Standard treatment of care explained

By Guenter Klose

Complete Decongestive Therapy (CDT) remains the standard of care for patients with lymphedema, despite the increased number of surgeries performed on patients with lymphedema. CDT is a 2-phase therapy that consists of Manual Lymph Drainage (MLD); compression; instructions in daily exercise, skin and nail care; and general self-care. CDT is very effective in the management of lymphedema because of the interplay between the first, decongestive phase of the therapy and the second, self-care phase.

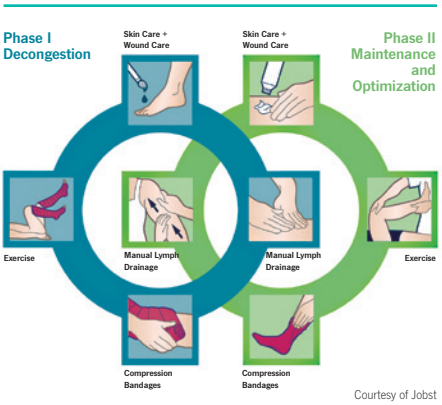
The interplay of Phase 1 and 2 of CDT.

Even though CDT is well described in the literature, there are many misconceptions about CDT. As a result, therapy recommendations and quality of care vary widely among therapy providers. With my answers to common questions, below, I hope to convey how CDT should be practiced.

Q What is the recommended treatment frequency of CDT?

A Phase 1 of CDT is most effective when patients are treated 5 times per week for 2-3 weeks. After that, therapy visits may decrease to 2-3 sessions per week until the patient receives their custom compression garment(s) and is able to perform their daily self-care. Daily self-care (Phase 2) is imperative in order to maintain the results achieved during Phase 1 and to keep the affected area as healthy as possible.

Unfortunately, it appears to be fairly common—at least in the United States—for therapists to see their lymphedema patients only two times a week. If a patient with lymphedema is receiving therapy only two times per week during Phase 1, the treatment outcome will likely be inadequate. Therapy of only two times a week should not be called CDT.



Courtesy of Jobst

Q How does the frequency of Phase 1 CDT impact the treatment outcome?

A There are many reasons why it is beneficial to have more than two treatments per week during the initial decongestive phase. Here are some of the most important:

When skillfully applied, compression bandages will start to reduce the edema. If the bandages are not re-applied daily to adjust to the new, smaller volume, the bandages will lose their effectiveness and start to slip which might lead to the patient removing them. With no, or ineffective, compression on the affected area, the fluid will re-accumulate causing a significant slowdown of the decongestion process. Patients will have to go for therapy many more weeks compared to patients who receive CDT five times a week and it will be difficult to transition them into an effective compression garment.

Also, a therapist who sees their patient five times a week will be better able to monitor the effect of each therapy session and make adjustments accordingly. Without several days' delay between sessions, these prompt therapeutic adjustments will speed up progress.

A faster reduction in volume will help keep patients motivated to overcome the inconvenience of daily therapy sessions and to perform their required self-care. Patients receiving only two sessions a week may experience inadequate reduction in their lymphedema which can lead to a loss of confidence in the effectiveness of the treatment and less motivation to commit to their self-care.

Q How long should each CDT session be and what should it consist of?

A Treatment should be a minimum of 60 minutes and consist of all components of CDT, as outlined previously. The therapist will decide on which area of the body and which component of the therapy to focus on each session. Initially, therapy should focus on truncal decongestion and patient education. In subsequent visits, the affected extremity should be decongested and any hardened (fibrotic) tissue softened to establish better tissue health and decrease the possibility of recurrent infections (cellulitis). To maximize the treatment time and subsequent outcome, patients must be on time for each session and have their compression applications ready, e.g.bandages must be clean and rolled for application after MLD.

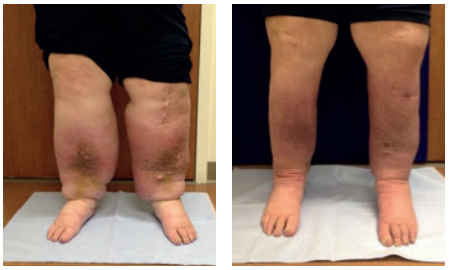
Guenter Klose is Executive Director of Klose Training, est. 2003, which educates health professionals in lymphedema therapy through its certification courses and continuing education opportunities. Guenter received his initial training in Complete Decongestive Therapy (CDT) at the Foeldi Clinic in Germany where he returns annually to provide advanced training to lymphedema therapists.

Q Can MLD or bandaging alone be considered effective in the treatment for lymphedema?

A No. Occasionally, patients are misguided by therapy providers who shortcut the therapy by providing only individual components of CDT. Effective CDT requires the interplay of all components of CDT.

Q Does every patient with lymphedema require custom compression garments?

A No. However, most patients with lymphedema will benefit greatly from custom-made daytime and nighttime compression garments. With custom-made compression garments, the specific needs of the patient, including compression level, style, and size, can be addressed much more accurately compared to ready-to-wear garments. Custom compression garments provide better control of the lymphedema and better maintenance of tissue health, so the additional cost can be considered an investment in the patient's future health. A correctly-fitted compression garment is as important for patients with lymphedema as the daily administration of insulin is for patients with diabetes.



Left: Patient after receiving approximately 10 years of MLD treatment only. Right: Same patient after 3 weeks of Phase 1 CDT.

Q How often does Phase 1 of CDT need to be repeated?

A Phase 1 CDT must be repeated as many times as medically necessary. It is a big misconception in lymphedema therapy that Phase 1 of CDT is a one-time process.

It is important to remember that lymphedema is a chronic and progressive condition. In contrast to other edemas, the accumulated fluid in lymphedema is rich in protein and triggers secondary tissue changes such as fibrosis and adipose tissue deposition. These tissue changes, in turn, have a negative impact on the lymphatic vessels which are trying to compensate for the already-compromised lymphatic system. This cascade of events turns into a vicious cycle that continues to exist despite the best therapeutic approach. So, lifelong care of the lymphedema is required in order to keep the symptoms of lymphedema under control. Even with the most diligent self-care, patients with lymphedema will benefit from periotic repeats of Phase 1 CDT in order to maintain good control of their lymphedema and optimal tissue health. LP

Editor's Note:
Reimbursement for this treatment protocol in its entirety is rare in Canada, requiring modification for many because of financial constraints. Provincial advocates are working hard to change this.