FACEBOOK LIVE

8 OCT

BREAKING BARRIERS - THE CHALLENGES AND MANAGEMENT OF LEAKY LEGS

PRESENTED BY:

RACHEL DRAGO
ADVANCED NURSE PRACTITIONER

WOUND CARE TODAY

essity

KEY LEARNING OUTCOMES

1. Understand the impact of leaky legs to patients and clinicians
2. Understand the normal and disordered physiology behind leaky legs
3. Understand the step-by-step assessment and management process
4. Understand how the barriers to management can be broken down.

essity

WOUND CARE TODAY

WHAT ARE 'LEAKY LEGS'?

Leaky legs:

- Lower limb lymphovenous disease
- Lymphorrhoea — grossly oedematous legs
- Leakage of large volumes of fluid (Anderson, 2016).

WHAT IS THE PROBLEM?

'Legs are complicated – they swell, ulcerate, leak, change shape, colour and texture, often due to mixed and complex aetiologies. As a result, I think nurses often find it difficult to make an accurate, differential diagnosis to guide their use of compression.' **Anne Williams (Broadhead et al, 2020)**

CONSEQUENCES OF LEAKY LEGS

To the patient:

- Reduced quality of life — non-healing, uncontrolled oedema, maceration, skin breakdown and repeated infection — 'lives are destroyed and jobs are lost' (Hopkins, 2018)
- Intense pain
- A leg that is heavier than normal
- Wet footwear, clothes and bedding (Anderson, 2017).

CONSEQUENCES OF LEAKY LEGS

To the clinician:

- Time-consuming/prolonged treatment/increase in workload
  (Lay-Flurrie, 2018; Bradford and Rossiter, 2020)
- Over 55% of community nurse workload treating ‘wet legs’ (Morgan and Thomas, 2018)
- Costly to the NHS
  - Nursing time and treatment (Mahoney, 2015)
  - Hospitalisation — cellulitis (Lay-Flurrie, 2018).

CONSEQUENCES OF LEAKY LEGS

Clinically:

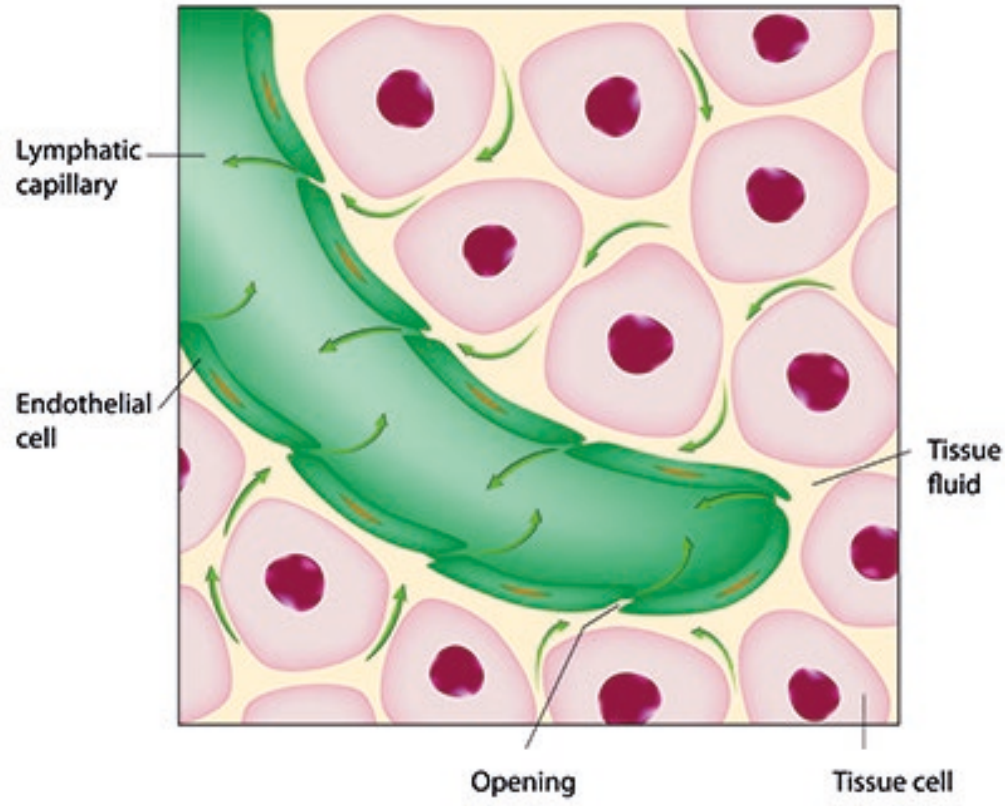
- Distorted leg shape
- Leaky legs/lymphorrhoea
- High volume of wound exudate (Lay-Flurrie, 2018)
- Over reliance on wound dressings (Hopkins, 2018)
- Under use of full therapeutic compression — gold standard (Hopkins, 2018)

