

## **Bandaging, Garments and LDT**

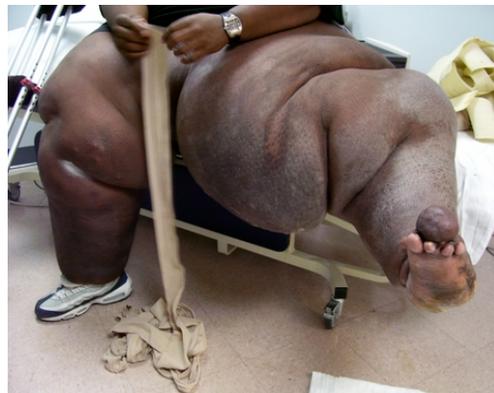
By Renee Romero RN, BSN, CLT-LANA

Should I bandage? When should I use a garment? Should I do only LDT? So many decisions when beginning the intensive treatment for patients with Lymphedema! There is no one answer as “it depends.” Some factors to consider:

1. Extent of the edema- Is it mild, moderate or severe? Is there fibrosis in the tissues? Are you able to feel the direction of lymph flow or are the tissues congested?
2. Medical conditions as: diabetes, hypertension, heart conditions, active cancer, post surgery, etc?
3. What is their age and mobility? Can they bandage/don a garment?
4. Resources: do they live alone or have assistance? Is the edema in their predominant arm or leg? Can they drive if they need to go to work?
5. Economic resources: Can they afford the supplies or garment?

Sometimes the plan of care is compromising between what you want to do and what the client is willing or able to do.

If you are treating a patient with a very large, fibrotic leg- then the decision is fairly easy- they need bandaging after every treatment and need to be seen 3-5 times per week. Depending on the contributing factors as medical conditions and resources- the bandages may need to be modified (less layers, less padding or a different type of padding). LDT will not by itself, reduce a large limb. To do LDT alone, will exhaust your strength, take up a lot of time and provide little effect. A compression garment will not reduce a large limb. Only LDT in combination with the gradient pressure of a correctly applied bandage will achieve the goals of softening the limb and reducing the size. A very large limb needs many bandages and the patient must be aware of cost.



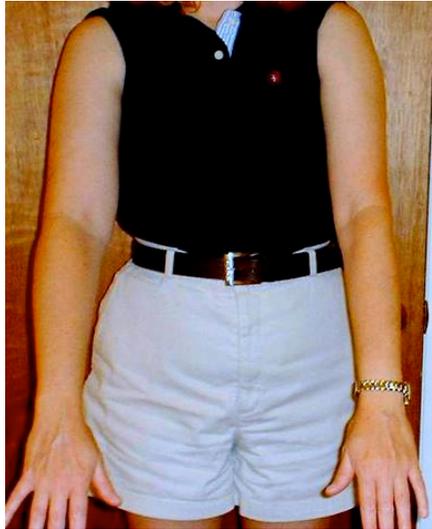
### **LDT and Bandaging**

Sometimes the more difficult decisions are for those patients with mild to moderate edema. They will respond to LDT very nicely. But after therapy, should you bandage? As there are no real guidelines, my own personal experience has shown that in moderate

edema, bandages are very effective in reducing the limb quickly. In moderate to mild lymphedema, fewer layers are needed to achieve the desired effects.

In very mild edema, LDT is effective, but the question remains is compression needed? As you treat more patients, you will trust your sense of what should be next. As with the case below, a sleeve of 20-30mmHg would be sufficient after LDT therapy. She may not need any bandaging and 3-6 treatments of LDT.

No nighttime bandaging, just a daytime sleeve.



The option of bandaging or not should be your clinical decision based your assessment of the patients medical condition and your discussion with him or her as to the importance of compression in reducing the affected limb. If a patient states they feel “claustrophobic” then use less padding under the bandages and use KompriMed rather than Comprilan or Rosidal K

There are so many new products on the market today that can provide some bandaging alternatives for the more moderate to mild cases of Lymphedema. Next newsletter I will cover products from Farrow Medical, Solaris, CircAid and Jovi that are can make the patient more comfortable, provide compression and increase compliance with compression!