

# Worried about dignity - Genital Oedema



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Beginning of treatment



After 4 months of treatment



Cellulitis treated and followed by Actico® cohesive short stretch bandages

## Introduction

Mr B. presented himself with genital oedema (scrotum) as a result of lymphoedema in his left leg associated with leg ulcers, worsened by the onset of cellulitis and affected by surgery (repair of large inguinal scrotal hernia). Movement was almost impossible due to large scrotal oedema. Skin changes took place on the scrotum as a result of pressure (16 ischaemic ulcers), friction and shearing being a further problem. The patient's outlook on life was very negative, as he could not see any future for himself.

Patient Mr B was treated for his medical needs and treatment of the ischaemic ulcers by staff from the local NHS Hospital in combination with an independent Lymphoedema Specialist.

For his scrotal oedema, Manual Lymphatic Drainage (MLD) and decompression therapy was applied, with the use of homemade compression garments at the initial treatment stage and the application of Kinesio tape.

## Patient history

- Leg ulcer on left lower leg
- Cellulitis
- Hernia enlargement
- Recurrence of cellulitis
- Lymphoedema in left leg
- Immobility - patient unable to walk
- 16 ischaemic ulcers on scrotum
- 6 months on, hernia kept enlarging
- 17 litres of fluid were removed from scrotum, hernia was operated on, fluid came back into scrotum and soon was back to large size.
- Problems occurred with catheterising
- Lymphoedema specialist was contacted and scrotal lymphoedema treatment commenced on 12 January 2009
- Patient had a fall, and sustained damage to his scrotum. An abscess on scrotum was identified and removed.

## Method

Regular (5 days/week) MLD and decompression therapy was applied in the first 6 weeks of the treatment. This was followed by regular treatments of 2 days/week up to present time and will possibly be reduced to one session per week as soon as progress allows.

Due to the unfortunate shape and size of the scrotum (83cms circumference) it was impossible to apply compression bandages at the early stage of the treatment.

Difficulties with the supply of such a large made to measure compression garment, were the reasons behind taking the initiative to make a tailor-made compression garment in-house by the therapist. A prototype out of cotton material was made, which then became a template for the first made-to-measure pouch, assembled and sewn out of compression hosiery material by the Lymphoedema Specialist.

After a repeat onset of cellulitis, lymphoedema swelling also started in the left leg, which at first was managed with Actico® cohesive short stretch bandages and later with the use of ActiLymph® stockings.

## Results

- The scrotum is now 1/3 of the size that it was when lymphatic treatment first commenced in January 2009 (reduced from 83cm to 28cms). Mr B is now wearing off the shelf compression pouches.
- There is presence of excess skin surplus, which will have to be reduced by surgery at a later stage.
- All 16 ulcers have healed.
- Patient's quality of life has changed completely for the better; he is becoming more and more independent, able to do some of his own cooking and dressing himself.
- He is able to walk with a support frame, is improving daily and is building up his muscle strength. Catheter bag is no longer required.

## Discussion

This case, was a example of how the independent sector and the NHS can work very well together, to achieve the best result in order to meet patient's needs.

## Conclusion

Earlier treatment at the onset of the oedema would have prevented this very large scrotal oedema and therefore could have dramatically reduced the cost to the NHS and positively impacted on this patients complex range of immobilising conditions.