LIVE THURSDAY 4TH JULY 7:30PM

PATIEN

INDEPENDENCE

DA

JCN:

Empowering patient independence: The impact of adjustable compression wrap systems for lymphoedema and venous leg ulcers

Presented by Dr Melanie Thomas & Karen Morgan

Sponsored by: R People.Health.Care.





LIVE Q&A

SEND IN YOUR QUESTIONS BY COMMENTING ON THE VIDEO





WHAT ARE WE GOING TO CHAT ABOUT TONIGHT?

- Empowerment
- Independence
- Understanding what is important and of value
- Shared decision-making
- Cost-effectiveness
- Value-based healthcare.



























LYMPHOEDEMA FACTS



All oedema lasting longer than three months is lymphoedema



Failure of the **lymphatic system** is lymphoedema



Can occur anywhere in the body



Can occur at any age



In Wales, 8 per 1,000 people have lymphoedema



Physical, psychological, emotional and functional problems.







CONSEQUENCES OF LYMPHOEDEMA

NHS	PATIENT
Cellulitis	Quality of life
Wounds	Psychological issues – body image / anxiety
Falls	Physical issues
Wasted resources / delays in diagnosis and treatment	Unable to work / dependency on others
Variation and harm	Poorly understood condition
Pressure on unscheduled care	Obesity
Cost and time impact	Social impact







HOW CAN WE HELP OUR PATIENTS HELP THEMSELVES?





TASK	ADVICE	VALUE?	BURDEN
Compression garments Multilayer bandaging Wraps	Wear daily for 2 hours? 4 hours? 8-12 hours? All day?	Reduce swelling Reduce risk of cellulitis Heal wounds Stop leakage	Body image/cosmetic/stigma/ privacy/exposed/soreness/affects ADL/ burden/reminder of condition/dependence on others/ medical
Skin care	Wash, dry, moisturize skin daily What cream?	Reduce risk of cellulitis Lymffoedema Cymru Lymphoedema Wales	Reminder of condition/ time to do/smell and the feel of creams/ touching of skin/function ability to do/knowledge/dependence on others
Exercise	Daily specific exercises Move your body five times a week for 30 minutes	ROM, muscle strength, good public health message, maintains healthy weight, mental health benefits – heart, cancer, stroke, diabetes	Time commitment/ accessibility/fear/money/ knowledge/motivation
Weight management	Healthy eating for life Maintain or try to achieve a BMI of 25	health benefits and premature	Commitment/accessibility/ fear/money/knowledge/ motivation/dependence on others
Simple lymph drainage (SLD)	Perform SLD daily	Awareness of body, keep tissues soft, promote lymphatic flow	Reminder of condition/ time to do/touching of skin/function/ ability to do/ knowledge
Advice – dos and don'ts	List of dos and don'ts	May help people feel in control?	Lots of confliction advice! Not a lot of evidence







SELF-MANAGEMENT – IS IT A BENEFIT OR A BURDEN?

- Assessment 1.5 hours
- Follow-up treatments usually 45 minutes twice a year
- Three hours of directed care and the remaining 8,445 hours – self management! = 0.03%
- Cram everything into those three hours... and most are things that patients have to do DAILY for LIFE



Why do patients not want to self-manage?







VALUE-BASED HEALTHCARE



Value = Outcomes / Cost

- 'Bad legs' for eight years
- Community nurses have been involved for the last six years
- Sees GP monthly
- Been referred to dermatology, vascular services, orthopaedics
- Not 'better', in fact worse now
- What outcomes have been improved?
- Cost?







INDIVIDUALISED APPROACH

Clinical-reported outcome measures

Outcomes for HCPs

- Volume
- Measurements
- PainQOL

Skin

- ROM
- Muscle strength
- Cellulitis episodes
- Healing of wounds

Cost

Dressings, bandages, times admitted to hospital, times in the GP, ED, community nurse visits, travel costs, phone calls...



Lymffoedema Cymru Lymphoedema Wales



Patient-reported outcome measures

Outcomes for Patients

- Shoes and clothes?
- Can I go swimming?
 - Pain
- Drive my car
- Not fearful of cellulitis
- Feel so depressed
- Stop the horrible smell
- Holidays
- Will I feel desirable again?





HOW DO WE KNOW WHAT'S VITAL TO PATIENTS SO WE CAN HELP THEM?

