

Why We Do What We Do

By Edith Mulhall

There is usually a patient who enters your practice and makes you realize that you have made the right career decision. Someone who, quite unexplainably, flips a switch somewhere deep inside you, telling you that you are in the place you were meant to be. Then, slowly, sometimes without realizing it, you come to know that THIS is why you do what you do, and THIS is why you love what you do. In my practice, that switch was flipped by a little man 11 months old.

Austin Avanthay was born with primary lymphedema, a genetic malformation of the lymphatic system. Austin had many co-morbidities evident immediately after birth. His entire body was swollen. The life-threatening complexities were taken care of by appropriate specialists. But the one question that remained was the persistent swelling of the right hand and forearm, and subsequent spread to his right leg and foot.

Austin's Mom, Kim, immediately started on a very steep learning curve. She had to be persistent to get a diagnosis, find the support she needed and where to go for treatment. Kim mentioned at one of her early appointments that it was hard to find a suitable therapist, but finally "pulled the right straw." Many times in our united journey, I have been aware that, I was the one who pulled the lucky straw. It was very evident that I had to take my own practice up a notch to keep up with this highly motivated young mom. She was not afraid to ask me all the tough questions. What I did not know about, I researched and shared with her. If she found the information first, she shared it with me. We were in this together. And the whole time, Austin was growing into a very engaging little man with his shy smile, his laughing eyes, and his beautiful, strong spirit.



Edith Mulhall, RN, RMT, CLT-LANA graduated as a Vodder certified lymphedema therapist in 2000. She was one of the co-founders of the Lymphedema Association of Manitoba, and has been an active participant in the Canadian Lymphedema Framework.

I had not treated a small child before, so my first line of preparation was to consult with more experienced therapists who were familiar with pediatric lymphedema, and were so willing to share information. It is one of the ways in which we all learn and become better at what we love to do.



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As often as possible, Kim brought Austin for treatment, although it was an hour and a half drive each way. This is symbolic of the commitment sometimes required to achieve proper management. It made me realize that, if someone is making that kind of an effort to attend, I had to be just as committed to providing the very best support possible. Kim learned to manage this condition, with the long term goal of teaching Austin to do his own treatment.

One of the biggest challenges was being allowed to work on Austin's face. The right side of his face began showing signs of edema about 6 months into treatment. Facial edema presents its own challenges, but this little guy had a mind of his own. When Kim explained that we would be working on his cheek, he looked at me as if to say, "lady, you have done some pretty weird stuff, but this beats them all." Kim was taught to do the treatment, so she could treat him when he was asleep, or in the bath.

Children's compression garments present another challenge. Remember trying to get a child's foot into a shoe? Well, translate that to sliding a soft little arm and hand into a stiff compression sleeve. Lots of fun, but it worked, and after several modifications, and with the help of an expert garment fitter, a proper garment was designed and success was achieved.

What impact has Austin made on my practice? I learned how getting fed up with something can be a good thing. Kim voiced her frustration with the lack of support before Austin was diagnosed. She and I spoke often about starting a provincial lymphedema association. Kim was and still is highly instrumental in getting this off the ground. Today, the Lymphedema Association of Manitoba (LAM) is a reality. We've made great progress, and are looking forward to growing and promoting lymphedema awareness.

Since embarking on this career, there have been many "Austin," patients who have helped me realize the importance of staying current with information, helped me learn that it's OK to laugh and also sometimes OK to cry. It's important to be real.

To close, I would like to share a touching story. Recently, the students in his class were asked to write something about a person who was very special to them. Austin wrote about me. This is why we do what we do. **LP**

