

IMPROVEMENT PROJECT OF WOUND CARE NURSING SERVICE BY PROVISION OF LYMPHOEDEMA MANAGEMENT FOR PATIENTS WITH RELATED LOWER LIMB ULCERS

PRESENTED BY

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- Commenced from 1Q 2013 to 4Q 2013
- Piloted in TKOH & CMC
- Referred from (other hospitals, wound specialists & GOPCs)

IMPORTANCE FOR WOUND & LYMPHOEDEMA SERVICE

- + Special Advisory Group (**SAG**) Forum held in September 2012, the captioned pilot scheme has been proposed by Enterostomal Therapist (ET) SAG
- + The World Health Organization (**WHO**) has published a white paper titled "Wound and Lymphoedema Management" in 2010

OBJECTIVES

- + Provide Complex Lymphatic Therapy (CLT) / Complete Decongestive Therapy (CDT) to patients with wound and lymphoedema
- + Enhance the continuity of care
- + Shorten the wound healing time
- + Reduce wound recurrence and unplanned re-admissions
- + Shorten patient's length of stay in hospital
- + Enhance patients' quality of life
- + Improve the quality of wound service
- + Advance nursing career development and promote nursing autonomy.

LYMPHOEDEMA CLINIC: COMPLETE DECONGESTIVE THERAPY(CDT)

Intensive Phase (Phase 1): 2-6weeks

- + Clinic session: 3 times per week
- + Skin and wound care
- + Manual Lymphatic Drainage (M.L.D.)
- + Multi-layer inelastic lymphoedema bandaging (M.L.L.B.)
- + Therapeutic exercises

Maintenance Phase (Phase 2): life-long

- + Compression stocking or garment
- + Skin care
- + Simple lymphatic drainage (SLD)
- + Regular follow up

LYMPHOEDEMA



Conclusion