Manual Lymphatic Drainage UK

THE JOURNAL

WINTER 2015

INSIDE THIS ISSUE:

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If you would like to contribute to the Journal, please contact: Lynora on 0844 800 1988 or email: admin@mlduk.org.uk

helpline

The following people have agreed to give advice if you need help with a case you are working on:

Anne Vadgama (Beckenham, Kent) **020 8650 5677**: anytime
General, lymphoedema

Sarah Bellhouse (Oxford) **01865 340337**: evenings & weekends 'til 10pm
General, lymphoedema, scalds & burns

Dee Jones (Southampton) **01590 610712**: lunchtime is good
Student & Associate level questions

Deborah Berry (Ludlow, Shropshire) **01584 874681**: before 7pm
Student and Therapy 1 Practitioner questions

All of these people lead busy lives, so you may get an answerphone.
Don't despair, but leave a message, and when your call is returned,
please offer to call back – after all, their time and experience are given freely.

Reporting back:

Pearls of wisdom from the BLS' annual conference

By Carol Ellis, MLDUK Chair

Anna Hill, Anne Wiles and I were manning the MLDUK stand in the exhibitors' area at the recent BLS conference at the National Motorcycle Museum in Birmingham. Having a stand with the exhibitors is great, as it allows us to meet and catch up with friends and members of MLDUK, old and new.

Anne Wiles was also representing MLDUK at the National Lymphoedema Partnership (NLP) meeting held over the same weekend. NLP is working hard to get lymphoedema on the agenda of NHS England, whilst providing a strategy for treatment within the UK. You can read more about that in Anne's article on Page 12.

The three-day conference was opened by Jane Rankin (BLS Chair) with the theme of 'Pearls of Wisdom: 30 years of Lymphology', and covered a range of topics from pediatric lymphoedema, genetics, early detection, and various intervention options like laser, surgery, liposuction, lympho-fluoroscopy. Several of the keynote sessions focused on the importance of considering the true cause of the lymphoedema, rather than just distinguishing between primary and secondary. Both Professor Witte and Professor Belgrado mentioned that the cause (blockage) of the lymphoedema could be in an area remote to the oedema itself, and that this will affect the treatment protocol. So as therapists we are not to assume, but to keep looking. We were reminded by Professor Witte that not knowing the cause of the oedema is not a problem, as long as we keep questioning and thinking about it. She is very keen for ignorance to be embraced by the academic and medical world, as this is how we learn. Assuming that we know everything (or even anything!) about oedema is when we stop questioning and therefore stop treating our patients effectively. By the end of her talk we were all proud to admit that we were all ignoramuses!

At Our Stand

There is still debate in the world of lymphoedema as to how useful MLD can be, and hanging around our stand was a good place to get involved in one of these discussions. Professor Witte said that she found MLD to be invaluable in the treatment of lymphoedema in very young babies. Professor Belgrado was keen to get across that he has seen, and measured, the beneficial effects of MLD. Any discussion about the most appropriate pressure to use in MLD were halted by him pointing out that it is the dynamic force that we apply that is important, not the pressure. Reminding us to take care with the words we use, and also to think about what we are actually doing with our hands when we perform MLD.

Besides chatting we also handed out the register of CDT members to a number of clinics. And discussed the different training schools of MLD with MLDUK members and non-members, including where to train initially and which schools are available for updates.

The Conference

There were keynote addresses from:

• Professor Marlys Witte - Multimodal approaches to the child with lymphoedema/50 years of lymphology/Medical ignorance and lymphology.

• Professor Jean-Paul Belgrado – Lympho-fluoroscopy - an added value to monitor the treatment of lymphoedema/Lympho-venous inter-twining in the physiopathology of BCRL/MLD the state of the art in the light of literature and lymphofluroscopy outlining his new 'Fill and Flush' technique'.

• James Carroll - Light: the medicine of the future/LLLT: evidence for oedema/LLLT: targeting pain and wounds.

Day One focused on pediatrics and started with Dr Kristiana Gordon and Professor Mortimer who both gave a talk on Genetics from primary classifications to mechanisms and treatment, followed by Rebecca Elwell 'Caring for a child with Lymphoedema'; next Joanne Unsworth's talk 'Caring for my child with lymphoedema' helped put this in context, followed by Ellen Collard's personal story of growing up with lymphoedema.

Day Two in the morning Mr Alex Munnoch talked about liposuction and compression for patients with Lipoedema; management of lymphoedema, and patients' quality of life. Then Amy Sharkey presented the findings of a systematic review on 'Do surgical interventions for lymphoedema reduce the frequency of cellulitis attacks?' After lunch, Dr Vaugh Keeley highlighted LIMPRINT a tool used to profile the impact and prevalence of lymphoedema from a patient population, followed by the prevalence of chronic lower limb oedema (CLLO) in Multiple Sclerosis (MS), and Cellulitis Consensus.

Day Three the morning focused on interventions and started with Jane Wigg Fluoroscopy Guided MLD; then Katie Riches considered early detection of breast cancer-related lymphoedema (SLNB or axillary clearance) comparing Multi Frequency Bioimpedance with Perometry. Nelson Leung considered various surgical techniques for breast cancer-related upper limb lymphoedema like liposuction, lymphatic bypass, and vascular lymph node transfer. After lunch Robin Cooper talked about the management of lymphoedema in a patient with arterial disease; Jane Wigg discussed the use of Tissue Dielectric Constant (TDC) skin analysis in Lipoedema, lymphoedema, and normal skin. This was followed by Ashley Pardon's audit on the quality of life of breast cancer patients with breast oedema; Mary Wood's audit on the Process and Outcome of Requesting Compression Garments on Prescription and finally, Karen Morgan - Prescribing within a Lymphoedema Service.

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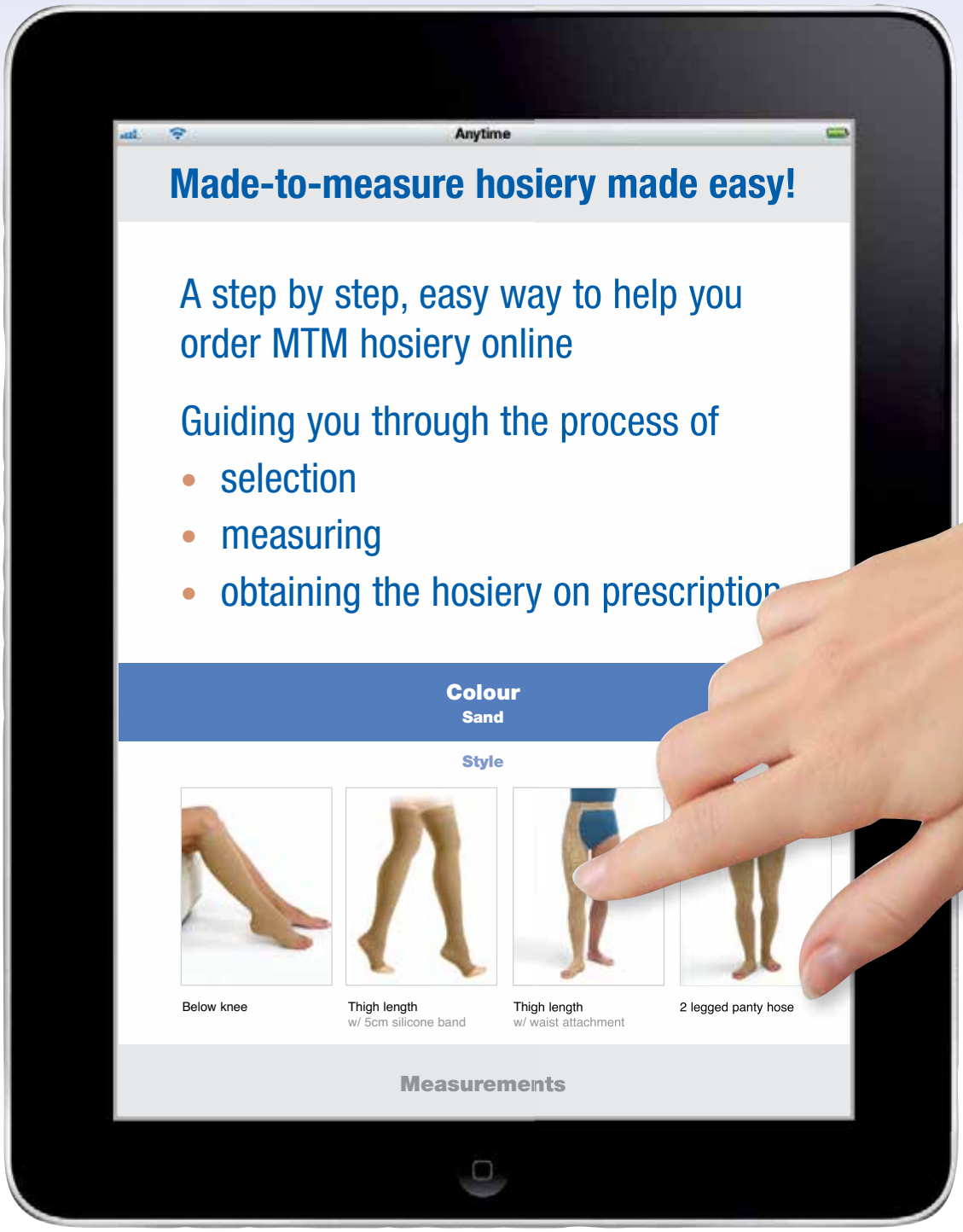