Need to encouraging shared care (Mahoney, 2015).

PATHOPHYSIOLOGY

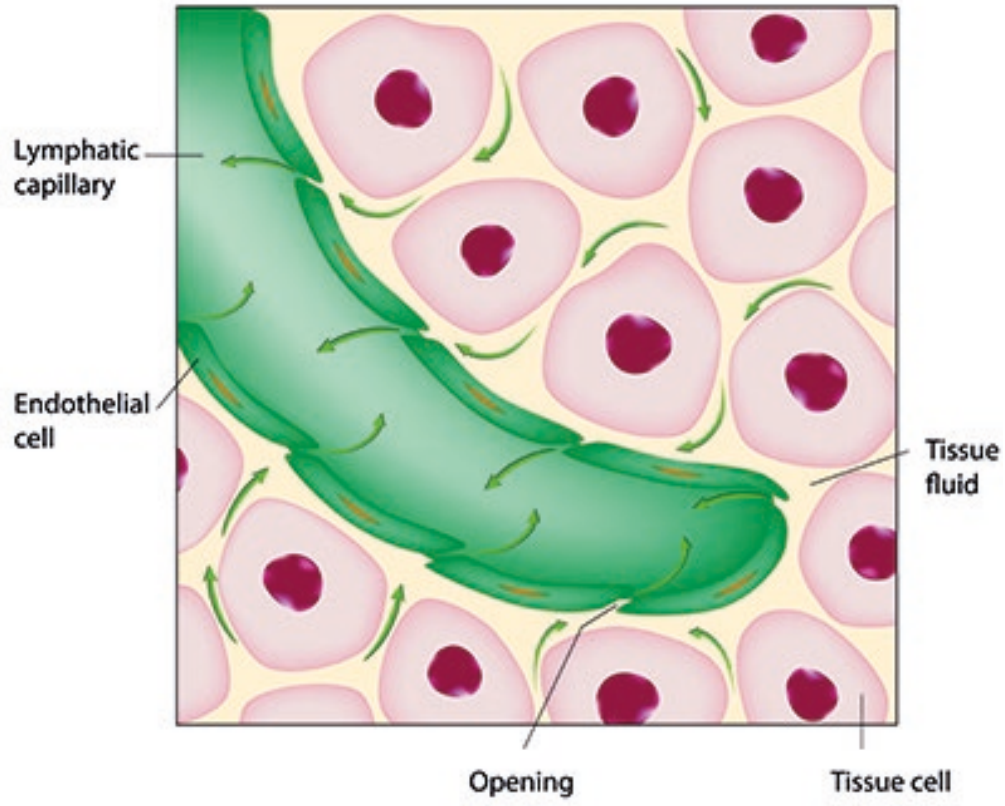
LYMPHOVENOUS DISEASE

- **Oedema occurs when capillary pressure exceeds the pressure of fluid in the tissues**
- **Fluid leaks from the circulatory system and accumulates in the tissues.**

