

## Case study of palliative care treatment for severe upper limb lymphoedema - A holistic approach

Shannon Ruddell, Lymphoedema Therapist and Mary Woods, Lead Nurse Lymphoedema Services  
The Royal Marsden Hospital Trust

### Background

Advanced cancer presents complexities that can be difficult to manage with conventional lymphoedema treatments and a palliative approach to improve quality of life and comfort of patients may be required (ILF, 2010 & WHO, 2017).

Radiation induced angiosarcoma is a rare treatment complication arising within the field of previous therapeutic irradiation affecting soft tissues (Sarcoma UK, 2017).

Figure 1 illustrates Mrs D's disease burden which contributed to lymphatic obstruction, led to infection and contributed to her pain.

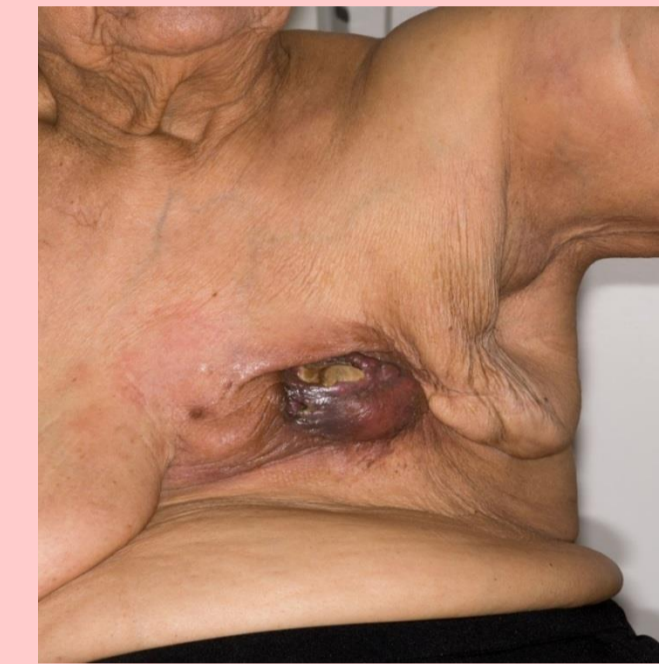


Figure 1. Fungating chest wall sarcoma (Consent obtained)

### Case Study

Mrs D an 88 year old lady presented with a history of left breast cancer and *radiation induced angiosarcoma* with left fungating tumour. She was in the terminal stages of cancer and referred to the clinic with 2 year history of previously untreated severe left arm lymphoedema following cellulitis.

The left (dominant) arm was painful, misshapen with severe skin folds and significant fibrosis was present.

Her mobility was limited with reduced range of movement throughout her arm. She was unable to wear traditional sari's and her clothing had to be adapted. She was dependent on her daughter for all personal care.

Her goals were identified: to brush her hair, dress herself and eat independently

### Treatment

A treatment plan was identified and agreed with the patient and her daughter

Over 6 weeks this involved:

- Skin care with emollient cream (E45) to improve skin integrity
- Exercise (range of movement exercises)
- Modified MLD: 2 sessions received and daily SLD performed by daughter
- CCL1 Graduated compression sleeve & CCL2 glove for daytime wear
- Haddenham Mobiderm Autofit arm sleeve for night wear (Fig 2)

The Mobiderm armsleeve is a semi open garment with velcro fasteners which allows for easy donning and conforms to variations in patients arm Shape. The Mobiderm foam construct within the sleeve, applies a soft pressure and provides microcirculation of the tissues. This can assist in softening fibrosis and promoting lymphatic drainage.



Figure 2 Courtesy of Haddenham Healthcare

### Pre treatment



### Post treatment



### Results

- The before images show the degree of congestion, fibrosis and skin changes within Mrs. D's arm on presentation
- After just 6 weeks of treatment the patient's swelling had visibly reduced by 2-6 cm throughout the arm, the tissues were softer and redness and heat from congestion was relieved
- Mrs D regained function of her hand and full upper limb range of movement
- Goals achieved by Mrs D: brushing her hair, dressing and eat independently. She also returned to wearing her traditional sari dresses

### Discussion and Implications for Practice

Palliative care management in lymphoedema is about being creative, adapting and tailoring our treatment options to suit our patients needs, exploring the market and using products we may not have previously considered

Feedback from Mrs D's daughter *'The sleeves in particular the Mobiderm, really helped my mother's left arm and considerably reduced the swelling. That brought a lot of comfort to her in her last few days'*.

This case highlights the important role lymphoedema therapists can play in maintaining a patient's independence and comfort in end of life care

### References

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### Acknowledgements

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