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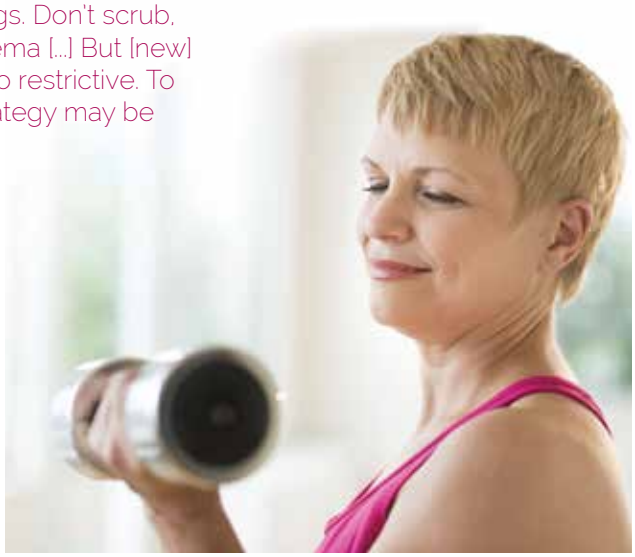
Weightlifting may help to avert lymph problem

Source: New York Times (Online Health) 2009

After a woman has surgery for breast cancer, she is typically given a long list of don'ts. Don't lift anything heavier than 15 pounds, including your child. Don't carry a heavy purse or grocery bags. Don't scrub, push, pull or hammer. The goal is to prevent lymphedema [...] But [new] research suggests that much of that advice may be too restrictive. To prevent lymphedema after breast cancer, the best strategy may be more exercise, not less.



[Last week,] The New England Journal of Medicine reported on a study of 141 breast cancer patients who had lymphedema. Half adhered to the traditional restrictions, while the other half embarked on a slow, progressive program of weight lifting. To the researchers' surprise, the weight lifters actually had significantly fewer flare-ups than the women who restricted their activity.

"Lymphedema is a very feared complication, and many women have made major alterations to their lifestyle in an effort to avoid it," said Dr. Monica Morrow, chief of breast surgery at Memorial Sloan-Kettering Cancer Center in Manhattan. "This is a very welcome study that very clearly shows controlled weight lifting does not make it worse and, in fact, improves symptoms. That should be a reason to re-evaluate a whole lot of things we tell people about lymphedema."

The findings don't mean that patients should disregard everything their doctors tell them about lymphedema, which can also occur with other cancers. Once lymph nodes have been damaged or removed, the lymphatic system is less able to cope with trauma or infection, and the painful swelling, tightness and heaviness of lymphedema can result. While physical therapy can ease the symptoms, some patients never fully recover.

Doctors say some of the standard guidelines are reasonable. Intravenous lines, for example, pose a risk of infection, and they should not be used on an arm affected by lymphedema. But other restrictions, like not carrying children or using a blood pressure cuff on the affected arm, may be too extreme.

An editorial accompanying the weight-lifting study in The New England Journal notes that the current "policy of avoidance" should be replaced by recommendations for rehabilitation, particularly because many women have to ignore the restrictions anyway – they are caring for young children, or their jobs require manual labor.

"Rather than saying, 'Don't ever lift more than 15 pounds, don't carry a suitcase,' instead we should empower women," said Wendy Demark-Wahnefried, a professor of behavioral science at the University of Texas M. D. Anderson Cancer Center, who wrote the editorial. "Give them the rehab and the exercise training they need after their treatment."

Kathryn H. Schmitz, an associate professor at the University of Pennsylvania School of Medicine and the study's lead author, notes that in the past, patients were wrongly advised to avoid activity after a heart attack or a back injury. "It's the same principle as back rehab and cardiac rehab," she said. "You're slowly and progressively increasing the stress that your system can handle. We're applying that to lymphedema."

Corrie Roberts of Philadelphia developed lymphedema in her left arm in June 2004, about 18 months after a mastectomy. She had taken the usual precautions, but during back surgery the anesthesiologist mistakenly used her left arm to insert the intravenous line.

After taking part in the weight-lifting study, she said the swelling and discomfort were finally under control. She uses an exercise room in her apartment building and lifts weights three to five days a week. "It sure was an improvement," said Ms. Roberts, 75. "As long as I keep the weight lifting up, I don't have swelling in my arm."

Dr. Schmitz is conducting a separate study to determine whether weight lifting can prevent symptoms in women who have never had lymphedema. Another study will focus on exercise programs for people with lower-limb lymphedema.

Experts warn that women should not embark on an exercise program on their own, but should ask their doctor about finding a rehabilitation center or exercise program for patients at risk for lymphedema. The women in the study began with very light weights and were regularly monitored for swelling or pain. Dr. Schmitz noted that not every woman is a candidate, and that a few women in the study developed swelling almost immediately after exerting the arm.

Centers that offer the weight-lifting program used in the New England Journal study can be found at www.uphs.upenn.edu/news.

(Continued on the next page)

WE HAVE A PRIZE-WINNER IN OUR MIDST!

Anita Wallace, chair of the Lymphoedema Support Network, has won the Guardian Voluntary Sector Network's Trustee of the Year competition. Anita, who won with 27% of the vote, joined the charity in 1996 as a volunteer and has supported it through its growth. Her nominator said that the organisation has thrived because of her energy, skill, hard work and determination. Congratulations from all at MLDUK!

FROM THE OFFICE

The MLDUK Committee would like to notify membership that there will be an Annual General Meeting, on Saturday 23rd April 2016. The venue is in central London (Knightsbridge). The meeting will run from 11am until 3pm – there will be a buffet lunch available, and following lunch a presentation by Dr Anne Williams.

The meeting will be available on a first come first served basis, as there is a limit of 50 delegate spaces – so if you wish to attend, please contact the office asap. (Please do not turn up on the day if you have not pre-booked)

Membership Renewal April 1st 2016: Members will no longer receive postal receipts or 'stickers' – you will be sent a receipt and Membership Renewal Certificate by email, which you may print off and display as you choose. So, when you receive the Membership Renewal Notice with the Spring Journal PLEASE check that the information held on the database is correct. The office will still require paper copies of Review Certificates and Insurance Schedules – these can either be posted to the office, or scanned and sent as attachments.

WELCOME!

A warm welcome to the 10 new members who have joined the Association since August:

EVA RYAN
SOPHIA FLORIMO
CLAIRE BURGESS
ELAINE MELSOME
RITA SERRA
CAROLINE POOLE
KATY REHAL
EASTBOURNE HEALOGICS LTD
KATARZYNA KABACINSKA
TARA HAINES

(Weightlifting article continued from previous page)

Patients can look for a personal trainer who has a cancer exercise certification from the American College of Sports Medicine. In addition, many Y's now have exercise programs for cancer patients through a partnership with the Lance Armstrong Foundation.

