

Basic Certificate in Palliative Care
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Lecture 02: Nursing Care Plans: Case Scenario

Good morning, I am professor doctor Mallarvizhi K. Natarajan here, a principal of Hosmat college of nursing and a lymphedema specialist. Here I am in front of you to discuss some case scenarios. I thank Miss Mittal Kumari R. Parmar, staff nurse, department of pain and palliative medicine, Gujarat Cancer and Research Institute to support this session with the content and I am hereby going to discuss about the case presentation here.

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Case Presentation On Lymphoedema

- › Here, I would like to describe case of Ms.Renukaben makwana,and she is 50 years old female with known case of CA Cervix and B/L lower limb oedema.
- › She is belongs from Hindu religional family, settled in Ahmadabad and, coming from middle socio-economy group. She is a strong woman which I ever seen. Because of she is housewife as well as running household business of handicrafts for wedding. This is very proud moments for all women



The case presentation is on lymphedema. Here we have a case of Miss Renukaben Makwana who is 50 years old and she is a known case of cancer cervix and she is having bilateral lower lymphedema. She belongs to a Hindu family coming from a middle socio economic background settled in Ahmedabad. She is a strong woman, rarely seen, she is,

she was a housewife who started running a household business of handicrafts for wedding ceremony.

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You can see her hair here with a huge leg edematous due to the removal of lymph nodes in the pelvic area.

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Clinical History

❖ Diagnosis: Ca Cervix + body of Uterus with B/L lower-limb Oedema

- ❖ Treatment History :
- ❖ Past surgery history: Wertheim's Hysterectomy & Bil node dissection done in 1999
- ❖ Radiation therapy: Post-operative radiation with ICR
- ❖ Chemotherapy: No history of chemotherapy
- ❖ Medical History:
H/O Hypertension, taking regular medicine and Blood Pressure under control
- ❖ Investigation:
No relevant recent Investigation

So the clinical history stands like this. The diagnosis for Renukaben is cancer cervix which included the body of the uterus and she has developed bilateral lower lymphedema. The treatment history where what she underwent for cancer cervix is the past surgical history, Wertheim's hysterectomy and bilateral node dissection done in 1999. She had undergone a radiation therapy which is post operative and the type of radiation is ICR, intra cavity radiotherapy. The chemotherapy as such she did not have and the medical history she is a known case of hypertension taking regular medicine and the blood pressure is under control.

The investigations part no relevant reason investigations has been taken.

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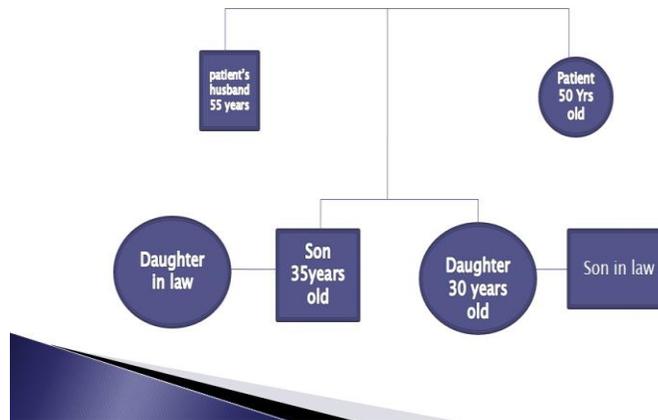
Family History

- ▶ Married, living with her Husband and Son, Daughter in law,
- ▶ Has one daughter, married

The family history stands like that she is married, she is living with her husband and son and also a daughter-in-law. She has one daughter who is already married.

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Family Tree



So the family histories or the tree stands like the husband is 55 years old, the patient is 50 years old, the son is 35 years old and the daughter-in-law is there, the daughter is 30 years old and the son-in-law they both stay away from the patient.

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Presenting Complain

- ▶ Patient presented with B/L lower limb swelling and pain,
- ▶ We diagnosed this patient having lymphoedema due to post-op status and Radiation.

The presenting complaints the patient presented with a bilateral lower limb lip swelling and pain. The hospital diagnosed this patients as having lymphedema due to post operative status and radiation.

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Lymphoedema

Lymph oedema is accumulation of lymph in the interstitial space of subcutaneous tissue or is an excessive and persistent accumulation of extra vascular and extra cellular fluid and proteins in tissue spaces.

