



Service Priorities and Programmes
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Minimize The Risk of Infection and Complications with Edema Patients by Application of Complex Lymphatic Therapy (CLT) or Complete Decongestive Therapy (CDT).

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Introduction

At present in general wards and intensive care units, many edema patients were mainly treated by medication. Edema could be a sign of an underlying medical condition for example, cirrhosis, congestive heart failure, kidney disease and lympho-venous issues. If edema was untreated and persisted, pain, stiffness of the skin and even mobility problems, skin tear, weeping skin, pressure injuries and deep vein thrombosis could be occurred. Hence, it also increased the risk of infection in the affected area.

Objectives

Through Complex Lymphatic Therapy (CLT) or CDT (the most suitable conservative treatment for the captioned patients) could relieve edema and hastened wound healing. CLT could help the edema patients as follows:

- Reduced wound recurrence
- Hastened wound healing
- Reduced infection
- Provided puncture site for intravenous infusion
- Improved patients' mobilities

Methodology

Complex Lymphatic Therapy (CLT) or Complete Decongestive Therapy (CDT) was applied to the captioned patients. CLT consisted of manual lymphatic drainage (special light massage method) and bandaging. 9 patients suffered from general edema had been selected.(6 cases with upper limbs edema and 3 cases with lower limbs edema). Qualified staff (Complex Lymphatic Therapy Therapists (CLTT) performed CLT for the captioned patients. Bandage (short or long stretch or cotton crepe bandage) one layer was applied. The bandage was kept intact for 2-3 days. If wound noted, simple gauze dressing was also applied.

Result

9 captioned patients with edema were decreased in the circumference of the affected

(bandaging) limbs(from 10% to 30% volume reduced). Wound was closed after 2 treatments of CLT.

Marked decreased of circumferences and volumes noted for the 1 treatment of CLT with all 9 cases. No adverse effects were reported after CLT treatment.

Conclusion: After receiving the CLT treatment for the captioned patients, all the affected limbs had been reduced in volume and circumference. Skin condition was markedly improved such as wound closed, no infection occurred, puncture sites for intravenous infusion were easily be found and increased motilities. Nurses, case medical offices, patients and patients' relatives were highly appreciated the outcome of treatment.