Women can also order the DVD "Strength and Courage: Exercises for Breast Cancer Survivors," which was developed by Dr. Sharon Cowden, a Pittsburgh pediatrician and golfer who had breast cancer, and Janette Poppenberg, a health fitness specialist certified by the American College of Sports Medicine.

Source: New York Times (Online Health) 2009

Michael Cattermole: Calling out to all Level One Practitioners!

Dear Level One Practitioners. I would like to hear from you all! I would like us all to get involved and give a voice to our area of therapy. It turns out that we are few in numbers within our organisation, so please give some thought to our practice and voice an opinion.

Topics that could be discussed
- What motivates you to practice MLD?
- Career progression?
- Patient/Client treatment journeys?

These are some of my suggestions – what about yours?

A MOTIVATION TO PRACTICE MLD

My reasons have always been to learn and gain knowledge and to understand the human healing process. With this knowledge I can help people – with my input to influence their recovery from both trauma and disease, using the physical or manual techniques that I feel so privileged to have learned to deliver.

There have been many times I've questioned the reason why I practice. And considering all the studying and effort put in, keeping motivated has been hard at times. I am sure it is the same for you all. So, could we all identify reasons to stay motivated? Influenced by people; curiosity or maybe nothing else better to do? For whatever reason, keeping the motivation is an ongoing concern and really is important. It is worth the effort when we see the results of what we can achieve, and we can build on these efforts so our patients or clients have a direct influence on our motivation, by allowing our input to their needs.

To help with the enthusiasm to continue practicing I feel it is extremely useful to talk to our peers within our practice about common issues, because we may become quite isolated in what we do, and possibly even territorial with our practice. Please give it some thought, because if we ask the questions, and raise concerns or ideas, we can find the answers and all stay motivated. So please, put pen to paper and correspond – contact me by email if you prefer - I would very much appreciate your effort as we all can learn from each other. And what a good place to do so - through MLDUK.

MICHAEL CATTERMOLE
innovatetherapies@live.co.uk

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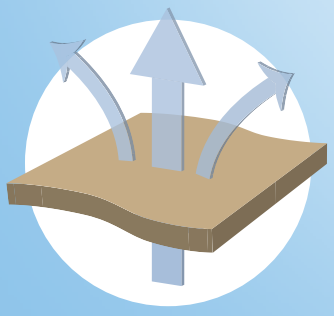

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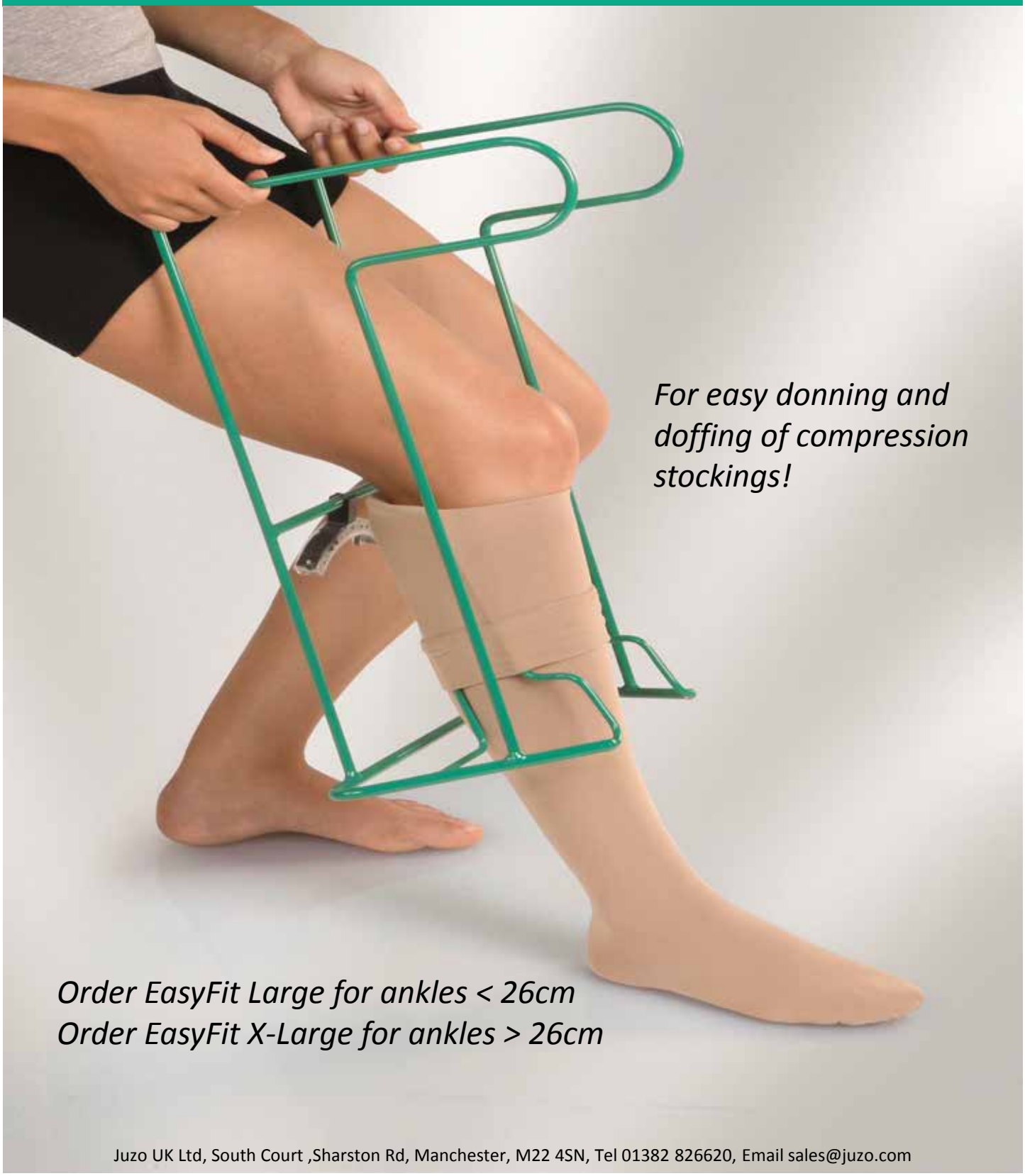

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MLD COURSES 2016

VODDER COURSES

VODDER THERAPY 1

FEB 15-19	**Brockenhurst** Dee Jones	Contact MLD Training on 01590 676988 or visit www.mldtraining.com
MAY 7-12	**Ludlow** Deborah Berry	Call Deborah on 01584 874681 > e: info@dlb11.plus.com > www.deborahberry.co.uk
JUN 13-17	**London** Dee Jones	Contact MLD Training on 01590 676988 or visit www.mldtraining.com
NOV 7-12	**Ludlow** Deborah Berry	Call Deborah on 01584 874681 > e: info@dlb11.plus.com > www.deborahberry.co.uk

VODDER BASIC & THERAPY 1 REVIEW

MAY 5 & 6	**Ludlow** Deborah Berry	Call Deborah on 01584 874681 > e: info@dlb11.plus.com > www.deborahberry.co.uk
JULY 5 & 6	**London** Dee Jones	Contact MLD Training on 01590 676988 or visit www.mldtraining.com
SEPT 15 & 16	**Ludlow** Deborah Berry	Call Deborah on 01584 874681 > e: info@dlb11.plus.com > www.deborahberry.co.uk

VODDER BASIC & THERAPY 1 THEORY RECAP DAY

JULY 7	**London** Dee Jones	Contact MLD Training on 01590 676988 or visit www.mldtraining.com

VODDER THERAPY 2&3

AUG 8-19	**Brockenhurst** Dee Jones	Contact MLD Training on 01590 676988 or visit www.mldtraining.com

VODDER THERAPY 2/3 REVIEW

SEPT 24-25	**Belper** Hildegard Wittlinger	Contact Lynda Carter at belpervodderreview@hotmail.co.uk or visit www.lyndacarter.org.uk
SEPT 26-27	**Belper** Hildegard Wittlinger	Contact Lynda Carter at belpervodderreview@hotmail.co.uk or visit www.lyndacarter.org.uk

CASLEY-SMITH COURSES

There is a wide range of Manual Lymphatic Drainage Courses employing the Casley-Smith method and these can be viewed on the Macmillan Lymphoedema Academy website at www.macmillan-lymphoedema-academy.org.uk/services_4.html.

