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The postoperative nursing case for modified Charles' procedure for lower limb lymphedema

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Lymphedema include congenital or secondary types. The latter is related to infection, trauma or cancer treatment with surgery or radiotherapy. The accumulation of protein-rich fluid in the subcutaneous tissue causes lymphedema and hypertrophy, increased risk of inflammation, tissue fibrosis and decreased quality of life. The modified Charles' procedure has indicated severe lymphedema and the nursing care after operation had not been clearly described. After the modified Charles' procedure, the goals of nursing include prevention of scar hypertrophy, infection, cellulitis and skin care which are challenging issues for patients and their family. Proper management can reduce the rate of subsequent hospitalization. In this study, the data of 35 patients who underwent the modified Charles' procedure for lower limb lymphedema were drawn from the medical records between 2010 and 2014. The outcomes were evaluated after 1 year. During hospitalization, the wound was treated by a special nurse according to our protocol until skin graft is taken. Then the patients were discharged for continuous care. The patients and their family were educated according to our instructions. In the result, the rate of recurrent infection was 28% which required admission. The rate of verrucous hyperkeratosis was 8%. The rate of regrafting was 22%. However, after modified Charles' procedure, good postoperative care is critical for good results.

Biography

Chi-Wen Huang has completed her Master's degree from China Medical University of Basic Medical Sciences. She is currently working at China Medical University Hospital, International Medical Service Center. She has been a Nurse for 10 years.

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