

Does a Superabsorbent Leg Wrap Dressing Positively Impact the Quality of Life in Patients with Lymphedema?



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Conclusion

Patients rated their overall quality of life 51% higher with use of a superabsorbent leg wrap*. Ratings also improved in all other domains: 37% in function, 33% in appearance, 41% in symptoms and 53% in mood.

Recommendations

We recommend more research to include a larger sample size, patients who are matched in co-morbidities and a longer follow up to determine if improvements continue over time.

Consideration should be given to include the impact that the dressing selection process may have on a patients' quality of life.

Purpose

To determine if a superabsorbent leg wrap dressing improves patients' self-reported quality of life scores in multiple domains.

To assess the benefits of including characteristics beyond those of the wound/limb itself in the dressing selection processes.

Problem

While data is often abundant on the wound healing characteristics of dressings, there is a scarcity of data available regarding the impact on patients' quality of life.

Dressings are often ordered in a process that does not include consideration of patients' quality of life goals.

Method

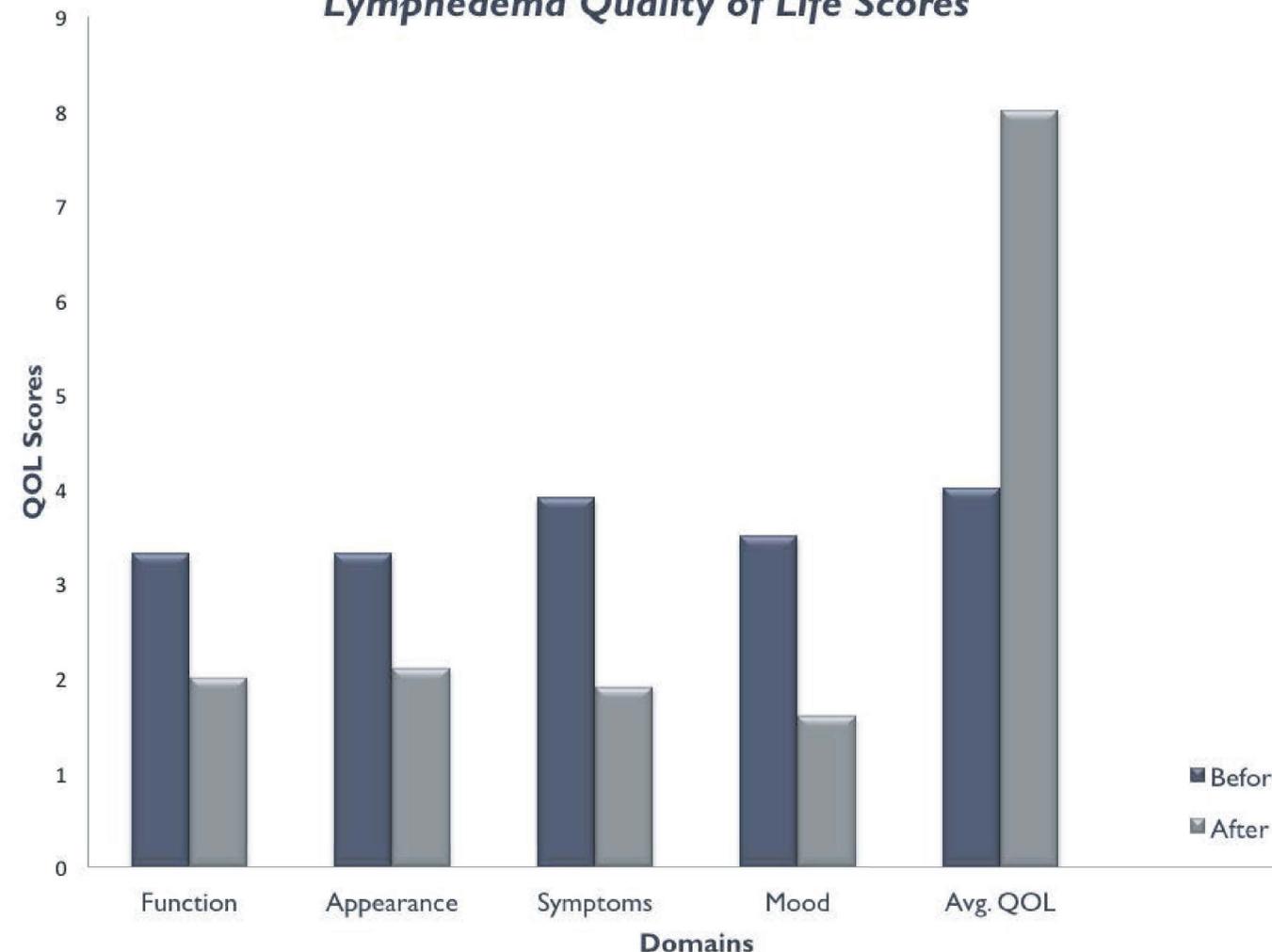
A convenience sample of patients were referred for this superabsorbent leg wrap* in a community hospital inpatient setting. Data collection occurred using the diagnosis specific Lymphedema Quality of Life tool.

