

# Writing Lymphedema Case Reports and Presentations

By Anna Towers

Presenting cases in a clear, relevant and concise manner is a skill that requires practice. This article, based on lymphedema clinical experience, suggests some basic guidelines that have been adapted from traditional medical case report formats to better suit lymphedema practice.<sup>1,2</sup>

## Objectives of Case Reports

- To communicate with physicians or other health care professionals with specific questions
- To report back to referring professionals following successful (or unsuccessful) therapy
- To consult and collaborate with expert therapists or teachers regarding difficult cases
- To educate health professionals or patients regarding lymphedema in continuing education forums
- To educate lymphedema therapists regarding difficult and/or successful cases
- To contribute to the scientific literature



Case reports are vital in day-to-day work as well as in special teaching circumstances. The objective of the communication will determine the varying elements of the case presentation and the amount of detail required.



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## Formats of case reports

When one is first learning to present cases, the preparation process may seem time-consuming. However, continuing practice using a good template, will eventually lead to improvement and less frustration. The report needs to be relevant and concise. The degree of detail depends on the context and the time available.

Here is a suggested template for presenting the information which can be modified and simplified according to the therapist's objective.

**Introduction:** Reason or purpose for the presentation or referral

**Patient demographics:** Age, gender and occupation of patient

**Etiology:** Cause, type of lymphedema - type and status of the cancer (if applicable): remission, recurrence, site of metastases

**Important and relevant historical medical and social information (review of patients medical record):**

- Medications list (if relevant)
- History of the lymphedema: onset, site(s) affected, hand dominance
- Other symptoms (pain, range of motion or mobility problems)
- Family and social history relevant to lymphedema care (family composition, housing, financial status)
- Impact of lymphedema and other symptoms on function at home and at work



**Relevant physical findings and outcome measures:**

- Lymphedema site, stage and severity
- Photos and volume measurement charts

**Treatments to date:**

- Lymphedema therapy received in the past, and results
- Compression garment history
- Exercise history
- Present therapy and results

**List of problems, questions, or teaching points, as appropriate**

## Communicating with physicians

In clinical practice one often has questions for physicians about a particular patient. The enquiries usually take the form of letters or emails. These should be concise and simplified to the essentials as physicians often will have less than 20 seconds to quickly scan your written message.

## Example 1

*Dear Dr. (Family Physician): Thank you for promptly reassessing this 55-year-old male factory worker regarding the etiology of his leg swelling. He has had bilateral leg edema for the past 18 months, left greater than right, presumed secondary to chronic venous insufficiency (CVI). He has also had left leg pain for the past four months. He tells me that a Doppler test was negative for thrombosis two months ago. He first came to see me three days ago, on your referral. We started compression bandaging treatments to the left leg but because of the pain in that leg he could not tolerate even low-compression bandaging. The left leg is 25% bigger than the right on volume measurements. He has skin changes and varicosities suggestive of chronic venous insufficiency bilaterally. My question: I am not clear on the etiology of left leg pain, as lymphedema is usually painless. I would be grateful if you would either reassess him or provide me with more information from the medical record about the cause of the pain and swelling in his left leg. You may reply on the form below. Many thanks.*

An efficient method may be to have the patient schedule an appointment with their physician as soon as possible. Have them hand deliver your letter and wait for a response.



### Find out more

In letters to physicians, leave spaces, inviting the physician to answer your questions on the same piece of paper or electronic form. Try to keep the entire communication brief and not longer than a half-page. Possible questions that the therapist might want to ask the physician are:

- Q** What are all the factors or etiologies that account for this patient's edema?
- Q** What are the results of tests or scans that have been done to date to clarify the etiologies? (Examples might be Doppler tests, computed

tomography scans, MRIs, lymphoscintigraphy.)

- Q** What is the cancer status? Is there cancer recurrence, or is it in remission? If the patient has metastatic cancer, where are the metastases?
- Q** Are there other factors that might be complicating the chronic edema?

