

# The use of Eclypse® dressings in multi-layer lymphoedema bandaging (MLLB)

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Mr P is a 49 year old gentleman who was referred by his GP to the Lymphoedema Service with a 6-7 week history of maceration and lymphorrhoea affecting his right calf. He had initially been treated with clarithromycin and ciprofloxacin as he is allergic to penicillin and he was using Eclypse® dressings and Tubifast to dress it once or twice per day depending on volume of exudate.

He reported frequent episodes of cellulitis in the right leg - approximately 4-5 in the preceding 12 month period and a history of 3-4 years of leg swelling. There was no precipitating factor for the initial cellulitis. He reported the right leg cellulitic episodes becoming more frequent and more difficult to heal.



26.01.2010  
Following a week of MLLB with Eclypse® dressing

On initial assessment, he had bilateral below knee lymphoedema with maceration and lymphorrhoea over the whole of his right calf. The skin was very tight on his left leg but was intact. Both legs were of normal temperature and the skin over his shins was discoloured due to prolonged oedema. Subcutaneous tissues were pitting to mid-calf bilaterally. There was no swelling proximal to the knee



29.01.2010  
Bandaged today without the need for a primary dressing

weight management and decreasing episodes of cellulitis. Below knee MLLB was commenced immediately using a 60cm x 40cm Eclypse® dressing as the primary dressing. This was held in place with yellow line tubifast and the leg was then bandaged using toe bandages, foam and wool underpadding and comprilan short stretch compression bandages.

Mr P returned to the clinic 2 days later with his bandage still in situ. The bandages were removed, skincare carried

out and then the limb was re-bandaged as outlined above. Mr P reported decreased leakage on the Eclypse® dressing compared to the week previous.

Mr P had a BMI of 58.5 and he had a history of sciatic pain affecting both his lower back and his right lower limb for which he took occasional paracetamol. He reported having depression though was not taking any medication and felt his ongoing leg problems were contributing to his mood.

Following assessment it was agreed that the primary goal was to stop the right leg lymphorrhoea by undertaking a period of MLLB. Longer term goals included education, weight management and decreasing episodes of cellulitis.



05.02.2010  
Following 3 weeks of MLLB and ready for Flatknit compression hosiery

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Mr P then attended for MLLB 8 times over the following 3 week period and his right leg continued to improve. Within one week the skin on the leg was intact and MLLB then continued without the Eclypse® dressing. After 3 weeks he was fitted with bilateral Class 2 flat knit stockings and at one month review had commenced a weight loss and walking programme, lost one stone in weight and was tolerating compression hosiery well.