



Lymphedema ASSOCIATION OF SASKATCHEWAN INC.

Fall 2019

LAS update

We hope that each of you has had an enjoyable summer with some time to relax and enjoy the great outdoors. LAS also took a break over the summer, but fall is here and everything is in full swing again.

In June, the 2019-2020 Executive held a face to face meeting in Saskatoon and together they planned the upcoming year by setting the proposed budget, the goals and objectives to be focused on for the year, and forming the committees to carry out these projects. Two new executive members, Monique Marshall and Glenda Moxham, were welcomed to the Executive team. Monique is from Saskatoon and holds the position as member at large and Glenda Moxham from Lloydminster, serves as the new secretary. We know that both of these ladies have a lot of knowledge about lymphedema and will be a real asset to our organization. Please check out the LAS website to become familiar with our Executive team.

The main projects for the coming year include: providing all CLT therapists with education packages for new patients, Lymphedema Awareness Day, a symposium to be held in spring in Saskatoon and continuous communication with the government. If you would like to help with any of these projects, we would love to hear from you. In addition, we will also be focusing on membership. LAS, the same as other provincial organizations, has seen a decrease in membership. We hope that by providing packages for new members, it will make lymphedema patients more aware of our organization. Hopefully more therapists will also become members. We are asking everyone to help with this concern. Does your doctor's office have an LAS poster, a Canadian Lymphedema Framework pamphlet with the LAS insert in it? If not, please email us at contact@sasklymph.ca and we will provide you with this material. Also, does your doctor's office have a Pathways magazine which provides excellent education about lymphedema to patients and health workers? If not, why not consider paying the extra \$15 for your membership and provide a magazine for your doctor's office.

The Canadian Lymphedema Framework is hosting the National Lymphedema Conference on Nov. 1-2, 2019. We suggest you consider attending. Visit www.canadalymph.ca/conference for more information.

The LAS Executive looks forward to another exciting and successful year.

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Negotiating toward adherence

Complete decongestive therapy includes manual lymph drainage (MLD), which starts with activation of central lymphatics making them ready for influx of peripheral fluid. Compression should immediately follow MLD and be worn the (variable) prescribed amount of time. Skin care is an element of infection prevention. Exercise is an extremely beneficial element of lymphedema care. Arms should be exercised or effected by chronic edema. Walking activates the calf muscle pump enhancing return of fluids - extremely valuable for lower limb edema if shoes are "flat". The **benefits of exercise are multiplied** when performed in **compression**.

With awareness of increasing tissue damage and possibility of human suffering, clinicians are highly motivated to improve the condition of lymphedema. Historically, attempts to teach the benefits of therapies have been associated with expectations that instructions on self-care will be followed. More recent trends reflect the understanding that not every instruction can be followed. If improvement of leg ulcers requires limb elevation, this may require fewer hours in a work setting (if the work involves standing). A dilemma and hard decisions result. The decisions are largely for the individual with chronic illness to make. At times choices are limited. Exit from work is abrupt when devastating consequences result.

Non-adherence is a costly concern in chronic illness. Expense is incurred by both the public system and individuals.

Individual suffering occurs with disease progression and further complications of disease. Advancing lymphedema increases risk of infections (cellulitis) which causes further lymphatic damage. Occasionally virulent bacteria threaten limbs or even lives.

Change is always a challenge. Lifestyle changes such as adherence to compression and addition of exercise are difficult to accomplish. Reasons for proposed changes must be understood.

Education is key. It is essential that information surrounding disease processes and benefits of treatment are shared. Clinicians must understand the needs and perspectives of edema sufferers. Each must understand the other in a process resembling negotiation. Understanding of the condition being treated and reasons /benefits of prescribed care must be understood. Risks associated with non-adherence must be stated. Without compression, lymphedema progresses and risk of both infection and disability increase.

Teaching requires adequate time allotments, printed documents and/or audiovisual aids at appropriate levels. Generally plain language is better than medical jargon. Multiple approaches can have additive effects (use verbal description, video, diagrams, written explanations, etc.). The "take away" is worth noting. Evaluate the effectiveness of information-sharing to ensure messages were sent adequately. Sometimes associate team members can

assist with information delivery.

Information sharing requires that time is spent seeking to understand each other. A relationship must be trusting for concerns to be shared. Practitioner consistency is beneficial for relationship building (i.e. the same doctor, nurse, therapist, etc.).

Depression plays a significant role in non-adherence in chronic illness. Secrecy is related to continued social stigma. Individuals suffering from depression or other mental illness tend not to reveal symptoms to clinicians. Even when revealed, the depression may be under treated.

Together, clinicians and persons with edema must consider ways to overcome challenges. Discomfort is sometimes an obstacle. Often compression bandaging can be initiated at a lower pressure and increased to ideal over time. Sometimes, therapy in the afternoon may make therapeutic compression better tolerated (with a goal to gradually move therapy to morning where possible).

Persons with chronic illnesses must not feel judged or criticized for non-adherence with prescribed therapy. Individuals must feel they can honestly discuss reasons for partial or total non-adherence. It is important to know if non-adherence is occurring (especially if the altered or omitted therapy involves medication). The extent to which the client plans to adhere should be understood. Intention to adhere is an important first step.



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