



Northern Lymphology

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Superabsorbent dressings* under compression in Lymphoedema

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Excoriation and maceration from wound exudate



Skin and wound improvement with effective and safe compression with signs of oedema reduction. White areas are hydrated skin not maceration.



Wounds almost healed.

Aim

When faced with the task of treating ulcers with associated Lymphoedema, many challenges are posed. The goals of reducing oedema, protecting the skin from maceration and healing the wound should be priorities. Having access to wound care products which manage high levels of exudate and perform well under levels of compression as high as 40-60mmHg is essential to achieve the aforesaid goals.

Methods

A 61 year old lady with seropositive Rheumatoid Arthritis with Sjögren's Syndrome and Lymphoedema presented with excessive limb volumes and five posterior gaiter region leg ulcers, largest being 15cm, six months old. Compression of 40-50mmHg to reduce the leg oedema, a polyacrylate superabsorber* and antimicrobial containing PHMB[†] were applied to reduce the leg oedema and keep the wound infection free.

Results

Inheriting the patient from a non-specialist community team, and changing the management approach regarding compression and use of wound care products reduced dressing changes from once a day for six months to three times a week. Previous management had caused deterioration of the limb, resulting in the patient acquiring 5 ulcers and a high pain score. Further deterioration of the ulcers and surrounding skin was eradicated and pain much reduced, whilst control of the swelling was gained quickly.

Conclusions

The polyacrylate superabsorber, used under the optimum levels of compression for wound healing, performed exceptionally well, absorbing to capacity, but no strike through was evident upon removal. After two weeks (six appointments) the exudate was minimal and there were signs of wound healing. This continues to be the case.