FÖLDI COURSES

Bookings for Földi courses presented in English are available through two European Földi colleges, one in Merzhausen, the other at Hinterzarten, Germany. There is a Földi Course currently planned to take place in England from March through June 2016 as follows:

Course: MLD/CDT
Dates: 7-18 March, 25-29 April, 6-10 June (all one course)
Location: Suffolk

ALSO

Course: MLD/CDT Reviews (2 day)
Dates: 4 & 5 June; 10 & 11 Dec
Location: Suffolk

For full details of these courses and to request an application form, please contact Gudrun Collins, at the Földi College on +44 (0)1284 705031 or visit www.foeldicollege.com

Lymphoedema Certification classes at Hinterzarten, Germany are offered in association with Klose Training: for more information visit http://klose training.com/Schedule/.

COURSES IN FLUOROSCOPY GUIDED LYMPHATIC DRAINAGE (FG-MLD)

These courses are headed by Jane Wigg and LTA team with specialist training from Prof JP Belgrado & Dr L Vandermeeren. For full information visit www.lymph.org.uk

Q&A

FROM THE 'MLDUK THERAPISTS FORUM' FACEBOOK PAGE
www.facebook.com/groups/832335610128668/

Q. CLARA C. ASKS

A little assistance and direction please; I am seeing a new client tomorrow with secondary lymphoedema in her arm. She normally wears a sleeve and has just had a Juxtafit garment ordered from the hospital (and is awaiting its arrival) for added compression as she is suffering from more swelling than normal in elbow area. I have never worked with stockings/ sleeves before. Are they easy to take off and put on - any tips? Or am I better leaving it working short neck and re-directing lymph over watershed and concentrating on working other areas to improve suction and speed up lymph flow?

A Client should be able to take it off herself. You could contact her before she comes and suggest she brings along with her a donning aid if she uses one at home to put the compression sleeve on with. Then ask her if she needs any help putting it on and follow her lead. AH

A My advice is don't panic. I'm assuming you are CDT trained. So just treat the arm as you would normally for secondary Lymphoedema due to cancer. Is the oedema only to the arm, are there any fibrotic changes? Scar mobilisation etc.,. As for compression, I assume your client will take off and put it on. You would, though, need to know how to do this. The Juxtafit is a simple Velcro wrap system, the only thing to observe is putting it on without too much pressure. It comes with a gauge/guide. RF

A Yes newly CDT trained and very keen not to panic. As far as our telecon, it appears to be an arm oedema with recent added swelling at the elbow. She has seen her Oncologist re this and he seemed unperturbed, and MLD maintenance encouraged. CC

A I would do all of the above, but spend more than usual time around the elbow area helping to shift the fluid. If you've trained in Kinesiotaping, put that over the elbow area too, up to shoulder then put the garment over the top of it or the Juxtafit!. MT

Need help, advice, or a second (or third, or fourth!) opinion? Email your query to admin@mld.org.uk – you will receive prompt individual responses from fellow members, and later we will share them here.

Q. ASTRID L.. ASKS

Any tips on how best to treat a side-lying pregnant client - in terms of positioning yourself and from which side you approach? Neck, back (or abdomen) and legs...do you do anything differently so you can reach better?

Somehow I've only seen them early in pregnancy when they were still happy to lie on their back or there was a back-rest I could lift so they were half sitting. Now I only have a big bean bag. It works quite well for propping up, but my new client prefers to lie on her side for most of the treatment. Although I have some experience doing pregnancy massage, the MLD areas to cover may not be as adaptable...I'm trying to plan so I don't end up a contortionist!

A In this situation I normally have the patient side lying on a futon (on the floor). I find most areas easier to work on by kneeling behind her back facing her head, that way all my hand movements naturally move upwards.
When pt is lying on her right side, perform MLD on her left neck, shoulder and axilla. Then work up the left side, possibly back, left buttocks and leg. Pt turns onto left side and repeat. Inguinal nodes very difficult to access - abdominals impossible. Drain

swollen hands and wrists to the cubical fossa, and lower legs to the popliteal fossa. It is easy to reach all of these areas from behind. Have patient practise breathing techniques, but this may be difficult late in pregnancy too. AH

A Also putting a pillow under their bump and between legs helps support the pt position. You can also measure for maternity tights. RG

A Agree with pillows. I also now use one to hug, so they have something to do with their arms and don't feel they are going to topple over. AH

Q JANE M.. ASKS

Is Supermicrosurgery really an effective option for Lymphoedema? I thought it was still in the trial stage but one of my patients is hoping to have it at The Oxford Lymphoedema Practice next month. She has secondary bilateral leg lymphoedema.

A This was discussed at the BLS conference last week. LVA as it's called is proving positive. We have had two patients who have had the procedure, both have seen a good improvement in their condition. I understood that both Oxford and The Marsden had stopped NHS work on this due to not getting the funding. RF

A I have also seen a patient, with secondary leg l\o, who had success with the LVA in Oxford. AH

A Yes I have seen success from Oxford guys for my breast cancer patients that obviously have secondary lymphoedema of the arm. Mathew Griffiths operates on the NHS and St. Thomas's are also setting up the theatres to perform LVA. NdeH

Q ASTRID L.. ASKS

Spironolactone - is anyone familiar with it? I've had an enquiry from a lady who has been prescribed this for PCOS symptoms management (don't know details yet). Just trying to think through what effect it would have on the lymphatic system.

A Spironolactone has a negative effect on a number of hormones from the adrenals, including aldosterone. It's blocking action on aldosterone means it acts like a diuretic. Therefore, on the little bit of reading I have done (Wikipedia) spironolactone should not affect the lymphatic system. AH

A She says she feels very congested, and I just wondered whether that diuretic effect could ultimately mess with her lymph. AL

Q MARGHERITA C. ASKS

I would like to get a better understanding to how we can use MLD for IVF. Can you please give me some guidance regarding the protocol to use for these patients?

A I do a 'detox' type course of treatments before the drug phase (or between if the first one was unsuccessful). Had one client who did a course of treatments ahead of IVF and when she went to have her baseline scan she was already pregnant. I don't usually include 'back' in the first session, but with 'detox' when I see people more than once and it's not a specific localised thing I often vary sequences just so neither of us gets bored! AL

Q ASTRID L.. ASKS

Exhausted after MLD...What is your explanation when this happens? I find MLD generally energises people; some get up the next morning and want to go running (and they're not runners!) But the last client I worked on (for a bit of 'detox') felt really tired on the day after. She had been given a short facial MLD type treatment before with the same effect. The only time I felt knocked out after MLD was when I had it after a course of medication. I went home and just slept. But I was fine after the next session. Would be interested to hear what you would think are possible causes.

A Could be that the client needed the detox more than they knew. Their body could be working hard to eliminate stuff. That would be my feeling. CB

Q CLARA C. ASKS

Me again... So obviously I need to learn more about stockings and compression garments. I would be interested to receive your thoughts and advice on what I should research/order and what you prefer using and any training courses (especially when it comes to measuring) I would benefit from. Also do you actually do measuring or do you leave that to the hospital team?

A I measure myself and would suggest getting in contact with the garment companies - your local reps will be happy to advise on their products (so see a few as everyone has their own preferences), but also on measuring & fitting. SP

A Sigvaris for leg hosiery and compression arm sleeves - available on FP10 and for you to make money selling in trade to retail - talk to them as suggested to get a rep to visit. Medi are also good - I like to use the MediVen arm sleeves and gloves, again available on prescription. Finally I use Haddenham for Farrow Wraps available from patients GP on FP10 and there is also www.pebbleUK.com for LympheDIVAs arm sleeves and seamless gloves...which patients can order themselves on line (extremely good for hot climates) hope this helps! NdeH

A Contact the companies, and schedule visits - I've not met a rep yet who hasn't relished a home visit! I learned lots about Elvarex from my BSN rep - and more again from the Medi/Activa and Haddenham reps. Sadly my local Juzo rep has left the business - she really knew her onions. I don't tend to measure much these days, as I feel the local NHS service should be accountable - garment provision is all they provide in my area. I like to spend the time doing what works - MLD and bandaging. I will, however, measure if I am doing an intensive - the client loves to see the results - and I always get them to book in with the clinic during the last few days, so that they can get measured and fitted with new garments. LK

A Briefly if the hospital is managing their lymphoedema I suggest you leave it to them to manage their compression prescription. If you are managing it then it is up to you. With regards measuring, any of the suppliers would help you. They won't though suggest the type or compression level. They would leave that to you. I must admit when I had just finished my training I felt I knew nothing about compression and was lucky enough to obtain a month long secondment at a Lymphoedema clinic. This really helped. Getting to know other therapists might help. The best practice guide for the management of Lymphoedema may also help you. The BLS has various documents you can download. Their annual conference is a good source of information.
NICE also recommends ABPI or TBPI Doppler prior to fitting compression (legs only). Hope this helps. RF

CONTINUED ON PAGE 13

Thank the Lords! (and the NLP) England moves one step closer to a National Strategy for Lymphoedema care...

