Case Study to highlight the use of Haddenham ETO 11P in an extraordinary way.

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Reasons for report

The increasing numbers of bariatric patients seen in Lymphoedema clinics in the U.K. pose a number of management challenges but one such difficulty is the management of the often seen, lymphoedematous abdomen or apron with associated skin changes and lymphorrhoea. Foldi et al (2006) recommend weeks of in-patient Decongestive Lymphatic Therapy (DLT) comprising twice daily Manual Lymphatic Drainage (MLD), Multi Layered Lymphoedema Bandaging (MLLB), with on-going skincare and exercise. In the U.K. with most centres not able to offer in-patient management it is often not possible to provide this level of care. Many lymphoedema therapists work alone meaning there are health and safety implications in treating these obese patients and a number of services do not even accept referrals from patients over a certain BMI. In this case study there were work commitments which also had to be taken into account.

Case Description

Patient X is a 48 year old gentleman with respiratory fibrosis following pneumonia, he is obese and has suffered several episodes of cellulitis in the abdomen. He works in a local factory and incurred long periods of sick leave due to ill health. He was referred to the lymphoedema clinic from the infectious diseases ward where he had been treated for the latest episode of cellulitis.

Initial assessment, examination revealed he was wearing a bath towel, wrapped around his abdomen, tied in place by 2 dressing gown belts knotted together. Prolific lymphorrhoea was present with pappilomatosis, hyperkeratosis and maceration. The gentleman was largely self-caring and lived at home with his wife. He had suffered from an ulcerated area on the medial aspect of his right leg (since healed) which had resulted in him attending a community nurse led clinic and at one point had been seen by tissue viability but no advice or treatment for the abdomen had been forthcoming.
Patient X had consented to photography during an episode of cellulitis and provided consent for further photography and the content of this poster.

Treatment Plan

Prevention of the recurrent cellulitis was very much the patient priority as he did not want to lose any further time off work. As he had, had more than two episodes of cellulitis within a twelve month period he was prescribed a prophylactic antibiotic, titrated to his weight in line with the consensus document for the management of cellulitis (BLS,LSN, 2009).
A treatment plan was then implemented focusing on skincare. Lymph is acidic and the lymphorrhoea was causing maceration of the skin and skin damage (Anderson, 2003). The Dermatology department at UHNS recommend the use of Ointments rather than creams as they contain less ingredients and therefore there is less risk of contributing to inflammatory changes, this is supported by the British Association of Dermatologists (BAD). Patient X was advised to wash the abdomen daily in Epaderm/Hydromol ointment, dry thoroughly, apply Trimovate cream (not available as an ointment) and then wait 30 mins approximately before moisturising the abdomen with the Epaderm/Hydromol ointment. Superabsorbent dressings were then used, at the time the only dressings large enough in dimension were Eclypse 60cm x 40cm (check sizes) and still 2 were required for each dressing change. This was a very expensive item for the GP to prescribe and Patient X was paying for prescriptions. A letter supporting the use of the dressing was sent to the GP indicating that the healing process would be slow and may take a long time but that complete resolution of the lymphorrhoea was expected and keeping Patient X well, out of hospital and at work was the priority.
Some form of compression was essential but MLLB was not an option for this patient or the Lymphoedema clinic at UHNS, he was therefore fitted with a made to measure ETO 11P garment. This garment is designed to fit the scrotum but the clinic at UHNS had already used it to treat a female patient needing to support a large lobula at the top of the right leg. Its adaptability had therefore been tested and as it offers Class 2 (RAL) compression, could enclose the whole area and be used to secure the dressings it was thought to be the ideal choice.
The measurements were easy to record, requiring just waist, length from pubic bone to perineum and the widest part of the abdomen from left to right in cms. The fabric is soft with padding available to the whole of the seam which will be in contact under the abdominal apron. This is important and although an extra cost means that the delicate skin underneath is protected and not chaffed. The ETO 11P is fully washable and extremely easy for Patient X to manage with its Velcro fastenings (see Fig 2).

Fig 2

Patient X stated “I have spent months feeling like no one cared and that I would be like this for the rest of my life. I know that I’m overweight but not all fat people have this problem or if they do they don’t say anything. This service has changed my life, with the new stuff to wash in and the dressings I feel like I’m getting somewhere. The support is comfortable ‘coz the waist band is wide and made for bigger people and although I didn’t think they’d be able to make anything big enough, it fits really well. I can wear trousers again and no one knows that I’ve got it on!”

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Discussion

When measuring for a MTM ETO 11P for an abdominal swelling the company must be informed that the garment is for an abdomen not for the scrotum as this can affect the manufacturing and finished product but could also be distressing for the patient. The cost may be prohibitive in some cases (average cost of garment £150 - 200) but an abdominal wrap from the same company is listed at £795! Lymphoedema specialists are well placed to provide the innovative use of garments and adaptations to treatment for all patients with lymphoedema and should be encouraged.
It is ultimately never possible to attach a price to patient’s quality of life; this garment was able to restore the dignity to Patient X and result in improving his confidence and sense of worth as well as his productivity as he was able to return to work.

References

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