

Frequently Asked Questions

What is the importance of gradient?

Sequential pumps with calibrated gradient pressure have proven to be the best devices for reducing the lymphatic fluid from the limb in comfortable and efficient manner. These pumps function in much the same manner as the body does by utilizing the “muscle pump.” The body uses various muscle groups to move the lymphatic fluid through the channels.

How do I set the pressure on the pump?

Suggested protocols have been provided with your pump, follow these suggestions unless otherwise directed by your physician or therapist. Never increase the pressure unless told so by your physician or therapist. Should you reach a plateau in your treatment, and feel as though you are not achieving further reduction, decrease the pressure and monitor. It is possible that you may be using too much pressure.

How long do I use the pump?

The suggested protocols provided with your pump are designed to help you achieve the maximum benefit of your therapy. Again, you should follow these instructions unless otherwise directed by your physician or therapist. In some severe cases the physician and/or therapist may deviate from the provided protocols based on your condition.

What is the application of the pump for treating ulcers and open wounds?

The pump can be used on patients with venous ulcers and/or open wounds as long as there are no signs of an untreated infection/cellulitis. If you have cellulitis you can use the pump once antibiotics have been administered for at least 72 hours. Signs and symptoms for infection are: heat (hot extremity), rash, red streaks, pain and/or fever, etc. If one or more of these symptoms occur while under compression therapy treatment discontinue your treatment and contact your physician. Wounds must be covered with the appropriate dressings and it is recommended that daily dressing changes be ordered. You should clean and change your dressing immediately following your treatment with the pump. The wound will drain significantly during pump therapy and this is a good sign.

How are compression garments used in treating Lymphedema?

Compression garments are specially designed to maintain and support the limb, not to reduce its size. Garments must be applied in the morning to prevent gravity from pulling the fluid down into the limb. If this happens the garment will trap the fluid and the garments will not fit comfortably. The patient should use rubber gloves to help in the application of the garment, as these will provide resistance. Garments should be worn daily and removed at night. Compression garments are available in standard and custom styles. There are several companies to choose from with the final choice usually coming down to cosmetics and cost. Garments usually last about 6 months, at which time it is necessary to be re-fitted. The patient should be re-measured each time a new garment is ordered to account for any changes in the size of the limb (larger or smaller). The garments are machine washable but seem to last longer when hand washed. The patient will know it is time to get re-fitted when they notice that their limb tends to swell slightly at the end of the day or they notice any signs of stretching in the garment fabric. Recent Medicare rulings require that this type of therapy (custom garments not mandatory) be tried for 30 days and not be fully effective before pump therapy is approved for use. This is in contrast to the former regulation which listed pump therapy as a last resort.

How does bandaging or wrapping control Lymphedema?

Bandaging and wrapping is a more recent innovation in the U.S. although it has been used in Europe for quite some time. This treatment utilizes a four-layer wrap to work in conjunction with the pump and compression garments in controlling edema. All the digits (fingers and toes) are wrapped individually. The hand or foot is then wrapped, followed by the forearm/calf, elbow/knee, upper arm and thigh. This therapy can be taught to some patients, however older patients or those with limited dexterity i.e.: arthritis, etc. may have difficulty applying these garments. The bandages are reusable. This is important because the bandages are not stocked by every medical supply company and are expensive.

How important is hygiene for Lymphedema patients?

The patient must be taught meticulous skin care especially with the edematous limb. Because of the increased fluid levels under the skin, the skin cannot resist rips and tears in the same manner as non-edematous skin. Any breakdown in the integrity of the skin results in susceptibility to bacteria, infection and cellulitis, the most serious of complications facing the patient. Teach the patient to treat all cuts, burns and bruises, hangnails, ingrown toenails, ingrown hairs, razor rashes, blisters, scrapes, mosquito bites, etc., as potential sites for infection. Should the patient notice any signs or symptoms of infection or cellulitis they should contact their doctor immediately. Delay in treatment will enable the infection to spread to other areas throughout the body.

Can the pump be used on pregnant women?

Some pregnant women will develop lymphedema lasting the entire term of their pregnancy, but which disappears when the baby is born. However, others can continue to have a problem with edema even after delivery. The patient should wear compression pantyhose and elevate their limbs as often as possible. Using a pump during pregnancy presents no adverse effects. The pressures for the pump are set according to the protocols used for primary lymphedema.

What is Manual Lymphatic Drainage?

Manual Lymphatic Drainage is designed to reroute the lymphatic system using vessels as opposed to nodes and bypassing any obstructions. It generally takes 21 days of daily treatment to achieve this endeavor. Once discharged from therapy the pump therapy is relied on to continue moving the fluid through the channels formed through MLD.

Can a patient still receive a pump if they have CHF (Congestive Heart Failure)?

Of course, active CHF is a contraindication for a compression pump. However, some Doctors will prescribe compression therapy for a patient with a history of Congestive Heart Failure, not active CHF. Your question to the physician, would be is the patient controlled? If the patient is controlled, compression therapy is beneficial. Remember to have the patient in a sitting position while using the compression therapy pump. Teach the patient the signs and symptoms of any problems, shortness of breath, chest pain, etc. Should they experience any of these symptoms they should immediately stop their therapy and contact their physician.

Frequently Asked Questions Cont'd

Can a patient with a DVT (Deep Vein Thrombosis) receive a pump?

A patient with an active DVT is not an appropriate candidate for a compression pump. However, if the patient has had a DVT and it is resolved, they are a candidate for a compression pump. DVTs are often prevented with the use of compression therapy. It is always a good idea to make the physician aware that an active DVT is a contraindication. Request a copy of the last Doppler (within 6 months) for your records. There has also been some question about using compression therapy with patients who have a history of DVTs and has a filter. These patients are also candidates with the same conditions as stated above. The only difference would be the physician will generally use less compression for treatment. Teach the patient the signs and symptoms of an active DVT. If it hurts, something is wrong, stop and contact your physician.

Can a patient use a pump over a multi-layer bandage system:

Yes, a patient can use a pump over a multi-layer bandage system.



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