

Alma Urije-Harnerje

✓ Good

Mrs. MT - July 2009

**Personal**

DOB: 9-5-1954; 54 y/o.  
Occupation: disabled/ librarian

**History**

**Pertinent medical history:** Morbidly obese pt with secondary lymphedema elephantiasis. Bedbound since Thanksgiving 2008.  
4/2007-5/2008: hospitalized due to MRSA.  
5/2007: surgical removal of abdominal mass that had developed till her ankles.  
2002: diagnosed with primary lymphedema (family history of female family member with swollen legs.) Mass had developed till knees.

**Subjective complaint:** Leaking of lymph, labored breathing, not able to independently roll onto left side for bathing and cleaning. Not able to stand independently next to bed or sit at bed site.

**Symptoms:** Gigantic swelling of both lower legs, thighs, pubic area, abdomen, left breast. Abdominal mass is developing towards the lateral side.

**Diagnosis:** primary lymphedema elephantiasis (according patient), most likely secondary lymphedema due to morbid obesity.

**Medication / surgery:** Coumadin, Prednisone (knee), proteins (stomach), zyrtek (allergies), calcium, multi vit., antifungal crème (OTC), bactroban, vicodin (pain; shoulder, knee, back(?)).  
Abdominal mass removed 4/2007, hospitalized till 5/2008 due to MRSA. According to pt weight at discharge was 435 p, she gained 75 p. since then. Pt appears like she is closer to 600 p.

**Other treatment procedures:** Home LDT by this therapist 5-20-2009, 5/7 for 6 weeks.

**Assessment:** Morbidly obese women with secondary lymphedema elephantiasis; skin changes with warts, lymph leaking of thighs, abdomen, pubic area, macerations at the edges where skin hits the mattress.

**MLM:** Functional pathways from pubic area into abdomen, from medial and lateral thigh to the anterior/center thigh, left lateral abdomen to center. From left breast to sternum.

**Objective results:** Stemmer's sign is pos. Palpation reveals severe fibrosis in the affected areas. Labored breathing. Skin care is performed by home aids and consist of washing with a water/vinegar solution and applying of antifungal crèmes. Volumetric measurements are impossible for this therapist to take, due to patient's size and immobility.

**Subjective results:** Morbidly obese women that has a hard time dealing with her condition. She is 'keeping up appearances.'

**LDT treatments:** Due to weight and immobility normal CDT is not possible; Kinisiotape is applied after MLM-assessment.  
LDT to neck, anterior shoulders, abdomen, pubic area, and left thigh.

**Average length of sessions:** 1 hour

**Number of sessions:** 3 - 5 x a week for 6-12 weeks, depending on how progress

Continues in the following weeks. Due to problems with the aids, hygiene is an issue. So far no infections. Hospitalization might be necessary.

Outcome: Treatment is still ongoing and overall MT was doing better, with Less leaking and healing of skin in several places before my 2-week trip to the Netherlands, from June 19 till July 6. Palpation showed then that lymph nodes in neck were draining and not congested with open pathways in abdomen and legs. Before my trip Kinisiotape was removed to give the skin a break and new tape was applied. The new round of tape didn't hold long. although MT could call a colleague to replace kinisiotape but she didn't in time.

HEP: consist of deep breathing exercise, self massage in the Areas that can be reached by MT, and exercise to encourage lymph flow in legs and arms.

After I returned on July 7<sup>th</sup> pt was more swollen, with leaking again in more places in thigh, pubic area, left lateral abdomen.

Before /after photos: Included.

Outcome: Immediately after sessions – open lymph nodes, skin wrinkles, breathing is deeper, softer tissues with flatter masses of thighs and abdomen.

Lasting effects – Coping: Questionable; in conversations with her doctor it is clear that MT needs counseling: psychological and nutritional.

Compliance: Definitely lack of compliance. During my absence this became apparent. When I am coming in regularly, LDT is working.

Psychosocial issues/coping: Pt is manipulative, she is in denial about her diet and her living circumstance: around and in her bed (hygiene). Her bed is also occupied by her cat.

Photos: Pt signed a release form for photo use.