

Concept of conservative outpatient treatment of chronic oedema.

Introduction

The treatment of chronic oedema (lymphoedema, lipoedema (lipoedema syndrome), phleboedema, their combinations and idiopathic cyclic oedema), as well as post-operative and post-traumatic oedema, is carried out using the techniques and therapeutic measures of decongestion therapy.

Decongestion therapy for post-operative and post-traumatic oedema should be integrated into general rehabilitation and should precede functional rehabilitation.

The elements of the concept

The decongestant therapy to be used for the conservative treatment of chronic oedema consists of two successive phases, a decongestion phase followed by a stabilisation and optimisation phase.

The concept includes various therapeutic measures:

- Skin care
- Manual lymphatic drainage (MLD)
- Compression therapy (multi-component bandages or velcro compression devices)
- Creation of a tailor-made physical activity programme
- Functional rehabilitation (musculoskeletal and/or neurodynamic treatment) and respiratory physiotherapy, if necessary
- Instruction and practice of self-treatment measures by the patient (self-drainage, self-bandaging, skin care, etc.).
- Advice on favourable behaviour in daily life to help control oedema
- Advice on existing aids in terms of compression devices
- Information on patient associations (Ligue contre le cancer, Lymphosuisse, etc.) and their services.

The treatment of chronic oedema requires a methodical and rigorous application of these different therapeutic measures, according to a predefined strategy and objective, based on a careful assessment of the patient's situation and condition. This treatment, which requires the patient's involvement, is planned together.

Treatment of oedema always leads to a reduction in volume, but to varying degrees, and depends on a number of factors (cause of the oedema, co-morbidities, etc.). It does not require

continuous therapeutic treatment over a long period of time. Regular application of compression therapy (compression devices, self-bandaging, etc.) by sufferers helps to stabilise the situation. During the course of treatment, the patient must gradually become a co-caregiver.

The 2-phase therapy described for the treatment of chronic oedema, particularly lymphoedema, has proved its worth and has been widely documented for many years and remains unavoidable even today, despite advances in other types of treatment, particularly surgery.

References:

- Földi M, Földi E, Kubik S. *Textbook of lymphology*. Munich: Urban & Fischer; 7th edition, 2010

- Tomson D. *Lymphatic drainage, basic and applied techniques and decongestive physiotherapy*. Edi-Ermes, Milan, 2nd edition, 2023

Phases of decongestive therapy

1. Intensive oedema decongestion (drainage) phase

This first phase of treatment, aimed at reducing oedema as much as possible, includes the following therapeutic measures:

- Local skin care
- MLD with 5 sessions per week (with a minimum of 3 sessions per week)
- Therapeutic compression using multi-component bandages or Velcro compression devices worn throughout the phase.
- Physical activity according to a pre-established personal programme.
- Guiding patients in learning self-treatment techniques.
- Information and advice for the patient.

This phase generally lasts between 1 and 2 weeks. If necessary, it can be repeated at a later date to optimise results.

2. Stabilisation and optimisation phase

This second phase begins when oedema decongestion is optimal.

During this phase, the measures of the first phase will be continued by replacing the multi-component bandages with compression devices (stockings, cuff, glove or Velcro compression

devices). The frequency of treatments will be reduced as much as possible by involving the patient and asking him or her to continue to take care of the condition of his or her skin, to wear the compression devices rigorously and to carry out self-drainage and self-bandaging in order to preserve the therapeutic benefits of the first phase as much as possible.

Optimisation of oedema reduction can be achieved by repeating the intensive phase before each renewal of the compression devices, or 1 to 3 times a year in the case of Velcro compression devices.

General information

Physiotherapy, for example in the form of functional rehabilitation, musculoskeletal and/or neurodynamic treatment, should initially be carried out in parallel with decongestant physiotherapy if necessary, and then continued for a longer period.

Treatment of chronic oedema can generally be carried out on an outpatient basis. However, the patient's circumstances need to be adapted individually, taking into account any sick leave, transport arrangements, domestic help, etc. The time needed to carry out the personal physical activity programme must also be planned into the patient's daily routine.

In certain situations involving very severe oedema, co-morbidities, a reduced social environment or for other individual reasons, the doctor may arrange for the first phase of treatment to be carried out in hospital.

Treatment of chronic oedema in Switzerland is covered by basic health insurance, provided it is prescribed by a doctor and carried out by a qualified physiotherapist.

Decongestant treatments carried out by other practitioners such as nurses, lymphatic therapists, medical masseurs, alternative practitioners or other recognised practitioners are reimbursed by supplementary insurance depending on their individual state of health. Patients are advised to check with their supplementary insurance provider in advance.

References:

- Swiss Cancer League brochure: Lymphoedema after cancer, 2020 edition

Contact with other people affected

Would you like to exchange ideas with other people affected by cancer?

We suggest you contact the following associations:

- **Swiss Lymphedema Association (www.lv-schweiz.ch)**

- **LymphoSwiss (www.lymphosuisse.ch)**

E-Mail: info@lymphosuisse.ch