LYMPROM©		Lymphoedema Network
FOR OFFICE USE ONLY NEW Upper limb Date F/U Lower limb Patient Intensive Tx Midline Age	18-24 25-34	Sex M F U 35-44 45-54 55-64 65-74 75-84 85+
Pain scale relating to Lymphoed Please indicate your pain / discomfort n Lymphoedema with 0 being no pain an extreme pain	elating to	Evel of pain Evel of pain<
Heaviness scale relating to Lym Please indicate the heaviness relating Lymphoedema with 0 being not heavy extremely heavy	to	Evel of heaviness P 0 1 2 3 4 5 6 7 8 9 10
Using the scale (0 to 10) please indicate the past four weeks (please tick one both the plat four weeks) (pleas	•	
*impact is a term used to describe the extent to which Lymphoedema inhibits any aspects of your life		P 2 Level of impact 0 1 2 3 4 5 6 7 8 9 10
Home life		0 1 2 3 4 5 6 7 8 9 10
Personal care		0 1 2 3 4 5 6 7 8 9 10
Work	N/A	0 1 2 3 4 5 6 7 8 9 10
Finances	N/A	0 1 2 3 4 5 6 7 8 9 10
Body image		0 1 2 3 4 5 6 7 8 9 10
Intimacy / desirability	N/A	0 1 2 3 4 5 6 7 8 9 10
Walking		0 1 2 3 4 5 6 7 8 9 10
Anxiety levels		
Hobbies		0 1 2 3 4 5 6 7 8 9 10
Holidays	N/A	
Shopping for clothes and/or shoes		0 1 2 3 4 5 6 7 8 9 10
Please state any other parts of your life	e affected by Ly	ymphoedema:

- Patient perspective
- Target care / prioritise need
- Monitor progress / health gains
- Facilitate communication
- Drive quality in care
- Drive value in health







YMPROM© 2020 LYMPHOEDEMA NETWORK WALES VERSION 1.0

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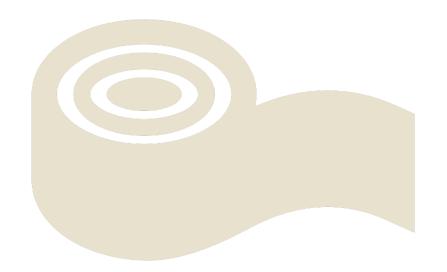
WRAPS





HISTORY OF WRAPS

- First described in 2000 as an adjustable compression device
- Numerous devices available from industry
- Different specifications
- Similar prices
- Foot, calf, knee, thigh and upper limb
- Colours.









PHSIOLOGY OF WRAPS



- Adjustable Velcro devices create semi-rigid compression system
- Enables pressure variations within the tissues promoting venous and lymphatic movement
- Low lying pressure/high standing pressure
- Reduced pressure over 24 hours so should be readjusted
- Mimics 50% overlap of bandages
- Reduces oedema and reshapes
- Reduces wound size.







RESEARCH SURROUNDING WRAPS

- Medium to low quality studies have described their use as a substitute for venous leg ulcer compression bandaging and the intensive phase of lymphoedema treatment (Borman et al, 2021; Al Saffar, 2022)
- Night-time support garments (Campione et al, 2021)
- Realistic alternative to stockings for many elderly clients in residential care (Balet et al, 2021)
- Wraps have been shown to produce more consistent and reliable pressure than compression bandages when self-adjusted by patients and give greater independence from the therapist (Partsch, 2019).







INDICATIONS AND CONTRAINDICATIONS FOR WRAPS

- Anyone with oedema?
- Anyone with a wound?

Diagnosed arterial insufficiency ABPI<0.6

What about... Heart failure? Deep vein thrombosis (DVT)? Untreated cancer? Cellulitis? Renal failure? Diabetes?







BENEFITS OF WRAPS

- Reusable
- Adjustable, so can be reduced as swelling gets smaller
- Easy to use
- Easy to apply
- Can be worn under clothes
- Can be removed for patient to shower
- Can be used as an adjunct to treatment, i.e. over a garment or over bandages
- Can be used as a mix and match product in the toolbox.



Patient could be in control as to what they feel their lymphoedema needs!





ISSUES WITH WRAPS



• But do nurses apply the optimal compression?



Lack of knowledge, confidence and training with HCP

• Do all wraps do the same thing?



Cost



• Are they really more expensive?



• Why only the last resort? Historic practice? Are they available on tariffs?



Bulky and can be seen under clothes/cosmetic appearance

• Less medical more like sport support?





OUR RESEARCH – ARE WRAPS VALUE-BASED?

Cost impact and outcomes of 50 lymphoedema cases using adjustable compression garments

Melanie Thomas, Ioan Humphreys, Cheryl Pike, Karen Morgan, Rhian Noble-Jones

Aim

 Explore the clinical benefit, impact, outcomes and cost-efficiencies of using a ReadyWrap[®] instead of previous care.

Methods

- 50 participants with lymphoedema +/wounds
- Observational before/after design
- Data collection at initial assessment,
 3- and 6-month follow-up
- Ethics/consent gained
 - Over 18 years



Excluded midline swelling.

Intervention

- All participants received ReadyWrap[®] with foot, calf +/- thigh
- To wear a minimum of 8 hours to 24 hours.

Data collection

- BMI
- Frailty scores
- BLS/ISL staging
- LWCN outcomes
- LYMPROM
- EQ5D5L

- VAS
- Wound description
- Cellulitis episodes
- Falls
- Resource utilisation
- Volume.



