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Manual drainage versus Lymphassist® at 40 mm Hg: Comparative plethysmographic study on upper limb lymphoedema

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Keywords: Lymphedema; Manual drainage; Plethysmography; Pneumatic compression; Upper limb

Introduction.– Compared to manual drainage (DM), sequential pneumatic compression is sometimes presented as less efficient. This is one of the major consequences of the use of inadequate pumps or programs to irreversible lymphoedema. Their substantive processing requires a retrograde program starting at the top of the oedema.

Objective.– The response to a DM is compared to the one of a retrograde pneumatic drainage (RDP).

Subjects and methods.– Today, the sample includes nine women (71 years old) with an old (14 years) and persistent upper limb lymphoedema. The DPR choose was the Lymphassist®; a program of Hydroven® (FlowtronTM, England). Its algorithm was widely copied for the DM. The choice of the value of the Lymphassist® pressure is reduced to 30 or 40 mm Hg. The pressure of 40 mm Hg was chosen for this study. The wave moves without pressure gradient. Each treatment lasts 16 min and is followed by a rest time of 15 min. The order of execution is drawn at random. The relative reduction of the oedema was objectified by mercury (JSITM, SU4) gauge plethysmograph; the gauge placed at 20 cm above the elbow, where the passage has been the most common.

Results.– DM produced a gradual reduction of oedema. It reached 11.9 ml/100ml after the 16 minutes of massage. After the same amount of time, the RPD response was: 0 ml/100ml.

Discussion.– DM assured an unsurprisingly decongestion and comparable to our previous studies. In contrast, the Lymphassist® showed complete inefficiency at least into the phase of substantive treatment of a former persistent lymphoedema of the upper limb.

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Algofunctional status in Belgian women one year after completion of therapy for breast cancer


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Keywords: International Classification of Functioning; Disability and health (ICF) status; Breast cancer; Rehabilitation

Purpose.– The world health organization advises the use of the international classification of functioning disability and health as a basis for common language and concepts for the health professionals. The objective of this study was to evaluate the disability and health status after treatment for breast cancer (i.e. body function and structure, activity, participation).

Patients and methods.– Patients receiving radiotherapy after breast cancer were followed for one year. Functioning status were assessed before (T0), at the end of the radiotherapy (T1), and after three (T3), six (T6) and twelve months (T12). Body structure and function were assessed by means of: the pain threshold test,