4th International Lymphoedema Symposium

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Abstract

Wounds and Oedema in Context

Lymphoedema or Chronic oedema is poorly recognised in the community, reporting rates of the condition vary greatly. This is also seen in the healing rates of patients with leg ulcers; a common theme is that with increased recognition of the oedema, referral for specialist treatment enables healing rates that are dramatically increased.
While there are several types of wounds that may have oedema, venous leg ulcers are the most affected by poor management of the oedema. Common issues encountered are that of:

- Stagnation: Fibrotic changes in the wound and surrounding tissues delay healing due to stagnation of inflammatory enzymes and reduced wound perfusion. Several methods of breaking up this fibrosis are discussed including padding, strapping and kinesiotape with case studies.
- Deterioration: Lymphorrhea and cellulitis. Lymphorrhea or excessive weeping can be rapidly damaging to a wound and the surrounding tissues but responds very well to compression. A Case study is explored and the BLS vascular check list and Welsh wet leg pathway are discussed as excellent resources to facilitate early compression therapy even without a Doppler.
- Instability / recurrence: The need to consider what maintenance options we chose to move patients on to post bandage will be discussed alongside what can happen if this step is missed. There are also examples of what can happen if the compression therapy/ bandage is incorrectly applied.
- Holistic : Change in general health that affects oedema. Dependency due to underlying health is discussed alongside management options.

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