*Eclipse Boot® Advancis Medical, Plainview NY, www.advancismedical.com

Lymphedema Quality of Life scores

	Patient 1		Patient 2		Patient 3		Patient 4		Patient 5		Patient 6		Patient 7		Patient 8		Average Scores		Avg. % Difference
	Before	After	Before	After															
Domain 1	17/7	7/6	19/5	13/6	26/7	8/4	31/8	24/8	17/7	12/7	24/4	17/6	17/7	17/7	24/6	12/6			
1-3 function	2.4	1.2	3.8	2.2	3.7	2.0	3.9	3.0	2.4	1.7	4.0	1.9	2.4	2.4	4.0	2.0	3.3	2.0	37.15
Domain 2	30/8	9/7	12/7	10/7	22/6	13/6	20/5	15/5	9/5	9/5	16/4	12/4	20/5	10/5	24/7	15/7			
4-10 appearance	3.8	1.3	1.7	1.4	3.7	2.2	4.0	3.0	1.8	1.8	4.0	3.0	4.0	2.0	3.4	2.14	3.3	2.1	32.61
Domain 3	16/4	7/5	9/4	8/4	20/5	10/5	26/7	21/7	17/7	9/8	21/7	14/7	26/7	14/7	20/5	10/5			
11-15 symptoms	4/0	1.4	2.3	2.0	4.0	2.0	3.7	3.0	2.4	1.1	3.0	2.0	3.7	2.0	4.0	2.0	3.9	1.9	41.05
Domain 4	24/6	6/5	24/6	13/6	23/6	11/6	17/6	15/6	12/6	6/6	21/6	11/6	24/6	6/6	24/6	6/6			
16-21 mood	4.0	1.2	4.0	2.2	3.8	1.8	2.8	2.5	2.0	1.0	3.5	1.8	4.0	1.0	4.0	1.0	3.5	1.6	53.43
Overall QOL	2	7	3	8	2	7	6	8	7	9	4	8	5	9	3	8	4	8	51.18

Lymphedema Quality of Life Scores



Turn over for complete QOL questionnaire

Lymphedema Quality of Life LE

Name: _____

Date: _____

Please fill out each section below:

Questions 1-3: Function

1) How much does your swollen leg affect the following daily activities?

	Not at all	A little	Quite a lot	A lot
a) Your walking	1	2	3	4
b) Your ability to bend, e.g. to tie shoelaces or cut toenails	1	2	3	4
c) Your ability to stand	1	2	3	4
d) Your ability to get up from a chair	1	2	3	4
e) Your occupation	1	2	3	4
f) Your ability to do housework	1	2	3	4
2) How much does it affect your leisure activities / social life?	1	2	3	4

Please give example(s) of this:

3) How much do you have to depend on other people?

	1	2	3	4
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Questions 4-10: Appearance

4) How much do you feel the swelling affects your appearance?

	1	2	3	4
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5) How much difficulty do you have finding clothes that fit?

	1	2	3	4
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6) How much difficulty do you have finding clothes you would like to wear?

	1	2	3	4
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7) Do you have difficulty finding shoes that fit?

	1	2	3	4
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8) Do you have difficulty finding socks/tights/stockings to fit?

	1	2	3	4
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9) Does swelling affect how you feel about yourself?

	1	2	3	4
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10) Does it affect your relationship with other people?

	1	2	3	4
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11) Does your lymphedema cause you pain?

	1	2	3	4
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Questions 11-15: Symptoms

12) Do you have any numbness in your swollen legs?

	1	2	3	4
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13) Do you have feelings of “pins and needles” or tingling in your swollen legs(s)?

	1	2	3	4
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14) Does (do) your swollen leg(s) feel weak?

	1	2	3	4
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15) Does (do) your swollen leg(s) feel heavy?

	1	2	3	4
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Questions 16-21: Mood

In the past week:

16) Have you had trouble sleeping?

	1	2	3	4
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17) Have you had difficulty concentrating on things, e.g. reading?

	1	2	3	4
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18) Have you felt tense?

	1	2	3	4
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19) Have you felt worried?

	1	2	3	4
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20) Have you felt irritable?

	1	2	3	4
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21) Have you felt depressed?

	1	2	3	4
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22) Overall, how would you rate your quality of life at present? Please mark your score on the following scale:

POOR	1	2	3	4	5	6	7	8	9	10	EXCELLENT