

Lymphedema Case Study

PATIENT INFORMATION: Ms. B.P. is a 46 y/o female who was diagnosed with breast cancer in 1995 and underwent a (R) mastectomy with reconstruction in August 1995. This was followed by radiation in March 1996 and chemotherapy from April 1995 to February 1996 .

DIAGNOSIS: The patient reports a sudden onset of swelling in her (R) arm and hand in 1997. She was diagnosed with lymphedema at that time .

PREVIOUS TREATMENT: In the past, she has had MLD/CDP, compression sleeves and gauntlets, and takes benzopyrones which she obtains from Mexico. She has never been set up with a home maintenance program, except to bandage at night and wear compression sleeve and gauntlet in the daytime .

EXACERBATION: The patient went to see her physician for treatment of a cold, but was seen by an associate physician due to her physicians absence that day. This physician noted the patient's apparent lymphedema and asked if she had ever been treated for it. The patient stated that she had in the past, but found it impossible to bandage her (R) arm, since she is (R) handed. She lives alone and has no one who can bandage for her every night. Subsequently, every summer, she experiences an exacerbation, repeats MLD, and that each year it has become more difficult to reduce the edema. The patient was referred to this treatment center for treatment and a home maintenance program .

OBSERVATION: The (R) arm and hand were visibly larger than the (L). The edema volume chart showed a 24.7% increase in volume in the affected limb. The back of her (R) hand was extremely edematous, but soft. Areas of hardened tissue could be palpated in the (R) lower arm just distal to the antecubital space. The edema was greater in the lower than the upper arm. The skin was warm, dry and intact with no s/s of infection .

TREATMENT: The patient was prescribed MLD/CDP daily X 20 treatments. During this time she was taught self manual lymph drainage, skin care, and breathing and arm exercises. She was prescribed and provided with a Lymphapress 201M compression pump, a ReidSleeve Optiflow SC insert to be worn under the pump sleeve during pumping time to continue to stimulate the lymphatic system, and to keep the collateral pathways open. The ReidSleeve was substituted for compression bandaging at night, since the patient had admitted to not being able to comply with this part of her treatment after prior MLD therapies .

RESULTS: The patient responded very well to her MLD/CDP. After 5 treatments, her edema volume chart revealed a 70.6% reduction of volume in her (R) arm. Her hand continued to be puffy and edematous. Intensive work was done proximally and in the wrist and hand. At the end of the 9th treatment, it was apparent that her (R) arm and hand had continued to reduce, but her hand was still not responding as well. She received her ReidSleeve that day and wore it at bedtime in lieu of the bandaging. When she returned for her 10th treatment, her hand had visibly gone down to almost normal size. The patient was thrilled not only with the results, but with the convenience of the ReidSleeve as opposed to bandaging. When measured, her edema volume chart revealed a 97.8% reduction in volume in her (R) arm. The last two weeks of MLD therapy, the patient chose not to continue bandaging, but rather to follow her home maintenance program to help her to incorporate them into her activities of daily living. She finished her 20 treatments and at the end of her MLD therapy she had a 91% overall reduction of volume. The increase is attributable to the fact that during this time the patient was wearing an old, ill fitting compression sleeve and gauntlet; however, by the time she was discharged, the patient had new, well fitted compression garments .

HOME PROGRAM: The patient was discharged with a printed instruction sheet covering all aspects of her home maintenance program .

FOLLOW UP: This patient is thrilled with her results from MLD and also with her home program. She states that she "loves" her pump and that with the Optiflow SC insert, she finds this time very relaxing. She is able to wear her Reid Sleeve all night and even takes it to the office with her to wear while she is sitting in meetings. She is also very pleased with her JUZO compression garments and feels that they not only fit nicer than the other brand, but also have a much better appearance .

She has been able to return to her full time position with a large city library system. She states that she now has hope and feels "empowered" to care for her lymphedema at home .

Submitted by:

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Now answer the following questions.

1) What is the case diagnosis and history?

2) Explain the physiological changes that have been occurred in this case?

3) What are the factors that deteriorate the symptoms with her?

4) In lymphedema cases, what could you expect through the observation?

4) What is the best treatment management for lymphedema?