The most common reason for the communication is that the therapist needs more medical information. This could arise at the time of initial referral or during the course of lymphedema therapy. On the first visit, a referred patient may arrive with insufficient information for the initial database, either regarding the edema or any underlying medical problems (see Example 1). The referral note from the physician may be scant. Some patients may be

poor historians as far as their medical perambulations are concerned, and there may be no family members that can help provide information. The therapist may be concerned that there is a contraindication to therapy that has been overlooked.

Another situation where more information may be required is during the course of the lymphedema therapy, if the therapist develops a concern. For example, the therapy may not be producing the expected

## Example 2

*Dear Dr. (Oncologist): Thank you for reassessing this patient who presents with new symptoms. You originally referred me this 61-year-old female lawyer with a six-month history of right arm lymphedema. She was treated for cancer in her right breast five years ago. She told me that she is in remission from her cancer, according to your assessment four months ago. She first came to see me three months ago, at which time her right arm was 38% bigger than her left by volume. In spite of our combined best efforts with bandaging treatments over the last four weeks her arm is not reducing significantly. She also has a new 7/10 severity pain in her left upper back and shoulder as of last month. I would be grateful for your reassessment and advice. Many thanks.*



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result (see Example 2), i.e. the edema is not reducing well and the therapist may be concerned that there may be a cancer recurrence, or that the lymphedema diagnosis needs to be reassessed. However, remember that cellulitis and deep venous thrombosis are medical emergencies and that you should not take excessive time to compose a complete and well-structured referral letter if you suspect these diagnoses!

### Using case reports at conferences

Case reports for presentation at continuing education forums require more detailed information. However, presenters often have too much material. The time allotted for such presentations is rarely more than 10-15 minutes, including discussion time. Often sessions run late, cutting your actual time even further! Below are guidelines for preparing your material and tips regarding the actual presentation day.

#### Preparing material for the presentation

- Include only the essential facts; but be ready to answer any questions about your patient's lymphedema.
- Audiovisual slides should not be too crowded. To ensure visibility and understanding, include no more than 32 words per slide, using the largest font possible.



More words cannot be easily assimilated.

- Good quality photographs, images and measurement graphs are helpful. Be sure to obtain written permission from the patient if you plan to use their photographs.
- Allow one slide per minute of presentation, excluding photographs.
- Begin by stating the reason that inspired you to present the case.

Do you want to get advice about a difficult problem? Do you want to showcase a particularly successful new technique or product? Have you seen and treated a patient with a rare disorder? Questions or teaching points need to be clear.

- State your purpose in your introduction. Then repeat your purpose and/or questions in your conclusion.

**Presenting cases in a clear, relevant and concise manner is a skill that requires practice.**

#### On the day of the presentation

- Do what you can to feel comfortable and to have confidence on your side.
- Arrive early to familiarize yourself with the presentation room setup.
- Be prepared for the possibility that the audiovisual technology may not work. Have a printout of notes that you could use to present the case without using slides.
- Speak slowly, facing the audience and remember to look at the participants every once in a while.

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- Project your voice, especially if there is no microphone.
- Do not read your presentation; rather, use the notes on your slides to guide you.
- If necessary, cut your presentation down to leave appropriate time for discussion.

#### Case reports for publication

Case reports for publication are merely a well-structured presentation but in a standard written form. Journals usually have their own suggested formats and guidelines for case presentations, including maximum word counts. Anywhere from one to three cases are usually presented. Once you have targeted a specific journal it is especially useful to review case reports that were previously

published in that particular publication, to get a better idea of their format. Once the case report is submitted the editors will have helpful suggestions for improving and enhancing the report, if necessary.

Enjoy practising writing and presenting cases! Constant practice will make the process easier. If you have communication tips to add, or interesting patient case studies you wish to share with your fellow colleagues, please submit them to us for publication in *Pathways* magazine. 



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#### References

1. <https://depts.washington.edu/medclerk/drupal/pages/Oral-Presentation-Guidelines>
2. <http://libraries.umdj.edu/camlibweb/patient/presentation.html>



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