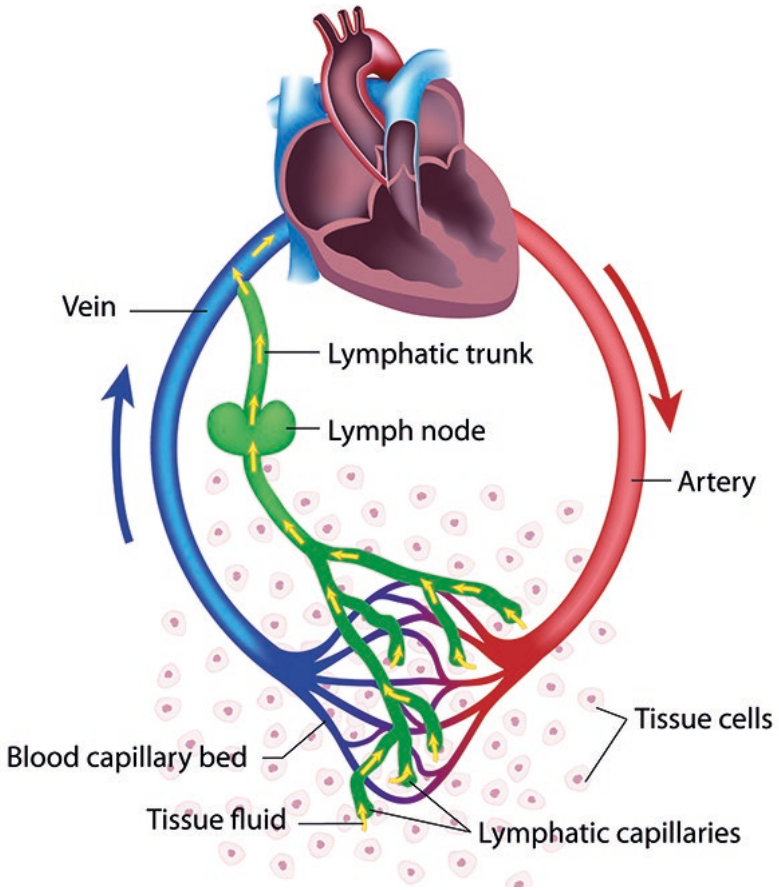


LYMPHOVENOUS DISEASE

- **The lymphatic system is responsible for fluid draining**
- **If filtration from the capillaries and venules exceeds draining capacity for too long, limb swelling occurs (Anderson, 2017).**



LYMPHOVENOUS DISEASE



- **The lymphatic system is part of the circulatory system**
- **Extra pressure in the venous system (e.g. faulty valves → backflow of venous blood → venous hypertension) leads to extra volume and pressure in the lymphatic system (Anderson, 2017).**

essity

WOUND CARE TODAY

LYMPHOVENOUS DISEASE

Lymphovenous disease progresses:

- Legs become grossly oedematous
- The skin stretches and blisters form
- The fluid leaks out — nowhere else to go
- Pale, amber-coloured lymph fluid
- High fluidity, low protein (as opposed to wound exudate)
- Legs appear shiny (Mahoney, 2015; Anderson, 2017).

WHAT ASSESSMENT DO WE NEED TO UNDERTAKE?

ASSESSMENT

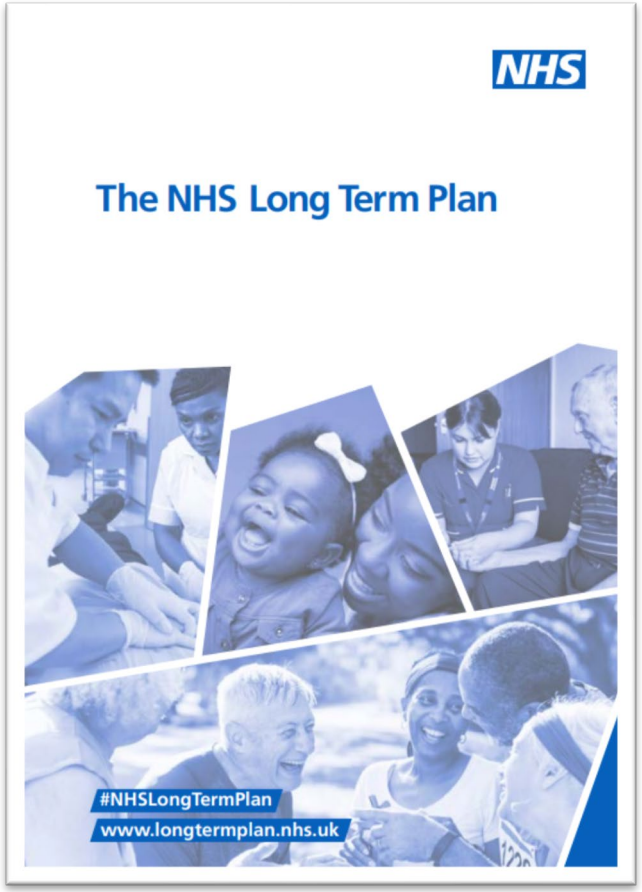
- Assessment is crucial
- Six S' – story, self-care, site, skin, size, shape
- Examine both limbs and the whole of the affected limb from the waist down
- Re-evaluate (Wound Care People, 2019).