Lymph oedema can be Primary or Secondary

- › Primary lymph oedema—cause is more often congenital. Example (Congenital malformations, lymphatic aplasia or hyperplasia)
- › Secondary Lymph oedema—
Infection and inflammation: – lymphangitis, etc.
- › Obstruction or Fibrosis: – Trauma, Disease (cancer), Surgery, Radiotherapy

Now coming on to what is lymphedema. The lymphedema is accumulation of lymph in the interstitial space of subcutaneous tissue or is an excessive and persistent accumulation of extra vascular and extracellular fluid and proteins in tissue spaces. So this lymphedema can be primary or secondary. The primary lymphedema the main cause is more often congenital.

Example congenital malformations, lymphatic aplasia or hyperplasia. Whereas the secondary lymphedema is due to infection and inflammation especially lymphangitis, the obstruction or fibrosis due to trauma or diseases like cancer and post cancer treatments, surgical and radiotherapy also.

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Signs and Symptoms

- › Swelling over affected limb
- › Slow onset, non pitting oedema
- › Skin changes - dry thickened skin, deep creases.
Peau d' orange appearance
- › Stemmer's sign - inability to pinch a fold of skin at the base of second digit.
- › Hyperkeratosis
- › Lymphorrhoea
- › Joint stiffness and muscle strain
- › Discomfort, heaviness and pain



Let us see the signs and symptoms of lymphedema. There will be the swelling over the affected limb, there will be a slow onset initially non-pitting edema then it becomes pitting, skin changes there will be dry thickened skin, decreases will be seen, there will be a Peau d'orange appearance that is nothing but the orange skin appearance. There is a sign called a stemmer's sign where we are not able to pinch the folds of the finger especially the second digit either of the lower extremity.

Then we have hyperkeratosis and there is a fluid escaping through the broken skin called as lymphorrhoea. The lymph nodes escape from the skin where it is broken down and gives way to the fluid to escape. Joint stiffness and muscle strain and there is also discomfort, heaviness and pain.

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Psychological Issues

- Altered body image
- Anxiety and depression
- Reduced adjustment to illness
- Difficult in wearing clothes
- Reduced working capacity
- Reduced social contact
- In cancer, fear of recurrence and reminder of the disease



What are all the psychological issues? The patients will complain of altered body image which is predominant, there is anxiety and depression, there will be reduced adjustment to illness, difficulty in wearing clothes because it is not fitting for them, reduced working capacity because the heaviness and the pain really restricts the working capacity, the reduced social contact because they are worried about others questioning why there is a swelling. In cancer, fear of recurrence and reminder of the disease often disturbs the patient.

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Lymph Edema Management

Four steps of management

- 1 Skin care
 - 2 Compression (Bandage / Stocking)
 - 3 Massage
 - 4 Exercises
- 

Coming on to the management, lymphedema management has four folds. The common terminology given to this is called as complete decongestive therapy, it is CDT. It has four steps of management or the components. Number one is the skin care. Here skin plays a major role, we have to take care of the skin and second is the compression because we give a gentle compression where the fluid is going to be moved because of the exercises which has been done after the compression.

Before that we will be doing manual lymphatic drainage. In simple term it is called as massage but it is not equivalent to your beauty parlour massage, it is something a gentle massage wherein we move the lymphatic fluids into the draining system.

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1. Skin care: -

- › Keep the skin clean and supple.
- › Wash skin with mild soap -special attention to creases , between digits & joints
- › Use oil or moisturizers. (avoid perfumed creams
- › Pat dry with soft clean towel
- › Keep area dry & cool
- › Avoid :-
 - Tight clothing & jewellery
 - Tying BP cuff on the affected limb
 - injection , venepuncture
 - injury to skin e.g.: burns, sharp instruments
 - mosquito bite
 - lifting heavy weights
- › Use loose cotton cloths
- › Protect from direct heat / sunlight

The first component let us discuss, skin care. What are all the things we have to do? Keep the skin clean and supple, wash skin with mild soap. Usually the recommended soap pH would be 5.5. Special attention to be given to creases between the digits and the joints. Use oil or moisturizer, avoid perfumed creams because it will appreciate the dryness more. So we do not want dryness in the skin. Pat dry with soft clean towel, keep area dry and cool, avoid tight clothing and jewellery, tying of BP cuff on the affected limb, never use injections or venipuncture on the affected limb, no injuries to the skin, especially burns or sharp instruments, avoid mosquito bites, avoid lifting heavy weights on the

affected limb, use loose cotton clothes, protect from direct heat or sunlight as well from direct cold also.

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2.Compression

Compression can be given with proper bandaging or by using special Stocking.

▶ **Bandaging:**

Multi Layer Lymph oedema Bandaging

▶ **Benefits:**

- Improved lymph Drainage
- Improve movement and function of limb.
- Improve distorted limb shape.



