



**Service Priorities and Programmes
Electronic Presentations**

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To prevent unplanned re-admission and recurrent cellulitis for the lymphedema patients followed up in the Lymphedema Nurse Clinic in Tseung Kwan O Hospital

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Introduction

It is roughly estimated that about 1 in 5 patients (20%) of treated cases of melanoma, breast, gynaecological or prostate cancers will experience secondary lymphedema. However, this health problem may be an underestimation and it is also poorly understood by many medical practitioners. Complete/Complex Decongestive Therapy (CDT) is the gold standard for lymphedema management. Lifelong management of lymphedema with CDT can promote patients' independence, empowerment, quality of life as well as preventing cellulitis. Cellulitis is a frequent complication of lymphedema. This infection must be treated promptly with antibiotics so as to prevent the infection from spreading. Hospitalization may be needed and antibiotic treatment for 7-10 days is an effective treatment. Longer treatment may be needed if cellulitis is more severe.

Objectives

To promote the concept of CDT treatment for lymphedema.

To initiate therapy for lymphedema as early as possible before extensive, irreversible fibrosclerotic changes occur in the interstitium.

To promulgate postoperative follow-up in Lymphedema Nurse Clinic for the lymphedema patients.

Methodology

17 lymphedema patients followed up for the captioned period. All of them had been selected and interviewed for the recurrent rate of cellulitis in the nurse clinic. They all experienced more than one episodes of cellulitis in a year (not already visited in the lymphedema nurse clinic in TKOH). There were 14 females and 3 males included in the study. Frequency of visit ranged from 1 to 13 (the median is 3.9). The number of patients with lower limb lymphedema was 8 and; those with upper limb lymphedema were 9. They received the two phases CDT treatment i.e. the intensive phase (phase 1) and maintenance phase (phase 2). Phase 1 included manual lymphatic drainage, wound or skin care, bandaging and exercise. Phase 2 included simple lymphatic

drainage, skin care, and compression Garments or simple bandaging and exercise.

Result

With the above CDT treatment, the rate of recurrent cellulitis is zero for the captioned period. It is shown that CDT treatment is effective to prevent occurrence of cellulitis due to lymphedema. It is worth to refer high risk cases to Lymphedema nurse clinic and take CDT as a standard preventive treatment for secondary lymphedema.