

✓ G. Lipari

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Case History

Personal/History:

VC is currently an 82 year old female with bilateral lymphedema of the legs. She was previously treated at a hospital physical therapy department when the lymphedema became debilitating. Once a reduction was reached, she maintained it with compression stockings. Beginning two years ago she began experiencing worsening of symptoms. At that time she was unable to get down the stairs of her apartment to get treatment. Her daughter was attempting to bandage her legs, but was not achieving a reduction.

VC claims the only medical history of surgery was for a hysterectomy in 1980.

Lymphedema began in 2003 with no determined cause of origin. She claims her doctor diagnosed an enlarged heart and an irregular heartbeat and she has a history of hypertension and coronary heart disease. Mrs. C.'s doctor diagnosed her with lymphedema and has prescribed diuretics for her condition. She is on an antihypertensive & potassium.

VC claims to be in constant pain. She has not been able to sleep in a bed for the last three years. She sleeps sitting in a recliner and is able to ambulate a few feet to the bathroom. The weight of her legs and the folds of skin in her ankles makes it very difficult for her to walk without pain. She claims she can not recline less than 45 degrees because she can not breathe.

The family requested bandaging for both legs to be done every three days initially. After a reduction of the left leg was achieved, the daughter took over bandaging it and requested bandaging for her right leg twice per week. She refused lymphatic drainage treatment because of cost and the fact that the treatment center she used did not utilize it. Treatment was terminated at different times due to financial difficulties, at which time VC's daughter resumed bandaging. I was called back in when her condition worsened. I provided treatment until April, 2009, at which time; she developed a fungal infection in her left leg and needed to be hospitalized. Because her left leg could not be bandaged, the lymphedema returned. The hospital and subsequent nursing home placement could not provide her with bandaging services and at last visit she was confined to a wheelchair with diuretics as her only treatment.

Treatment start date: 2/15/07

Treatment termination: 4/10/09

Average length of session was 30 to 45 minutes depending on one or both legs being bandaged. Bandaging was performed two to three times per week. Initial measurements:

<u>Area</u>	<u>Left Leg</u>	<u>Right Leg</u>
Foot	25.5 cm	27.5 cm.
Ankle	36.5 cm	49. cm
Mid calf	57.5 cm	68. cm
Knee	64.5 cm	73.5 cm
Mid Thigh	77.5 cm	86.5 cm
Upper Thigh	87.5 cm	96 cm

Last Measurements:

<u>Area</u>	<u>Left Leg</u>	<u>Right Leg</u>
Foot	23. cm	24. cm
Ankle	29. cm	40. cm
Mid calf	37. cm	56.5 cm
Knee	52. cm	70.5 cm
Mid Thigh	71. cm	74.5 cm
Upper Thigh	74.5 cm	81. cm

Treatment has been ongoing and interrupted over the course of two years. Every time the legs get reduction, the client stops treatment and I am called back when the lymphedema becomes exacerbated. The client is non-compliant with elevating the legs and cannot afford more intense treatment. VC lives with an alcoholic husband in her daughter's home. The home environment is tension filled and the client just sits and watches television and sleeps in the same chair. She lives her life within a few square feet. The daughter does not want to perform bandaging and delays wrappings. The medical provider that visits merely takes vital signs and prescribes medications.

To the best of my knowledge all the above information is true and accurate.