STORY

- Patient history — identify risk factors
- Present complaint, past history and medical history
- Medication — may increase the risk of oedema (e.g. non-steroidal anti-inflammatory drugs [NSAIDs], steroids)
- Nutritional assessment (protein deficiency can draw fluid into tissues — oedema)
- Psychological status (swelling, pain, other symptoms)
- Socio-economic circumstances
- Lifestyle (obesity, long periods sitting/standing).

SELF-CARE

- **Self-management of long-term conditions is a key component of the *NHS Long Term Plan* (NHS England, 2019) to free up valuable resources**
- **A dynamic and empowering method of long-term management**
- **Collaborative — carers, family, volunteers and healthcare professionals**
- **Assessment of patient's ability.**



essity

WOUND CARE TODAY

SITE OF THE SWELLING

Oedema in both legs may be:

- Dependent oedema
- Obesity causes pressure on the veins (also hormonal changes and pregnancy)
- Central cause, e.g. chronic venous insufficiency
- Heart failure, kidney and liver disease
- Lipoedema.

SITE OF THE SWELLING

Oedema in one leg may be:

- Deep vein thrombosis (DVT)
- Cellulitis if accompanied by redness, pain and tenderness
- Confusion with varicose eczema
- Primary lymphoedema
- Underlying malignance.

SKIN

Good skin health can reduce the risk of complications. Look for:

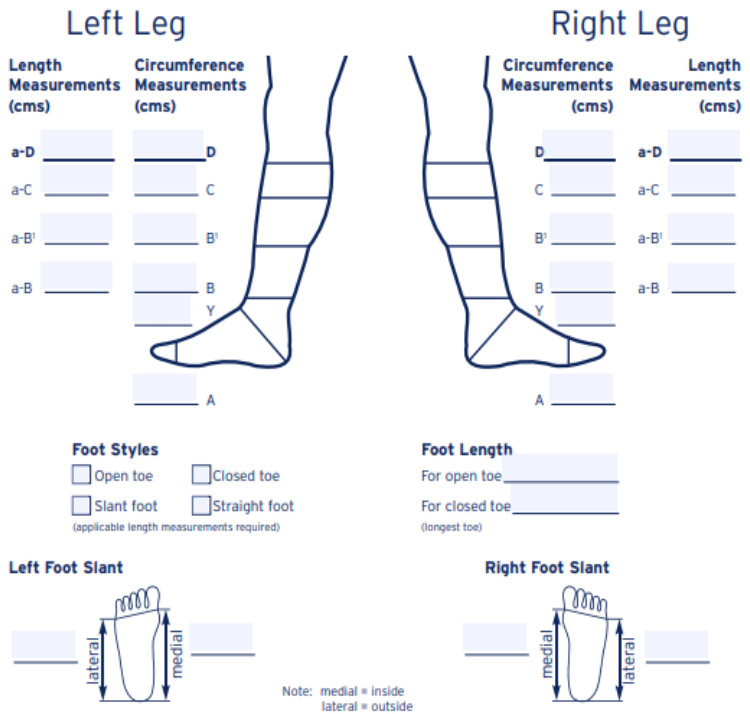
- Dryness
- Sensitivities — to bandages/dressings
- Cellulitis
- Colour/circulation — pale, cold, dusky
- Pigmentation, e.g. haemosiderin staining
- Fungal infections — commonly between toes
- Hyperkeratosis — thick, scaly skin
- Leakage of fluid — lymphorrhoea.