ARE WRAPS VALUE-BASED? RESULTS

Results

- Demographics 64% female: 36% male
- Mean age **68** years
- BMI average 43.2kg/m²
- 86% bilateral lymphoedema
- 76% vulnerable or worse Rookwood Frailty scores
- 82% complex lymphoedema
- Nearly half had full leg swelling (48%) above knee
- 84% had foot swelling
- Over half had a wound and 2/3 of those were more than 10–25cm².

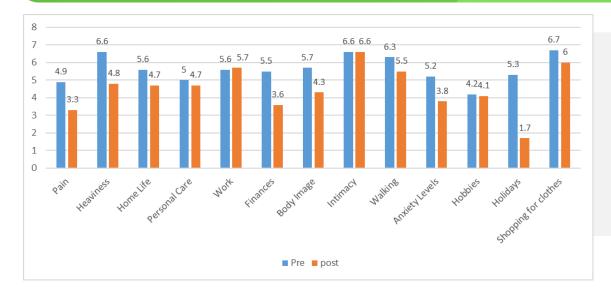
43/50 completed the study







ARE WRAPS VALUE-BASED? RESULTS



Volume reduced

• Cellulitis episodes reduced from 22 to 7

Mean

11.63

9.93

- Dressings reduced from mean £269 to £187
- Community nurse costs from £942 to £644.

Ν

40

40

				Dev.	
Took patients out of bandages into wraps	Physical Health Score Pre	40	17.03	8.75	
Added wraps over compression garments	Physical Health Score Post		13.55	5.92	
	Social Health Score Pre	40	25.60	17.08	
Took patients out of garment into a wrap	Social Health Score Post	40	22.75	11.82	

LYMPROM

Emotional Health Score Pre

Emotional Health Score Post

• Added wraps over bandages.



Std.

8.37

7.55



Lower

-5.94

-7.95

-4.84

Upper | p-

-1.01

2.25

1.44

value

0.007

0.265

0.280

Mean

-3.48

-2.85

-1.70



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SUMMARY

- Overall costs reduced from £1,473 to £1,089 = -£384
- PROMS improved
- Population had high BMI, frail and elderly, yet positive improvements were reported
- Patients reported being more in control
- Wounds healed with all types improved
- Pain and heaviness better.

Frailty, high BMI and age should not be a barrier as wraps can increase independence and maximise selfmanagement!







CASE STUDY ONE

- Bilateral lymphoedema
- Been given antibiotics from GP for cellulitis
- Wound under right foot that leaks
- Community nurses want to bandage but social circumstances are difficult.









CASE STUDY TWO

- Unilateral lymphoedema from gynae cancer
- Works full-time cannot afford to come daily for lymphoedema intensive treatment
- Thigh-length, made-to-measure, flat-knit garments keep falling down
- Main problem is her thigh.









CASE STUDY THREE

- Bilateral lymphoedema
- Heart failure treated
- In below-knee, class 1 compression, circularknit men's garments, which keep falling down on the left leg at the end of the day causing great distress
- Reacted previously to silicone grip top.









CASE STUDY FOUR

- Bilateral lymphoedema
- Leaking lymphorrhoea
- Toes affected
- Stockinette and bandages saturated within an hour of donning
- Community nurses going in daily.









CASE STUDY FIVE

- Primary lymphoedema
- Wears a full leg wrap device, but swelling is increasing not decreasing
- States wears wrap for eight hours a day.









LET'S TALK!

- Independence
- Shared decision-making
- Listen carefully to what is important to them not us
- Clear understanding of what we can do together
- No data, no problem = no solution



Get in touch on Twitter... **@LymphNetWales @karen_morgan10 -** Karen Morgan **@Lymphwales -** Dr Melanie Thomas







LEARN ON DEMAND

Sign up to LeaRn on Demand for support with sizing, application and ordering of ReadyWrap®

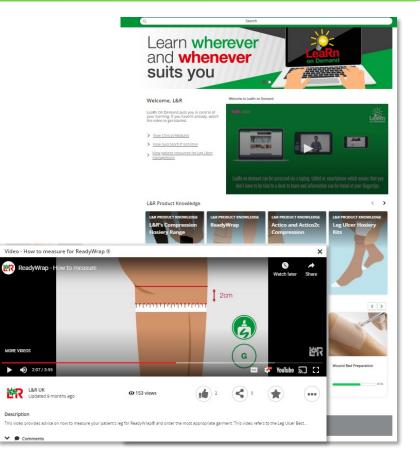
https://lohmann-rauscher.co.uk/learn-on-demand

If you would like further information on ReadyWrap[®], contact:



<u>lrukcustomerservices@uk.lrmed.com</u>

Or contact your local account manager









PATIENT INDEPENDENCE DAY

PATIEN

INDEPENDENCE

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L&R and **Wound Care People** are to host a **Patient Independence Day** each year on **4th July**, to highlight self-care for patients with venous and lymphatic disease.

This annual event emphasises the importance of self-care as a sustainable form of care and provides healthcare professionals with updated guidance, information, education and resources to promote patient independence.



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