

Lymphedema

focus

A Public-Service Newsletter presented by TuDor Physical Therapy Centers

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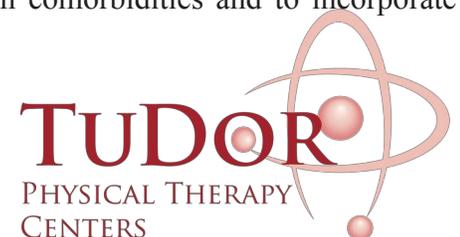
Lymphedema and the Elderly

Lymphedema in the elderly is often complicated by comorbidities, diagnostic uncertainties, and intervention complications. Damage to the lymph system results in fluid overload, causing edema. In developed countries, damage to the lymphatic system typically results from surgery and radiation therapy for cancer treatment. In the elderly, differentiating true lymphedema from other types of edema becomes more difficult because of the many conditions which may cause edema, such as cardiac disease or chronic venous insufficiency. Inactivity and muscle weakness in the elderly add to the difficulty in managing treatment.

Current treatment for lymphedema includes specialized massage, bandaging, exercises, compression garments, and compression pumps. Acute or chronic causes of edema, such as a deep venous thrombosis may be a contraindication for lymphatic therapy intervention. However, some nonlymphatic edemas may respond well to the intervention. Chronic venous insufficiency may complicate existing lymphedema or may cause lymphedema if the lymphatic system becomes stressed attempting to compensate for the venous system. The elderly may also require modifications to lymphedema intervention such as reduced treatment times, simplified exercises, and reduced bandaging layers. They may require adaptive exercise equipment. Alternate treatment settings, such as in home health or nursing home, require adaptive approaches. Social and safety issues impact the choices for intervention. The demands on the therapist working with the elderly with lymphedema require ingenuity and patience. Functional improvement with lymphedema intervention may allow the patient to remain at home rather than at an alternate setting.

Comorbidities

The presence of certain comorbidities may worsen or aggravate the symptoms associated with lymphedema, or may present an added obstacle in the treatment for lymphedema. Additional fluid retention associated with cardiac or venous insufficiencies frequently cause an increase in swelling, especially in lymphedema affecting the lower extremities. Certain orthopedic comorbidities limiting the mobility of joints, or affecting musculoskeletal activity may negatively impact the decongestive exercise regimen, which is an imperative part in the treatment and management of lymphedema. To successfully treat lymphedema, it is necessary to address the symptoms associated with comorbidities and to incorporate appropriate modifications to the treatment protocol.



Advancing years

While some elderly patients have serious and urgent health issues, the most common barriers to care are the routine aches, pains, and limitations of aging. The elderly often do not have the mobility or hand strength to manage many types of compression garments. Arthritis is common. Forgetfulness and depression can make it impossible to comply with a complicated self-care program. The elderly may also have difficulty getting to a clinic due to transportation issues.

Sometimes “Second Best” is actually the best

Perfection is not the name of the game, compliance is. Sometimes we must choose the second best solution, because that is what the patient (or caregiver) can manage. For static compression, that might mean using a quilted garment or stocking instead of bandaging. Our therapists have many solutions for compression that are easy to apply if pneumatic compression is used. Also, it might be better to use a leg sleeve with a zipper instead of a Velcro garment.

Wound Care

Skin care has always been an important part of lymphedema treatment. With the skin changes of aging, even basic skin care and standard treatments such as manual lymph drainage, compression wrapping, and the use of stockings and sleeves are becoming difficult or impossible for patients with certain dermatological/medical disorders. Further complicating matters is the fact that skin ulcerations can have multiple causes. What is clear, however, is that skin lesions and ulcerations, regardless of origin, are difficult or impossible to heal in an edematous extremity. Therapy to relieve edema in the presence of wounds is what is necessary to assist in wound healing.

The lymphatic and venous systems are closely related and interact with each other. Problems in one area will inevitably lead to problems in the other. Both lead to a final common pathway. The target organ is the skin. Often, the result is the need for wound care, but hopefully advancement to this stage can be prevented.

Motivation

One aspect of old age that we do not like to think about is isolation and loneliness. Home therapy can lift the patient's spirits, and this makes the patient much more likely to comply with a treatment routine. Above all, motivation is the number one key to a satisfying result. If an elderly patient can do something for themselves, something that enhances their quality of life, we have all made a huge impact.

Supplies

Nowadays more elderly are choosing to “age in place” and they need to adapt their homes to their abilities. And of course, those who are receiving medical care at home need medical supplies and equipment which can be overwhelming for the patient. At TuDor our therapists can provide a sense of calmness and reassurance at a time of great stress and provide the level of service required.

DID YOU KNOW?

TuDor now offers ABI (Ankle-Brachial Index) / Venous Refill testing at 3 locations and in the home setting.

To learn more about Lymphedema, please contact TuDor's Lymphedema office and talk to one of our Therapists at (330) 799-1680.

Certified Lymphatic Specialists since 2005