Anne Wiles updates us on important progress being made by The National Lymphoedema Partnership (NLP). The NLP was formed in 2014 to provide a forum for the exchange of information and ideas about the care of people with a diagnosis of lymphoedema. There is representation from the key organisations – these being the Lymphoedema Support Network (LSN), the British Lymphology Society (BLS) and the International Lymphoedema Framework – and a number of other individuals or groups which are concerned with the service or the specialism, including MLDUK.

NLP also aims to work with other organisations and agencies to improve patient outcomes, and to standardise the availability and level of care throughout the UK and Eire. Any therapist working in the field of lymphoedema will be aware of the unequal provision of NHS services. Across the country, there is inequality in the availability of clinic's appointments, and the number of suitably-qualified or experienced clinicians. There is also variability in exactly what can be provided by the service, and to whom. For example, not all clinics will treat primary lymphoedema. Services appear to have been established in a rather piecemeal fashion, rather than according to a plan or strategy.

Commissioning of hospital and community health services works differently between the countries of the UK, but of long concern to members of NLP, is that despite progress in Scotland, Wales and Northern Ireland, England remains the only country in the UK that has still not developed, or begun to develop, a national strategy for lymphoedema.

A nationally-agreed strategy would provide guidance to the Clinical Commissioning Groups (CCGs) that commission most hospital and community NHS services for the local areas for which they are responsible. CCGs are overseen by NHS England, which has been asked to publish a strategy. NLP has been working on papers to support this request. We hope that all members of MLDUK signed the petition which was circulated this last Summer; this included evidence that taking no action to improve lymphoedema services was not an option, as non-treatment of patients would be financially, as well as personally, disastrous. This evidence has convinced at least one other governing body to produce a strategy.

With an ageing population, increasing obesity and greater survival following cancer treatments, it would seem that lymphoedema will place an increasing burden on health services. Cellulitis, the most common complication of lymphoedema, often requiring hospitalisation, is already a significant cost. Avoidance or reduction of infection through ongoing management of oedema has the potential to save £millions. There are a good many other expensive consequences, such as disability, unemployment, and other complications and health problems. Lymphoedema treatment has been proved to be cost-effective.

At the end of June, members of the BLS committee, and the chair and chief executive of LSN, met Lord Hunt of Kings Heath at the House of Lords. He has an interest in lymphoedema, following contact with one of his constituents. After a discussion during which the issues were presented to him, Lord Hunt agreed to table a question for a short debate in the House of Lords. He also suggested that BLS and LSN target other members of the House of Lords with their strategic briefing. This was done and, when the question was asked on September 9th, a number of other peers added to the debate, some with personal experience. The question was reported as 'To ask Her Majesty's Government whether they will publish a national strategy for the treatment of lymphoedema in the NHS'. The full debate makes interesting reading, and is available in Hansard. Lord Hunt has also signed a letter to NHS England, expressing his concern that there is no national strategy for lymphoedema in England; despite such provision being available in Northern Ireland, Wales, and Scotland, and that, as a result, patients are having very poor outcomes and then making heavy demand on NHS services.

We await the result of these initiatives. A country-wide consensus regarding services could clarify the situation for our clients. How much easier it would be for clients and therapists if it was known what they could expect in terms of treatment and support. There might also be changes for those therapists who work directly with NHS services. It is certainly heartening to hear of these developments, though there is still much work to be done before lymphoedema treatment gains it's just place in healthcare provision.

Q&A

CONTINUED

Q PATRIZIA M. ASKS

I've been contacted by lady with Lyme Disease whose only symptom is joint pain. Searched what it is first and apparently not contagious and suitable for MLD. But - how long should the treatment be, and how often? Is anyone familiar with this condition?

A As far as I am aware with Lyme Disease she should have had a course of antibiotics when she was diagnosed. It can hang around forever and cause lots of problems otherwise. MLD would be useful to reduce the inflammation and swelling associated with, and contributing to, the joint pain. How long & how often depends on so many factors, maybe do a short course first and assess the results. Then either have a break, or extend the course. I have a feeling that someone with Lyme disease will have a detox reaction to the first couple of treatments. AH

Q MARGHERITA C. ASKS

I've been contacted by a lady for an MLD after a 360 Vaser on her legs. I was thinking of 3-5 sessions but should I work on the back of the legs as well? Never done before...any help?

A It really depends on where the swelling is, so you may need to do back of legs/thighs. Number of sessions also depends on swelling, bruising and pain. Straightforward treatment: usually at least 2/3 close to each other, then weekly for a few weeks. PM

A What PM says and yes, work on the back of the legs too, also plenty of work around the ankles as swelling tends to gather there. AC

A Ditto all those comments, especially having treatments close together. Try to involve buttocks and ql's too if you can. ST

LYMFUNDNEWS

Our Lymfund continues to grow. So please apply!

In October we received a donation from the estate of Mrs Martha Freeman. Mrs Freemans' daughter, Yvonne Gilston, was treated by MLDUK therapists over the course of several years. Following Yvonne's sudden and tragic death in 2011, her three daughters – Lucy, Sarah and Faye, took part in several fund raising activities, in support of Lymfund. We are so grateful that Yvonne's Mum, and the girls' gran, Martha, made Lymfund a beneficiary to her estate.

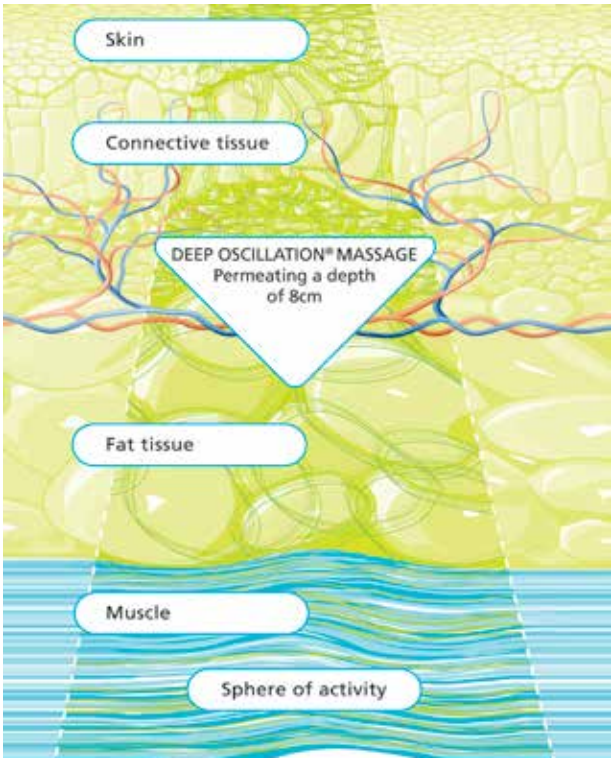
And of course, we are ever thankful to 'our runners', Ginnie Kennedy – who participated in the Aberfeldy Triathlon on our behalf – and Clare Ellis – who represented us in the 2015 Edinburgh Marathon. Thank you girls! The latest good news is that we will have an 'Official Charity Runner' for Lymfund at the Virgin Money London Marathon on 24th April 2016. Ginnie (who applied for an individual place for 2015 but didn't get through the ballot) has accepted the challenge. And Clare (who was unfortunately injured for the 2015 race, but had her place deferred) will also be running to raise money for us. We haven't spoken to Clare recently, but Ginnie is already in training – just consider, on cold dark winter mornings, as you open the curtain and decide you should be a hibernating bear – these girls will be out there, pounding the tarmac, usually just after 5am, then they go off and do a full time job! A donation, no matter how small, is great encouragement, so please donate and encourage your clients, friends, and family to do the same – every penny counts!