Coming on to the second component compression. The compression can be given with proper bandaging or by using special stockings. Now this bandaging can be either with multilayered bandaging or it is through stockings or arm sleeves. A multilayer bandaging is something where we use not the crepe bandage, but it is special bandaging material called a short stretch bandage. We do not want excessive 100 percent expansion or the extension of the bandages. It should be short stretch because these lymphatic system or the vessels just or bended the skin.

We do not want to compress totally. We wanted to give the mild pressure to keep the lymph fluid moving around. What would be the benefits of this compression? It improves the lymph drainage, it improves the movement and function of the limb, it improves distorted limb shape.

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3. Manual Lymphatic Drainage

- › Stimulates contraction of the skin lymphatic which are usually intact, thus improving superficial lymph drainage. This facilitates lymph flow from congested to non congested areas
- › **Technique of massage**
 - Deep breathing before and after massage -10 times
 - Do with compression bandage
 - Always clear non swelled side first
 - Use dry hands while performing massage
 - Cream or powder should not be applied

The third component here we are going to discuss is the simple massage where the terminology given is manual lymphatic drainage. It is otherwise called as MLD. It stimulates contraction of the skin lymphatic which are usually intact, thus improving superficial lymph drainage. This facilitates lymph flow from congested to non congested areas. The technique of massage usually is initial deep breathing exercises before and after massage at least for 9 to 10 times. Do with compression bandage, always clear non swollen side first. Use dry hands while performing the lymphatic drainage. Cream or powder should be totally not applied during this technique.

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4. Exercise

- ▶ Important role in fluid drainage Wearing compression bandage during exercise enhances lymph flow and protein re-absorption more efficiently. Exercise reduces soft tissue oedema and improves joint mobility which enhances the efficiency of the lymphatic pump.

- ▶ **Aim of exercise**
 - 1 To use muscle pump
 - 2 To encourage normal activity e.g. walking



The fourth component of this CDT is exercise. The important role it plays is for fluid drainage. After wearing or using the compression bandages or the stockings or arm sleeve, these exercises are being encouraged. It helps to enhance the lymph flow and protein reabsorption more efficiently.

The exercise reduces soft tissue edema and improves joint mobility which enhances the efficiency of the lymphatic pump. What is the main aim of this exercise? To use the muscle pump to encourage normal activity especially in the lower limb for this case through walking.

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5. Technique of Exercise

- Upper limb– 7 types of exercises.
Do it each 20 times
 1. Stretching of fingers,
 2. Making a tight fist
 3. Dorsiflexion
 4. Palmar flexion
 5. Internal rotation of wrist
 6. Outer rotation of wrist
 7. Supination of the arm, make a fist, flexion
the turn the forearm outward elbow,

What would be the technique of exercise? Usually the resistive exercises are being considered. For upper limb there are 7 types of exercise. We recommend each to be done for 20 times.

Number 1 is the stretching of fingers like doing like this, making a tight fist. This can be done by using a squeezing ball. The dorsiflexion, palmar flexion, the internal rotation of the wrist, the outer rotation of the wrist, the supination of the arm, make a fist, flexion of the forearm outward and towards the elbow.

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5. Technique of Exercise Cont...

- Lower limb – 8 types of exercises.
Do it each 20 times
 1. Stretch the toes upwards
 2. Curl down the toes
 3. Plantar flexion of foot
 4. Dorsiflexion of foot
 5. Inward rotation of ankle
 6. Outward rotation of ankle
 7. Tightening of quadriceps & calf muscles
 8. Bearing the full body weight on toes



Technique of the exercise for the lower limb. There are 8 types of exercises recommended for the lower limb. It can again be done 20 times each. The first one, stretch the toes upwards. Curl the toes down. Plantar flexion of the foot.

Dorsiflexion of the foot. Inward rotation of the ankle. Outward rotation of the ankle. Tightening of the foreceps sorry quadriceps and calf muscles bearing the full body weight onto the toes.

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NURSING CARE PLAN			
Assessment	Plan	Intervention	Evaluation
* <u>Subjective Data</u> > Disturbed Posture image > Unable to walk properly > I am not perform Physical activity independently > Foul white discharge from cervix <u>Objective Data</u> > Patient has self care deficit * > Pt. looks anxious helpless due to her disease			

Coming on to the nursing care plan. Usually we have the components of nursing care plan, assessment, plan, intervention and evaluation.

Coming on to the subjective data. What would the patient complain of? Disturbed posture that is the body image, unable to walk properly. She may tell that I am not able to perform the physical activity independently. There is a foul white discharge from the cervix.

Objective data. The patient has self-care deficit that means she is not able to attend her activities of daily living and the patient looks anxious, helpless due to her disease condition.