SIZE

Baseline measurements to monitor progress:

- The size of the limb from set points
- Used to calculate limb volume reduction
- The measurements will also influence compression choice:
  - Limb length
  - Thin or fat limb
  - Will there be a need for bespoke compression.

Below knee measurements



SHAPE

Shape of the limb will influence treatment:

- Regular or irregular
- Inverted champagne bottle
- The presence of skin folds
- Pitting or non-pitting oedema
- Swollen foot or toes
- Is the swelling confined to the thigh.

BREAKING DOWN BARRIERS TO MANAGEMENT

KEY TO SUCCESS

- Holistic assessment
- Compression therapy
- Fluid management
- Skin care
- Encouraging shared care
- Patient education.

BARRIERS TO SUCCESSFUL MANAGEMENT

- Presumption of cardiac disease and prescribing loop diuretics (exclude heart, kidney and liver disease) (Murdoch, 2020)
- Lack of confidence in the application of full, therapeutic compression therapy (Hopkins, 2018)
- Absence of a Doppler (Wounds UK, 2015; Morgan and Thomas, 2018; BLS, 2019; NWCSP, 2020)
- Fear of using absorbent dressings under compression
- Clinician's reluctance to fully embrace supported or self-care
- Patient related barriers.

COMPRESSION THERAPY

- Compression counteracts tissue pressure
- It squeezes the veins and valves to stop backflow
- Reduction in pressure in the veins and lymphatic systems
- More fluid flows back into the draining system
- Correct compression will have rapid results (Anderson, 2017).

COMPRESSION THERAPY

- Prompt treatment improves quality of life
- Use of high compression is frequently defaulting to light or reduced compression (Hopkins, 2018)
- Ineffectual/suboptimal — harm to patients (Hopkins, 2018)
- Compression must be adapted to meet the needs of the individual patient
- Compression comes in many shapes and forms — not all types will be suitable for leaky, wet legs (e.g. compression hosiery) (Anderson, 2017)
- Bandages and wrap systems may be more suitable (Anderson, 2017).

AVOIDING COMMON COMPRESSION MISTAKES

- **Engage with the patient — is the compression choice right for them?**
- **Get it right first time — do not apply reduced compression thinking it is kinder and that you can build it up later**
- **Don't just compress below the knee or above the ankle if swelling extends beyond this (into thigh or foot and toes)**
- **If bandaging slips, it is a positive sign that the swelling is reducing (Wound Care people, 2019).**

SUCCESSFUL COMPRESSION THERAPY

DOPPLER ASSESSMENT

- **It can be difficult to obtain a Doppler assessment:**
  - Lack of training, not within the role of the practitioner or lack of equipment
  - Inability to perform or inaccuracy when there is gross oedema
- **'Mild graduated compression' can be applied in the absence of a Doppler assessment* (defined as a compression system that is intended to apply 20mmHg or less at the ankle) (Wounds UK, 2015; Morgan and Thomas, 2018; BLS, 2019; NWCSP, 2020)**

*in the absence of significant cardiovascular risk factors and clinical signs and symptoms of peripheral arterial disease (PAD) following a thorough assessment

PATIENT-RELATED BARRIERS

- Weight management
- Lack of ownership for their legs
- Not going to bed at night (e.g. because of pain)
- General non-compliance reasons (e.g. not undertaking their exercises)

DRESSING SELECTION

- Initially high absorbency
- Large dressings if the whole lower limb is affected
- Absorbent dressings do perform under compression — slightly less capacity
- Do not use on top of compression
- As limb volume reduces, fluid leakage will reduce — step down absorbency.

CASE STUDY

Mr P is a 68-year-old male with chronic lympho-venous oedema and severe lymphorrhoea.

Mr P has been wearing made to measure garments and Jobst® FarrowWrap® Strong. His legs have been dry for the longest time in the past 3 years.

SUPPORTED CARE

- The involvement of family and carers is crucial to success (Grady and Gough, 2014)
- Multidisciplinary team approach
- Patient monitors their symptoms and knows when to take action in the event of identifying red flags
- Although a simple concept, it is often overlooked
- Key to improved mood and reduced anxiety
- Potential benefits are substantial.