The fund is also continuously boosted by those members who donate via easyfundraising.com as they do their online shopping. You can sign up for this very easily, at no extra cost to yourself – check the Lymfund page at www.mlduk.org.uk/lymfund for more information.

Amidst all this great fund-raising, this year we have received nine funding applications from therapists – with four still to complete their treatments. But we need more therapists to apply; the fund is there to assist individuals who have difficulty in paying for the therapy that we all know can dramatically enhance their quality of life. So let's use it! Contact the office for more information.

Eight Years On – An MLD DLT Practitioner & Lymphoedema Therapist Review Of **DEEP OSCILLATION® (HIVAMAT® 200)** Therapy

DEEP OSCILLATION® therapy arrived in the UK in 2007, reaching the Republic of Ireland in 2009. Eight years on, PhysioPod® who are NHS approved suppliers, asked Private and NHS MLD Practitioners to provide accounts of their use of DEEP OSCILLATION® for primary and secondary lymphoedema, lipoedema and lipo-lymphoedema.
Of particular interest to PhysioPod® is the feedback received of more complex and challenging cases; including breast oedema with fibrosis present, cording developed after node removal, head and neck lymphoedema and breaking down stubborn fibrosis and scar tissue; where other treatment methods have not been effective.



What is DEEP OSCILLATION®?
DEEP OSCILLATION®, developed by Physiomed Elektromedizin in Germany is an internationally patented therapeutic design which utilizes the forces of pulsed electrostatic attraction and friction to provoke oscillations, which act deeply on the tissues of the body from the epidermis down through the conjunctive and adipose layers and into the muscles. Hernandez Tapanes et al (2010) (1) were able to prove, by diagnostic ultrasound, penetration of the oscillations up to an 8cm depth (see diagram). Observed physiological effects of the therapy include oedema resorption (2). The therapy also limits the production of inflammatory mediators, especially during the treatment for chronic pain and more so during the treatment of fibromyalgia (3) strengthening of the cutaneous tissues (4), stimulation of the wound healing process (5,6).

A Video Report from Dr. MSc. Luis Felipe Medina C. Lic concluded: "Although this is an initial trial, resonance and kinetic movement of the connective tissue effected by an electrostatic field generated by DEEP OSCILLATION® can be evidenced and visualized via ultrasound imaging. The illustrated test series visualises for the first time the impact on tissue of DEEP OSCILLATION® in real time. The method offers an interesting methodical approach for future studies.
http://hivamat.info/deep-oscillation-effect-in-tissues-recorded-by-ultrasound-imaging.shtml

How is DEEP OSCILLATION® applied?
DEEP OSCILLATION® is applied through light vinyl gloves enabling the Practitioner to feel what is happening in the tissue. Applicators can be used as an alternative, which also enable patient self-management. In a treatment session, a small titanium bar is placed loosely in the palm of the patients' hand or between their toes and the Practitioner adheres an electrode to their forearm or ankle (an extension lead enables easy movement around the couch from the unit). This forms the three-way connection for the therapy to work. As the lymphatic drainage routine begins, intermittent, electrostatic impulses permeate the entire tissue layers to a depth of 8cm as above. It is a pleasant, non-invasive therapy, which is enjoyed by both the Practitioner and their Patient. As DEEP OSCILLATION® is so gentle it makes it an unmatched treatment alternative in fresh trauma, applied day one post operatively, for acute pain and in the area of open wounds. Unlike other electrotherapies, where metal pins and plates are implanted, these are not a contraindication. The therapy can be applied all over the body, including the eyelids. Since it received it's patent in 1988, no adverse effects have been reported by practitioner or patient.

MLD Practitioner Feedback:

Female, Age 59, Severe Fibrosis of Lower Arm, Hand and Fingers

"The lady was treated for left breast cancer with mastectomy, axillary node clearance and adjuvant chemotherapy. Nine months following completion of her chemotherapy, she started to develop problems with her left hand and fingers. She noticed difficulty in bending her fingers and 'firmness' in the skin on her hand. This progressed until her hand, fingers and lower arm became fibrotic/sclerotic and there was very little movement in the wrist and fingers. Lymphoedema assessment revealed no oedema, slight inflammation, and severe fibrosis. Referral to several other specialties revealed no cause for the changes in her arm. She worked in a bank and because of her limited hand mobility, was no longer able to work. A course of short stretch compression bandaging combined with manual lymphatic drainage was commenced, but after 2 weeks there was very little change in her symptoms. A chance conversation with a Physiotherapist in Australia led to her purchasing a DEEP OSCILLATION® Personal from PhysioPod®. She used this 3 times a day on her arm, hand and fingers, and within 3 weeks her symptoms had started to improve. After 2 months she was able to use her hand and fingers and the fibrosis had almost resolved. This led to a significant improvement in her ability to carry out her self-care needs, but she was still unable to return to work. She continues with her regimen faithfully every day and takes the unit with her when she travels to her family holiday home in Ireland."

Marie Todd,
Lymphoedema CNS, Specialist Lymphoedema Service, NHS Greater Glasgow and Clyde
www.physiopod.co.uk/nhs-greaterglasgow-and-clyde.shtml

Female, Age 47, Secondary lymphoedema of the arm and cording

"The lady had a right and left breast lumpectomy in 2012. Although the biopsy result was negative on the right breast but she had a centennial nodes removal on the left breast, which followed with 6 cycles of chemotherapy. This lady had a family history of breast cancer from maternal side. I started treating her with lymphatic drainage combined with oscillation therapy to minimise the development of secondary lymphoedema of the left arm. In October 2013 she was diagnosed with right breast cancer. Immediately she had an axillary clearance followed by radiotherapy and chemotherapy. Unfortunately the second intervention left her with the problem of cording (an accumulation of protein particles in the tissue, which makes the skin hard, red, painful and very sensitive to touch). She restarted her lymphatic drainage treatment. The cording in the right armpit around the scar tissue was very tender, swollen and causing restriction of the arm movements. I started treating this lovely lady with DEEP OSCILLATION® therapy via the HIVAMAT® 200. On the first 2 sessions I tried to work only on the proximal side of the cording, at the end of each treatment she felt relieved and had more flexibility of the arm. On her 3rd visit I started working closer to the cording and eventually on the scar tissue. She had altogether 6 treatments with me, which improved her arm movements and she started doing everyday tasks without any restrictions"

Sossi Yerissian,
BLS, MLD UK, PHIA Vodder MLD DLT Practitioner and Lymphoedema Therapist
www.physiopod.co.uk/sossi-yerissian-w1g6ja.shtml

Female, Age 46, Secondary lymphoedema of the breast

"The lady came to me after breast cancer treatment, which included lumpectomy, lymph node dissection, chemotherapy and radiotherapy. She developed lymphoedema of her right breast soon after radiotherapy and was in a lot of pain, also due to scar tissue and cording. After the first treatment with MLD and DEEP OSCILLATION® Naomi found relief from the pain and discomfort and her breast no longer felt hard and heavy. She found the treatment itself very relaxing and soothing. Naomi's oedema is now managed with regular MLD with DEEP OSCILLATION®, compression, skin care and exercises."

Female, Age 55, Severe head and neck lymphoedema

"The lady underwent trans oral laser surgery to remove a cancerous tumour from her right tonsil followed by an ear-to-ear neck dissection to remove cancerous lymph nodes in March 2014. This was followed 6 weeks later by 6 weeks of daily radiotherapy, which was completed early June. During August her neck started to swell and became very uncomfortable and painful. She saw me in mid September for MLD and DEEP OSCILLATION®. After the first treatment session her tongue swelling had reduced and she had more tongue movement, which in turn had made eating easier. She has improved further after regular, initially frequent, treatment sessions."

