

**LYMPHEDEMA
OUT-PATIENT PROCOTOL**

I. PURPOSE:

To establish a standardized protocol for patients admitted to the out-patient program at D.T. Watson Rehabilitation Hospital for initial treatment of lymphedema utilizing the Wright Linear Pump.

II. GOALS OF TREATMENT PROGRAM:

1. Decrease volume, soften and improve contour of the involved extremity.
2. Educate patient/family regarding lymphedema treatment, containment of extremity and usage of Wright Linear Pump.
3. Increase range of motion and functional use of extremity.
4. Decrease risk of infection.

III. ADMISSION CRITERIA:

1. Contraindications for usage of The Wright Linear pump:
 - 1) Severe congestive heart failure, uncontrolled hypertension or coronary artery disease.
 - 2) Active infection in edematous extremity.
 - 3) Venous or arterial obstruction.
 - 4) Active ongoing chemotherapy or radiation treatment.
 - 5) Active malignancy in edematous extremity.All of the above will be considered on an individual basis and exceptions made as appropriate.
3. Normal pre-admission lab work to include CBC, BUN, electrolytes, creatinine, chest x-ray and EKG for individuals over 40 years of age. Lower extremity edema - Duplex studies within past one month.
4. Completion of all information required on the pre-admission check list (see attached)

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IV. ADMISSION COURSE:

Patient admitted for 2-3 days out-patient treatment utilizing Wright Linear Pump.

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|------------|--------------------|----|
| 1) 1st day | 1 - 2 hour session | AM |
| | 1 - 2 hour session | PM |
| 2nd day | 1 - 3 hour session | AM |
| | 1 - 2 hour session | PM |
| 3rd day | 1 - 3 hour session | AM |

V. PATIENT MD ORDERS:

1. BP taken before and after each session.
2. Measurements before and after each session.
3. Weight on admission and discharge.
4. Medications to be self administered.
5. Pressure settings.
6. Time sequence.

VI. TREATMENT NSG. PROCEDURE:

Equipment needed:

1. Wright Linear Pump and pneumatic appliance.
2. Strip Skin Marker, stockinette, tape measure.
3. Ace bandage and starter compression garment.

VII. PROCEDURE:

1. Explain treatment program.
2. Photographs taken before and after treatment.
3. Five measurements to be taken in cms. before and after treatment.
4. Lower extremity, heel to rump flex test.
5. Upper extremity, thumb to palm flex test.
6. Set pressure according to median BP and time sequence.
7. Apply stockinette/appliance.
8. Measure for gradient pressure garment.

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VIII. POST DISCHARGE RECOMMENDATION:

1. Weekly measurements of limb circumference before and after pumping as per schedule.
2. See primary physician as per scheduled appointments.
3. Call in measurements to Lymphedema Office in two (2) weeks.
4. Contact Physiatrist, Director Lymphedema Program one month post discharge to make appointment.
5. Wear gradient pressure garment when not utilizing the pump. **THIS IS THE CRITICAL SUCCESS FACTOR IN THE TREATMENT PROGRAM.**

D. T. WATSON REHABILITATION HOSPITAL

Home Instructions for the Wright Linear Pump

Patient: _____ M.D.: _____

Medications: _____

Date: _____ Pumping Time: _____

Time Sequence: _____ Pressures Sequence: _____

DO'S

1. Call Lymphedema Coordinator if any problems arise.
2. Keep a diary of weekly measurements done at home. Also, record comments/problems. Call after one (1) month on home program.
3. Follow pumping instructions as written unless your physician makes changes.
4. Call the primary physician for symptoms of respiratory problems such as shortness of breath, increased rate of breathing, coughing, if your resting pulse is increased by 20 points over your normal pulse.
5. Call your primary physician for any symptoms of infection such as redness, increased warmth, increased swelling.
6. Avoid anything that could cause trauma such as cuts, scratches, burns, insect bites - as these may lead to infection.
7. Wear shoes when walking.
8. Keep your feet or hands clean and dry.
9. Keep extremity wrapped with ace bandage or use gradient pressure stockings (as prescribed) when off the pump unless ordered otherwise by your physician.
10. Keep the affected extremity horizontal when pumping.
11. Stop the pump if symptoms of loss of sensation such as pain, coldness, pins and needles, cramping or other similar symptoms appear and investigate.
12. Follow through with physician visits as recommended. Here we recommend visits: 6 weeks, 12 weeks and 6 months post-discharge. Follow-up with physician who cared for you at D. T. Watson in one (1) year if possible.
13. Wear loose fitting clothing. Constrictive clothing will decrease circulation.
14. Check skin thoroughly for signs of pressure after pumping such as redness, blisters, etc. Report to primary physician anything that persists greater than 20 minutes.
15. Wear cotton stockings or stockinettes under the pneumatic appliance (pump sleeve) when pumping to absorb moisture and prevent friction.

DON'TS

1. Make changes on your pump without consulting your physician.