb measurements reduced by 3 – 11.5% over 4 weeks. The ulcer showed signs of healing and the redness to the skin has improved.



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“COMPREFLEX is very comfortable to wear. They are much easier to apply by myself”.

Case study 4

64 year old lady presented with oedema to both lower limbs, left worse than right. The oedema had been going on for 6 months, her skin was intact but was very tender to touch. The skin appeared very fragile, shiny and red with erythema. Within only 2 weeks there was substantial reduction in oedema, the tenderness of the skin was completely resolved and the erythema had settled.



Case study 3

78 year old female. History of leg ulcers and oedema. Lives with her husband who is main carer. Limited mobility and requires a rollator to walk. Primary lymphoedema since the age of 15. Previous treatment: Massage and elevation GP prescribed compression stockings but there were concerns regarding her ability to don and doff the garments.



“She is very relaxed and happy and very pleased with the progress of her legs. The swelling has reduced considerably, although she still requires the extenders, her legs feel very soft! The ulcers are healing. Her Gp is very impressed”. After 3 weeks “x3 extensions no longer required. She is so happy!”



Case Studies provided by:

Melissa Ball, Northern Lymphoedema Services, Melbourne

Hugh Quach, Garnet Medical, NSW

Leanne Atkin, Pinderfields Hospital, UK

DISCUSSION: There are many adjustable compression devices available on the market and all propose to achieve the same outcomes. Mosti et al (2015) concluded that adjustable compression devices can be more effective than inelastic bandaging in exerting a strong pressure in the initial treatment phase and are well tolerated. A review of evidence for adjustable compression wrap devices (Williams 2016) concluded that despite the lack of robust economic evaluation, claims regarding cost savings are compelling and that an adjustable compression devices provides scope for improved quality of life and independence for patients with long term limb swelling. The patients in this case series identified that they felt comfortable applying the device and readjusting it during the day to achieve sustained and active working / resting pressures. They found that they were able to manage their swelling independently and reported being pleased with the results of the reduction in limb volume and improvement in shape. These patients would have had to either return to the clinic on a weekly basis for reapplication of bandages and to have their limbs washed or have community nurse support to reapply the bandages. Thus adding to the overall cost of management. The use of adjustable compression devices aids self care in terms of hygiene and personal needs as the patients are able to remove the device for hygiene purposes and replace it immediately afterwards reducing the risk of rebound swelling if waiting for the attention of health care professionals, thus reducing the risk of skin deterioration and encouraging good skin hydration.