GUIDELINES ON THE USE OF SUPPORT BANDAGING IN THE MANAGEMENT OF OEDEMA IN ADVANCING DISEASE

Oedema (swelling) occurs when there is an imbalance between capillary filtration and lymphatic drainage.

Support bandaging can provide support and comfort to the swollen limb and can aid venous and lymphatic drainage. This is different from multilayer lymphoedema bandaging which can only be applied by an appropriately trained specialist. Support bandaging can be done by all HCP's. It is used mainly to try and stop lymphorrhoea (the leakage of lymph fluid through the skin) which can occur when there is an acute oedema or an exacerbation of existing oedema, when the rate of swelling is greater than the rate the skin is able to stretch (Ling et al 1997).

Common causes of oedema in advancing disease.

Obstruction of vessels/lymph nodes by tumourDependency (lack of muscle pumps)DeRenal failureSuCardiac failureSteLiver failureIVHypoalbumineria

Deep Vein Thrombosis Superior or Inferior Vena Cava Obstruction Steroid therapy IV fluid overload

Assessment

Assess the likely cause of oedema –initiate medical intervention and investigation as appropriate Exclude infection – do not bandage if infection present. Exclude DVT.

Signs and Symptoms of lymphorrhoea

Large beads of fluid trickle from the affected area. Skin can be wet and cold to touch and is often fragile/tense. It presents a very high risk of infection.

Aims of oedema treatments

- Promote skin integrity and prevent infection
- Enhance muscle pump activity
- To stop lymphorrhoea.
- Promote comfort.

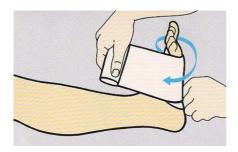
Treatment of Oedema in advancing disease

- Skin care apply a non perfumed moisturiser daily e.g. aqueous cream/Diprobase
- Positioning and exercise elevate limb on pillows to shoulder/hip height. Encourage active or passive movement of the joints to promote the muscle pumps.
- Apply light compression garments or support bandaging if skin is fragile or limb is misshapen.

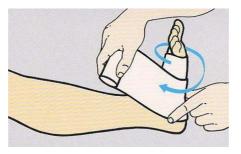
Support bandaging

- Wash affected limb.
- Apply emollient liberally to limb.
- Clean lymphorrhoea site(s) with sterile water.
- Apply aquacel dressing and gauze pad to lymphorrhoea site.
- Secure with Kling bandage or surgipad (do not tape directly onto skin).
- Apply Tubifast to limb (depending on site of lymphorrhoea but always bandage over the joint i.e. toe to knee or hand to axilla).
- Apply Soffban to limb over Tubifast.
- Cover firmly with crepe bandage starting at the distal part of the limb and spiralling upwards.

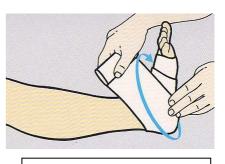
See diagrams for visual aid



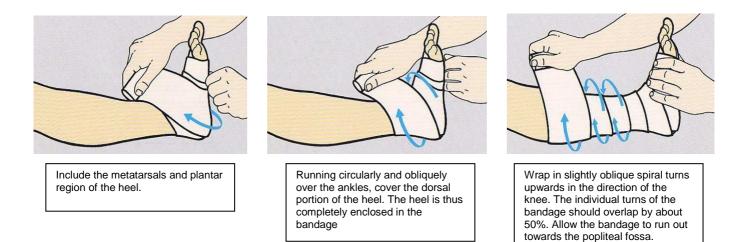
The first bandage is wrapped circularly around the metatarsalphalangeal joints, while the bandage starts plantar.



With one turn over the metatarsals, then wrap obliquely towards the inner ankle.



Starting form the inner ankle, the bandage runs over the heel to the metatarsals.



After Care

- The support bandaging should feel comfortable.
- Advise patient to inform staff if the bandaging feels very uncomfortable, the bandaging should then be removed and appropriate care reviewed.
- One hour after bandaging applied, the colour and temperature of the patient's feet/hands should be checked. If they are discoloured and cold, the support bandaging should be removed and appropriate care reviewed.
- Reapply bandages daily for 48 hours then reassess (or earlier if 'strike through' occurs).
- Observe limb daily for signs of cellulitis (or flu like symptoms) and refer to medical team as appropriate.
- Encourage patient to comply with exercise and positioning advice.
- Encourage patient to drink plenty of fluids.