Regina Dengler,
RGN, BLS, MLD UK Casley Smith MLD DLT Practitioner and Lymphoedema Therapist
www.physiopod.co.uk/regina-dengler.shtml

MLD Practitioner Feedback, cont'd:

Female, Age 47, Treatment of cording with MLD and DEEP OSCİLLATİON®

"I have treated several patients suffering from cording after breast cancer surgery. This lady was suffering with arm and hand swelling and had been recommended to see me by a mutual friend who was also having treatment for secondary lymphoedema. The lady was still undergoing chemotherapy but was particularly struggling with restricted arm movements due to cording. After MLD to the neck, unaffected axilla, chest and proximal affected arm, the HIVAMAT® 200 was brought into play and I carried out treatment along the route of the cording. Even after the first treatment, there was an improvement in the thickness of the cording and movement of the affected arm was much freer. I saw the client a few times, until she was happy that the cording had resolved. This is just one example of the power of the HIVAMAT® 200 and I continue to use it within my practice on a regular basis."

Lesley Batten,
BLS, MLD UK, Vodder MLD DLT Practitioner & Lymphoedema Therapist
www.physiopod.co.uk/lesley-batten.shtml

DEEP OSCİLLATİON® Therapy with Patient Undergoing Radiotherapy and Chemotherapy

"Working both in the NHS and private practice I have been using the HIVAMAT® 200 200 along side MLD with my oncology patients for the last 18 months to great benefit. Their initial reaction is often 'how does this work?' and 'is it going to hurt?' The actual results are that the patients really like the 'buzz sensation' therefore helping to relax them at what is a stressful time and essentially receiving the true benefits of excellent longer lasting results on their oedema. During radiotherapy the lymph nodes and skin are often affected resulting in skin damage to varying degrees and the nodes losing their function. This very gentle combination of MLD and HIVAMAT® 200 treatment appears to help the healing process as well as reducing their oedema. Also with chemotherapy patients, depending on how they are coping and the regime they are being given, I have found it to be just as beneficial in being effective for oedema and very much appreciated especially when there is neuropathy as a side effect of the chemo. I have found that the combination of MLD and HIVAMAT® 200 has reduced limb volume, softened fibrotic tissue and have also had reports from patients stating their hair and nails are stronger"

Rosemary Gardner
ITEC Dip, IIHHT Dip, MPACT, MITCH, CLT, PLT, SRT MLD UK Foldi MLD DLT Practitioner & Lymphoedema Therapist
www.physiopod.co.uk/rosemary-gardner.shtml

The use of HİVAMAT® 200 in the treatment of Head and Neck Lymphoedema Patients

"The Leeds Lymphoedema team has been using HIVAMAT® 200 (DEEP OSCILLATION®) in conjunction with Manual Lymphatic Drainage for over 2 years. Manual Lymphatic Drainage as a stand-alone treatment gives good results over time. Since introducing HIVAMAT® 200 we have found the results happen more quickly, especially when softening fibrosis or scar tissue. The advantage for the Practitioner is that they are still delivering a hands-on treatment, just with the addition of gloves. This enables them to feel the tissues as they work, adjusting their movements and depth of working alongside the frequency of the oscillations to obtain optimum results for the patient. It also still enables good control of their hands in delicate and small areas. The treatment is pleasant to receive and we have only ever had positive feedback. The treatment of Head and Neck oedema can be challenging for both therapist and patient. To be able to achieve effective results more quickly is hugely positive for the patient. It also frees up clinic slots to enable more patients to be treated. The use of HIVAMAT® 200 has definitely improved the overall treatment opportunities we can give our patients."

Catherine Groom,
Leeds Lymphoedema Service
BLS, MLD UK, PHIA Vodder and Casley Smith MLD DLT Practitioner and Lymphoedema Therapist
www.physiopod.co.uk/wharfedale-hospital.shtml

Lipo-lymphoedema

In compiling this review, PhysioPod® thought it valuable to revisit the comments of Lynora Kennedy in 2009, the first MLD Practitioner in Scotland to use DEEP OSCILLATION®

"I became very excited after working on a client with Lipo-Lymphoedema. As many MLD therapists will know, this condition can be exasperating, not just for the client, but for the therapist too, as improvement in the condition can take a long time. I have been seeing Mrs M for some years, doing twice yearly 10 day CDT treatments as well as monthly treatments. She is very compliant, and keeps the bandaging on between the daily CDT appointments. The results have been OK, but nothing outstanding - until I used the HIVAMAT® 200. I wouldn't go so far as to say it 'revolutionised' her treatment, but something pretty close! She enjoyed the treatment immensely, and found it profoundly relaxing (she has a very stressful job and is carer for a family member, so physically tired most of the time). The volume loss was quite spectacular for lipo-lymphoedema and she was able to go into OTC compression tights for the first time in about 25 years. This is maintaining, 15 months on from the first HIVAMAT® 200 treatment. I see her every 3rd week, and have managed one 10 day CDT session with her this year - volume loss was measured in the hundreds, rather than tens, of millilitres. Her pain levels are negligible and her general health has improved too."

Lynora Kennedy
BLS, MLD UK, PHIA Vodder MLD DLT Practitioner and Lymphoedema Therapist
www.physiopod.co.uk/lynora-kennedy.shtml

Setting the trend in acquiring a personal DEEP OSCILLATION® unit for self-management between visits to their therapist or Lymphoedema Clinic, another patient of Lynora's gave the following testimonial:

"We were given a demonstration of her HIVAMAT® 200, and were so impressed that Mum decided to take the chance and invest in a personal unit for us to both use. We can't begin to say how much of a difference it has made - to come home, use the unit for 20 minutes, and for it to take the heavy, fluidy, feeling out of our legs and arms and more importantly to relieve any pain. Thanks to the HIVAMAT®®umber of MLD massages we go for. Although it seems so gentle when using it, the massage helps to move a lot of fluid out of limbs. We would have no hesitation in recommending the HIVAMAT® 200 to anyone, especially other sufferers of Lipoedema"

Louise, United Kingdom

General Feedback of DEEP OSCILLATION® therapy

"Generally clients find the use of the HIVAMAT® 200 'comforting' and appreciate its use. I particularly like its use on 'fibrotic' tissue due to the lymphoedema or scar tissue. Especially useful when surrounding muscle structure has become hypertonic due to poor use of the affected limb post surgery more particularly the arm. I have used the HIVAMAT® 200 on neck and face following extensive oral surgery with good effect and received the thumbs up for that one! Its use when peripheral neuropathy is present is also greatly appreciated by clients."

Lesley A. Guilfoyle NAMMT (RM)
BLS, MLD UK Vodder MLD DLT Practitioner, Human & Equine Lymphoedema Therapist
www.physiopod.co.uk/lesley-a.-guilfoyle-nammt-rm.shtml

"At the Beacon Lymphoedema Service we have four portable DEEP OSCILLATION® units which we loan to patients when it's clinically appropriate. We train patients to use the machines to encourage lymphatic drainage and we've had some excellent results. We've found this process really helps empower patients to care for their own Lymphoedema and patients have given us great feedback too."

Lorraine Brown,
Lymphoedema Clinical Nurse Specialist
Virgin Care's Beacon Lymphoedema Service in Guildford

"I was first introduced to DEEP OSCILLATION® in August 2009. I realised what I was seeing and feeling was quite remarkable and would be hugely beneficial to many, if not all, of my patients who didn't fall into the contra indication categories which are the same as MLD plus pregnancy and pacemaker. In late November 2009 I bought a HIVAMAT® 200 machine and have worked consistently with the machine on a variety of lymphatic conditions. I treat Primary Lymphoedemas, subcategorised into lymphoedema, lipoedema and lipo-lymphoedema. I also treat a large number of patients with Secondary Lymphoedema; caused by cancer, surgery, radiotherapy and trauma. The use of DEEP OSCILLATION® has a significant effect on tissue and circulation response to manual lymphatic drainage, by reducing surface tissue tension, softening consolidation at deeper levels, breaking up areas of fluid engorgement, aiding vascular and lymphatic flow, stimulating normal peripheral nerve stimuli, initiating the return of involuntary vesicle pulsation to assist the propulsion of lymph, thus relieving pain and stiffness caused by fluid and toxin entrapment and retention in the tissues. Patients relax and enjoy receiving the gentle, rhythmical buzz from the machine, in the knowledge their limb/body volume decreases before their eyes, pain thresholds change allowing for a greater range of movement and relaxation.