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NURSING CARE PLAN			
Assessment	Plan	Intervention	Evaluation
- Disturbed Posture image	To provide comfort and relieve anxiety and improve self esteem	Taught anxiety reduction such as focusing in deep breathing, massaging, relaxation, and imagery techniques	Patient relieve from anxiety.
- Unable to walk properly due to lymphoedema	Teach lower limb exercises	Exercises promoted muscle strength and joint mobility and relaxation of tense muscles. These interventions can contribute to effective pain management.	She can walk little beetle
- I am not perform Physical activity independently	Encourage the family members to involve in the care	Patients relatives involved to the patient in care	This promoted good compliance to the care
- Foul white discharge from cervix	Explain to the patient/Relative about potassium permanganate (KmnO4) powder for sitz bath	Taken sitz bath two times per day	It is helpful for smelly white discharge

Now we can see what can be done for each and every aspect of her problem. Disturbed body posture or the image. We can plan to provide comfort and relieve anxiety and improve our self-esteem by doing certain interventions like teach anxiety reduction such as focusing in deep breathing exercises, massaging, relaxation and imagery techniques. You have guided imaginary techniques which can be encouraged for this patient.

What would be the outcome? The patient may be relieved from anxiety. The second common problem what she is facing is unable to walk properly due to the lymphedema, the heaviness of the lower extremity. The plan can be she can be taught about the lower limb exercises which already we were listing it out for each for 20 minutes. So the interventions can be the exercises promoted, muscle strength and joint mobility and relaxation of the tense muscles. These interventions will be able to contribute to effective pain management.

So thereby what would be the outcome for the patient? She can walk little bit. Now next problem what the patient faces is she is not able to perform physical activity independently that means she needs support. As we all know there is a self-care deficit for this patient. We can encourage the family members to involve in the care. Patients' relatives can be involved in the patient care.

This can promote good compliance to the care. So she can just enable herself to do her activities slowly because once the swelling is reduced and the heaviness is reduced, the patient can cooperate for her activities of daily living. Next problem what she faced was foul white discharge from the cervix. Now this what would be the plan? We can explain the condition to the patient and the relative and also we can just encourage about potassium permanganate powder for sitz bath. Now sitz bath is something that you take a tub with a lukewarm water and you just add potassium permanganate powder and ask the patient to have a bare skin directly sitting into the tub for two times per day.

This will enable to relax and it will be reducing the foul smell and also possibly the discharge is also reduced.

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Current Medication

- ▶ T. Morphine 10mg, 1 Tab 4hrly, 1-1-1-1-2
- ▶ T. Paracetamol 500mg 1-1-1
- ▶ T. Diclofenac 50mg 1- 0 -1
- ▶ T. Amitriptyline 25 mg 1hs
- ▶ T. Rantac 150mg 1- 0 -1
- ▶ T. Bisacodyl 2 tabs HS

Now coming on to the medications. What are all the medications recommended for this patient? Tablet Morphine 10 mg, 1 tablet 4th hourly, tablet paracetamol 500 mg, thrice a day. Then you have tablet diclofenac 50 mg, twice a day and you have tablet amitriptyline 25 mg, 1 hs and you have tablet rantac 150 mg, twice a day and you have tablet bisacodyl, 2 tablets hs.

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Psycho social issue

- ▶ Patient has one son and daughter. Both are married few year ago. Patient wants to play with grandchild. Daughter-in-law underwent 1st In Vitro Fertilization (IVF) treatment, which failed, so patient is crying. More, She is also worried how she will manage financial matter for 2nd treatment.



Now coming on to the psychosocial issue. Apart from her physical aspect, apart from her depression and anxiety, the patient has other problems also which is more of psychological and social issue where we can see that the patient has one daughter and one son. Both are married few years ago, the patient wants to play with her grandchildren. The daughter-in-law has not any issue or child. So she is undergoing the first In Vitro Fertilization which commonly we tell it as IVF treatment, which got failed. So the patient is crying that she is not able to achieve what she wanted.

Moreover, she is also worried about how she will be able to manage financially for the second treatment. Already she is also having a physical problem and also she has to be shelling out from her pocket for her daughter-in-law to get a family offspring.

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Conclusion:-

She has hope to play with grand child, only that issue bothering her.



Coming to the conclusion, we can see that the patient had many problems physically, physiologically and psychologically, socially also. I think with a small discussion, how we can manage with the nursing care plan, we have helped her in meeting the physical, physiological and psychological aspects, but the social aspects we can just help out with the patient to take counseling sessions and just get help from financial aspects from others and enable her to play with her grandchild only that is the bothering issue for her at present more than her health condition.

Thank you very much for listening. If you have any questions, please get back to me. We will be very happy to clarify your questions. Thank you.