

**REGARDING: Maureen Tooler**

Patient Number: 25078  
16 Colonel Barney Drive  
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15 March 2023

Today's session is the last one for this OT, as this OT has resigned from MNCAH. Mor was attended to by 3x AHP today Alice Hudson (outgoing Lymphatic Therapist)  
Jeni Pritchett (incoming Lymphatic Therapist) attended the session today to receive a hand-over of care.  
Melanie Buchanan (Emmaus OT) also attended the final part of the session to receive education on the new compression wraps for Mor.

**Patient Self Report**

Mor consented to massage and intervention by AHPs.  
Maureen stated she was feeling better since contracting Covid and having a UTI. Mor reported that she feels she's lost lots of Kgs of fluid due to her illness and not eating properly.

**Quick Measurements**

L) LL - Severe, Stage 3 Lymphoedema from toes to mid thigh  
Very full with very evident skin folds. Nil leaking. Some skin dry/cracking. Firm fibrosis around knee fold. Red colour from ankle to knee. Positive Stemmers. Pitting present. Elevation doesn't resolve limb volume.

R) LL - Moderate, Stage 2 Lymphoedema from ankle to knee  
Fluid present from ankle to knee. Red colour from ankle to knee. Skin dryness. Elevation doesn't resolve limb volume.

**Manual Lymphatic Drainage Sequence**

Manual Lymphatic Drainage (MLD) massage assists with the reduction of swelling in Mor's lower limbs. MLD is a specific skin-stretching massage technique used across the body to encourage the lymphatic fluid out of a limb instead of storing in the tissues.

Due to 2x AHP present, completed one limb each.

L) LL - 30min simple sequence completed by AH  
R) LL - 30min simple sequence completed by JP

**Garments / Compressions Prescription**

Compression garments work to prevent fluid build-up in the tissues and promote the reduction of swelling by enhancing the lymphatic and circulatory systems.

Mor requires 1-2x assist to don and doff compression garments.

**COMPRESSION WRAPS**

L) LL - ankle + lower leg + knee + thigh & inner A-G liners (i.e goes from toe to groin)  
R) LL - ankle + lower leg & inner A-D liners (i.e goes from toe to below-knee)

Wear: During the day-time for 10-12hrs

- Liners -> to be replaced daily. There are sufficient liners to allow wear and washing
- Wraps --> to be washed weekly.

Instruction Videos: <https://hadhealth.com/easywrap-lower-limb> --> go to "Donning" Tab.

- "Hand tight" only (don't over stretch), as compression is achieved from the over-lap of the wraps
- Ensure that the most pressure is applied to the foot, with a gradual reduction up to the thigh to avoid a "tourniquet" of

fluid at the thigh.

#### COMFIWAVE STOCKINGS

Wear: During the night-time, or when wraps haven't been put on during the day

#### OLD KNEE-HIGH COMPRESSION STOCKINGS

Wear: Avoid. Only wear when needed to fit into shoes for special outings.

#### Other Strategies

The following have been discussed with Mor.

1. Purchase of adjustable slippers/shoes that can accommodate foot swelling + garments (to replace old slippers that don't fit and are a falls risk)
2. Change the lift-chair for one that has TIS+Recline (and has pressure care material that is better for sleeping in) - e.g a Configura. This will also allow for the removal of the bed from the bedroom, so the PWC can be put into the bedroom.
3. Alternatively... Sleep in bed instead of in lift-chair, as sleeping in the chair is creating additional swelling from the effects of gravity (dependency oedema). Mor would require 1-2 assist for bed transfers.
4. Provision of a FASF to enable Mor to reduce the pressure she is putting through her heel, to assist with offloading the pressure-wound on her heel. Similarly, Mor is recommended to utilise the PWC for long distance mobility.
5. Mor requires daily showers and application of moisturiser to her legs to maintain her skin health.
6. Mor has a seated lower limb exercise program that she completes most days.

#### CONCLUSION

Mor has severe lymphoedema. This is a progressive condition that without regular intervention will mean her skin-integrity, mobility and quality of life will worsen. The size and weight of her legs will progressively increase, meaning she will likely be unable to walk, and will require 2-3 assist for transfers and mobility by care staff. She will also be at increased risk of infection and wounds as her skin breaks down from the accumulation of Lymph fluid in her tissues.

Due to her hernia and central obesity, Mor is unable to attend to her lower limbs herself to provide the daily care that she is required to do to manage her condition. Since commencing the current regime of therapist-led intervention, Mor's prevalence of cellulitis, lymphorrhea and skin break-down has significantly improved, with the last occurrence of infection being nearly 12months ago. Furthermore, Mor has a chronic pressure-wound on her left heel that requires the swelling in her leg to be reduced to enable healing to occur. She is recommended to have at least weekly therapeutic Manual Lymphatic Drainage massage, and complimentary interventions including compression garments, exercise and skin-care to prevent her condition from getting worse.

#### PLAN

Jeni Pritchett (Lymphatic Therapist) to commence care from next week.

Alice Hudson

Laurieton #5649643L, The Grange #5649642B, Wauchope #5649644A

Wednesday 15 March, 2023 at 1:18pm