JOBST® FARROWWRAP® STRONG

- A wrap compression system with a liner and an outer wrap piece
- Smart, adjustable, elastic, short-stretch bandages
- 30-40mmHg

CUTIMED® SORBION® SACHET XL

- **Super-absorbent dressing - absorbs and retains high to very high exudate levels**
- **Simplicity in treating large-surface wounds**
- **Comfort for body parts that are difficult to treat**
- **Also effective under compression therapy**

essity

WOUND CARE TODAY

CONCLUSION

- Wet, leaky legs can be devastating to patients and their carers
- They are complex and time-consuming to manage, and costly to the NHS
- Holistic comprehensive assessment is crucial
- There are many barriers to correct management
- These barriers can be broken down to achieve a successful outcome for patients and clinicians.

CALL TO ACTION

Essity has many support and educational tools that are suitable for both specialist and non-specialist lymphoedema clinicians including:

- JOBST Academy education
- Ambassador Programme
- Clinical evidence including:
  - Best Practice Statement – Chronic Oedema
- Community Pathways
- Assessment tools – CASE

To find out more about our value-added services
Please contact: Concierge.service@Essity.com
or contact your local Essity Account Manager

REFERENCES

- Anderson I (2017) 'Leaky legs': strategies for the treatment and management of lower-limb lymphorrhoea. *Nursing Times* 113(1): 50-53
- British Lymphoedema Society (BLS) (2019) Assessing vascular status in the presence of chronic oedema prior to the application of compression hosiery: Position Document to guide decision making. Available online: https://www.thebls.com/documents-library
- Bradford SA, Rossiter S (2020) Working together to improve outcomes for patients with chronic oedema/wet legs. *Wounds UK* 16(1): 52-57
- Broadhead R, Livesey J, Ritchie G (2020) The courage to compress. *Wound Care Today.* Available online: https://www.woundcare-today.com/journals/issue/1/article-details/courage-compress
- Grady PA and Gough LL (2014) Self-management: A comprehensive approach to management of chronic conditions. *Am J Public health* 104(8): e25-e31
- Hopkins A (2018) Changing the narrative around light compression. *Venous News.* Available online: https://venousnews.com/changing-the-narrative-around-light-compression/
- Lay-Flurrie K (2018) Ensuring appropriate and timely management of leaky legs. *Br J Community Nurs* 23(Suppl4): S1-S3

essity

WOUND CARE TODAY

REFERENCES

- Mahoney K (2015) Identifying and managing 'wet' or 'leaky' legs. *Skin Care Today* 1(1): 36-41
- Morgan K, Thomas M (2018) The development of a 'wet leg' pathway for chronic oedema. *Int J Palliat Nurs* 24(1): 40-46
- Murdoch V (2020) Inappropriate use of diuretics and antibiotics for wet or 'leaky' legs. *J Community Nurs* 34(4): 58-62
- National Wound Care Strategy programme (NWCSP) (2020) Draft lower limb recommendations. Available online: https://www.ahsnnetwork.com/wp-content/uploads/2020/06/@NWCSP-DRAFT-Lower-Limb-Recommendations-22.06.20.pdf
- NHS England (2019) *NHS Long-term Plan*. Available online: https://www.england.nhs.uk/long-term-plan/
- Wound Care people (2019) Chronic oedema: Best practice in the community. Wound care people, Wixford. Available online: www.jcn.co.uk; www.gpnursing.com
- Wounds UK (2015) Best practice statement: compression hosiery second edition. Available online: www.wounds-uk.com

essity

WOUND CARE TODAY

DOWNLOAD YOUR CERTIFICATE

WWW.WCT-LIVE.CO.UK/CERTIFICATE

essity

WOUND CARE TODAY

LIKE OUR FACEBOOK PAGE **@WCTREPORT**

essity

WOUND CARE TODAY

DOWNLOAD YOUR CERTIFICATE

WWW.WCT-LIVE.CO.UK/CERTIFICATE

essity

WOUND CARE TODAY