DEEP OSCILLATION®also has hidden depths initiating:

- Positive physical changes following serious illness or prolonged disability
- With physical change, self-management and condition control becomes doable.
- Greater understanding and self-awareness improves patients' psychosocial perception and offers a measure of self-belief and independence.

Recently I had to revert back to manual lymphatic drainage without DEEP OSCILLATION® on a long-standing breast patient. A sudden onset of epilepsy revealed a brain mass resulting in the removal of a benign meningioma. I had forgotten how labour intensive and tiring treating without the added benefit of DEEP OSCILLATION® was. I am more appreciative than ever to have Deep Tissue Oscillation at my fingertips."

Christine Talbot,
SRN, BLS MLD UK, Vodder, Leduc, Casley Smith MLD DLT Practitioner and Lymphoedema Therapist/Bowen Therapist. BA Member.
www.physiopod.co.uk/christine-talbot.shtml

Low Level Laser Therapy

By Jacqueline Todd

Lymphoedema Specialist, Leeds Teaching Hospitals NHS Trust

Light has been used as a means of healing over many centuries. The word laser is an acronym for 'Light Amplification by Stimulated Emission of Radiation'. The beam of radiation differs from ordinary light in the following ways: Monochromaticity: lasers have a specific wavelength and a defined frequency; Coherence: as well as the same wavelength, the peaks and troughs of the waves all occur at the same time; Collimation: the light from a laser remains parallel and does not diverge.

Laser therapy has been used therapeutically for around thirty years in the treatment of soft tissue and bone healing, nerve conduction and pain relief (Low and Reed 1994, James 1995). It has been used by physiotherapists as one of their electrotherapy applications to accelerate wound healing (Baxter et al, 1991). Over the last decade there has been a substantial increase in interest in the use of low –level laser therapy (LLLT). This is essentially a light beam or optical radiation using a spectrum with wavelengths between 630 nm and 1300 nm (DHSS 1984). Therefore the light beam includes both visible light and a part of the infrared spectrum. Laser type is determined by the wavelength of the light used which is in turn determined by lasing medium that is used. Wavelength is measured in nanometers (nm). Examples include: Helium Neon (632.8 nm) visible red with shallow penetration; Gallium –Aluminium –Arsenide (830nm) on edge of the visible spectrum; Gallium –Arsenide –Infrared (904nm) pulsed with the deepest penetration, visible beam.

The penetration and absorption of light depends on the wavelength, energy output, energy density and the tissues being targeted (Thelander 1994). There are five different classes of laser. Class 3b are those used for biostimulation and tissues have different sensitivities to laser light depending on the properties of the instrument.

INTRACELLULAR EFFECTS OF LASER THERAPY

The light energy has an effect on intracellular processes – a primary effect while the light source is on the tissues and a secondary effect which takes place after the light source has been removed (Karu 1992). Furthermore it has been demonstrated that laser reactivates dysfunctional enzymes and biosystems, but as little effect on normal systems (Bolgnani and Volpi (1992). The cells affected by chronic inflammatory changes are hypoxic and as a result are more sensitive to light irradiation than normal cells (Karu 1992)

The therapeutic effects of laser therapy are listed by Thelander (1994): 1. Anti-inflammatory 2. Vasodilatory 3. Analgesic 4. Oedema reduction 5. Stimulation of macrophage activity.

EFFECT OF LLLT IN LYMPHOEDEMA

When lymphoedema is present, laser therapy has been shown to stimulate vasomotricity of blood and lymph vessels and to minimise adhesion formation (Lievens 1987). In recent work, further work has been undertaken to investigate the use of laser therapy in lymphoedema management (Piller and Thelander 1995, 1996, 1998). The results from this research suggests the following effects: • Stimulates macrophage activity • Stimulates the growth of new lymphatics • Increases lymphatic flow • Leads to tissue softening and improved drainage of the tissues (Piller and Thelander 1996).

LIMITATIONS OF CURRENT RESEARCH

Although this research is promising, the lack of detailed methodology and the small number study participants limits the extent to which statistical inference can be made. Furthermore, some authors have expressed concern that research in this field lacks methodological rigour (Kitchen and Partridge 1991). Many questions remain unanswered in relation to the optimal equipment to use and dosages to be provided. The effects that have been reported in vitro (laboratory studies) need to be complemented by randomised controlled trials to demonstrate the value of laser therapy in the clinical setting. Without this evidence, it will not be easy to counter the critic's view that laser therapy is, as quoted by Kitchen and Partridge (1991) as being 'no more than an elaborate and expensive placebo'.

PRECAUTIONS

The Chartered Society of Physiotherapy has issued Guidelines for the use of Lasers (1991), including Output Function Testing, maintenance and servicing, routine care of equipment and safety precautions. New guidelines are in press. Laser equipment is categorised according to their degree of ocular hazard – and safety precautions for the operator and patient are required such as the use of suitable goggles and rigorous documentation and record keeping.

Neoplastic tissue (ie the presence of cancer) is listed as one of the contra-indications to the application of therapeutic laser therapy.

Caution is also recommended where there is sensory deficit or where tissues are infected. It is also recommended that operators applying laser therapy should hold a relevant professional qualification and have completed a course in laser therapy. It would therefore be wise to ensure the credentials of the physiotherapist to whom you may wish to refer your patient for LLLT.

REFERENCES

Baxter GD, Bell AJ, Allen JM, Ravey J (1991) Low level laser therapy: Current Clinical Practice in Northern Ireland. Physiotherapy, 77,3, 171-178. **Bologni L and Volpi N (1992)** Low power laser – enzyme interactions. Conference Proceedings – Laser Application in Medicine, Bologna, Italy 213-222. **Chartered Society of Physiotherapy (1991)** Guidelines for the Safe use of Lasers in Physiotherapy. Physiotherapy,77,3, 169-170. **Department of Health and Social Security (1984)** Guidance on the Safe Use of lasers in Medical Practice, HMSO. **Karu T I (1992)** London Fundamentals of interaction of visible and near infra-red low intensity laser radiation with cells. Conference Proceedings- Laser Application in Medicine, Bologna, Italy 213-222. **Kitchen SS, Partridge CJ (1991)** A Review of Low level Laser Therapy. Physiotherapy, 77,3,161- 168. **James J (1995)** Low power laser therapy. Journal of Community Nursing, 9, 3, p20,22,24,26. **Low J and Reed A (1994)** Laser Therapy in Electrotherapy Explained 314-329. Butterworth Heinemann , Oxford. **Piller NB and Thelander A (1995)** Treating Chronic Post-mastectomy lymphoedema with low level laser therapy: a cost effective strategy to reduce severity and improve the quality of survival. Laser Therapy,7, 163-168. **Piller NB and Thelander A (1996)** Low level laser therapy: A cost effective treatment to reduce post mastectomy lymphoedema. Lymphology 29(suppl) 266-270. **Thelander A (1994)** Laser Therapy for Lymphoedema. Journal – National Women's Health Group, 13, 26-29

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Elaine McNichol – Tel. 07733 318400 – Eastern Scotland (Highland, Shetland, Orkney, Western Isles, Grampian, Tayside, Fife, Forth Valley, Lothian, Borders)
Bradley Noble – Tel. 07836 291609 – (Argyll & Bute, Dumfries & Galloway, East, South & North Ayrshire, South & North Lanarkshire, Glasgow, East & West Dunbartonshire, Renfrewshire & Inverclyde)

Activa

Activa Regional Oedema Therapy Trainers and Specialists are:
South East: Marion Finn & Karen Staines
South Central: Jane Webster & Anna Coulborn
South West: Jenny Moore
East Midlands: Debbie Jenkinson
West Midlands: Fiona Fox
North: Sheila Holmes
The contact point for all of our reps is via our Customer Care Team on 08450 606 707

Juzo

Juzo sales advice and customer service can be contacted on 01382 826620 or by email to sales@juzo.com.

Haddenham Healthcare

UK Representatives are:
Scotland & Northern Ireland: Rob Ashfield
North England: David Woodhouse
Midlands & North Wales: Alex Nesbitt
Southern and South East England: Lynn Finch and Alex Nesbitt
South Wales and South West England: Sharon Buddle-Dixon
National Clinical Support Team: Jane Wigg/Natalie Lee
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